COUNCIL ON THE AGEING NT
NATIONAL SENIORS
WORKING IN PARTNERSHIP IN THE NORTHERN TERRITORY

Submission No. 178

Long Term Strategies to Address the Ageing of the Australian Population over the Next Forty Years

A Submission to the House of Representatives Standing Committee on Ageing

by

Council on the Ageing (NT)
&
National Seniors

Working in Partnership in the Northern Territory

3 February 2004

COTA (NT) Inc. ABN 86316991800
Spillett House, 65 Smith Street, Darwin, NT 0800 • GPO Box 852 Darwin NT 0801
• Phone 0889 411004 • Fax 0889 415011 • Email ntsenior@bigpond.net.au

CONTENTS

INTRODUCTION

Since 1969, Council on the Ageing (NT) has represented the interests of mature age Territorians within the federation of COTAs across Australia.

As a Peak Body, COTA (NT) is dedicated to protecting and promoting the well being of Territorians aged 50 years and over and Indigenous Territorians aged 45 years and over.

The Northern Territory Government through the Department of Health and Community Services provides financial support to assist COTA (NT) in fulfilling its policy, consultation, representation and information dissemination roles. COTA (NT) applauds the policy of the Aged and Disability Program, which maximises community participation of senior Territorians.

COTA (NT) over the past few years has divested itself of the provision of several services. However, it has retained service delivery to the Territory's culturally and linguistically diverse seniors through the Commonwealth Government's Partners in Culturally Appropriate Care and the Northern Territory Government's Office of Ethnic Affairs.

With our small but dedicated staff, individual members play an important role in maintaining and informing the work we do. We cannot praise the contribution of our volunteers highly enough. Their input guides policy and priorities.

▫ Partnership with National Seniors

In 2003, having taken the decision to merge with National Seniors, the Board of COTA NT in consultation with National Seniors commenced to meet in partnership. The partnership represents some 1,640 members currently resident in the Territory.

▫ A New Strategic Direction in the Territory

A new Strategic direction was planned and the objectives to guide it are:

- In consultation with members, provide a peak body for Senior Territorians
- Provide sound policy advice to all levels of government
- Successfully manage the partnership of COTA National Seniors
- Establish and service an NT Policy Council
- Establish a presence that is easily accessible by Senior Territorians
- Ensure we are a genuinely, friendly membership focussed organisation
- In consultation with stakeholders plan and manage a Seniors Month attractive to, and accessible by, all Senior Territorians
- Establish a biennial conference on Ageing in remote and rural Australia
- Encourage and foster members to become volunteers, particularly to enable COTA National Seniors to provide better member services
- Take a leading position in age discrimination with a positive staffing policy

▫ CBD relocation – One Stop Shop for Territory Seniors

In the past year, COTA NT recruited staff for its new direction and renovated the exciting place, it now calls home – Spillett House, which it has turned into a *One Stop Shop for all Territory Seniors*, in partnership with Darwin Pensioners and Senior Citizens Association.

▫ COTA (NT) Staffing Policy

COTA NT having consulted with the Anti Discrimination Commission, adopted a new staffing policy in April 2003. The first for any COTA, it states simply and proudly that *COTA NT discriminates positively in favour of senior Territorians in its own staffing.* We are proud to lead the fight against discrimination.

▫ Preparation for this submission

COTA (NT) believes that the non-government sector has an important contribution to make to policy development but with the limitations resulting from the short notice of the Committee's visit, we have had to utilise a variety of informal mechanisms to gather information for this submission.

Contribution has come from focus groups and meetings with individuals and organisational representatives. We apologise for any shortcomings but assure the Committee that what our submission lacks in formality, it makes up for in enthusiasm. We are passionate about the needs of senior Territorians and our advocacy on their behalf.

We welcome this opportunity to bring the issues and concerns expressed to us, to the attention of your Committee and encourage the continuation of policies and programs, which benefit our seniors and their carers.

▫ Identifying The Issues and Concerns

COTA National Seniors Partnership established a National Policy Council, which has met twice with Territory input. The Council has identified initial priorities and a growing list of issues of interest and concern to seniors nationally. They are

- Employment – a whole of government approach
- Mental health
- Grandparenting
- Medicare
- Dementia, and
- Consumer participation.

The Partnership also instituted an Organisation Forum consisting of eleven organisations, which met in July last year. That Forum identified as critical issues for advocacy in the next 12 months

- Dementia, and
- Access to health and support services, including carers.

In the Territory the identified issues and concerns at this time are:
Aboriginal Seniors; Aged Care (Home Based and Residential); Carers; Day Care and Respite Care; Dementia; Dental/Oral Health; Discharge Planning, Convalescent & Palliative Care; Employment for Mature Territorians; Ethnic Seniors; Grandparenting; Health Services; Housing; Membership Of Government Committees; NT Pensioner

Concession; Transport; Use Of Medicines; Volunteerism In Remote Communities; and a Professional Workforce in Aged Care/Health.

- **The Priorities**

We have not had sufficient time to prioritise the issues we bring to the Inquiry's attention but we strongly agree that dementia and health and support services, including carers must be at, or near the top, of any list of concerns.

A common thread through all but one issue is the dire state of many of our senior Aboriginal Territorians. We can only agree with the NT Department of Health and Community Services, that "***improving Aboriginal health poses the greatest challenge to the Territory***".

Enquiries should be directed to Carole Miller, OAM, Executive Director COTA National Seniors NT, trading as Council on the Ageing (NT).

ISSUES AND CONCERNS

The Council on the Ageing (NT) welcomes this inquiry into the Long Term Strategies to Address the Ageing of the Australian population over the next Forty Years and particularly the decision of the Committee to visit the Northern Territory.

COTA (Australia) made a submission to the inquiry in November 2002 that included input from the Board and staff of COTA (NT) and which covered a broad range of issues.

COTA (NT) believes that the Northern Territory is well placed to meet the challenges of an ageing population but it has unique issues and concerns.

Population

ABS figures released on 19 December 2003 give us the Territory's estimated resident population as at 30 June 2002. For Indigenous Territorians the figures are from the 2001 Census.

All Territorians	45+	47,776	50+	34,115	65+	7,900.
Indigenous Territorians		7,271		5,073		1,473.

The figures for senior Indigenous Territorians are cause for serious concern. They show that only some 2.8% live beyond age 65. Health remains by far the most important issue identified by all seniors, but for Indigenous Territorians it is nothing short of critical.

While the Northern Territory population continues to have a lower median age than other States/ Territories, the retention rate for older Territorians is constantly increasing. Less than twenty years ago, June and July were the only months in which Territorians saw white or greying hair, they were popularly referred to as 'Granny months' as plane after plane disgorged grandparents to visit their grandchildren.

With the advent of more reliable and cheaper power accompanied by the 'split air conditioner' and better medium density developments and aged care, more and more Territorians opted to stay put rather than continue the traditional 'age drain' to Queensland.

The Northern Territory Government's Pensioner Concession Scheme has been another attraction. Arguably the most attractive of such schemes in the Commonwealth it has made 'the tyranny of distance' more bearable for senior Territorians.

IDENTIFIED ISSUES

In alphabetical order:

1. Aboriginal Seniors

2. Aged Care
   - Home Based
   - Residential

3. Carers

4. Day Care And Respite Care

5. Dementia

6. Dental/Oral Health

7. Discharge Planning, Convalescent & Palliative Care

8. Employment For Mature Territorians

9. Ethnic Seniors

10. Grandparenting

11. Health Services

12. Housing
    - Public Housing
    - Home ownership

13. Membership Of Government Committees

14. NT Pensioner Concession

15. Transport & Travel
    - (Impact Of Cost Of) Transport In NT

16. Use Of Medicine/Medication Administration

17. Volunteerism In Remote Communities

18. (A Professional) Workforce in Aged Care/Health

IDENTIFIED ISSUES

1. Aboriginal Seniors

COTA NT is most concerned about the health and well being of Aboriginal seniors. This is a most complex issue and one that remains a challenge to all governments.

We have access to statistics and to concerned individuals but COTA NT's budget does not allow us to visit all the major remote communities. A situation we plan to remedy to a certain extent with a visit to all communities within reach of the Stuart Highway between Darwin and Alice Springs from 27 February next.

In the meantime, we can only catalogue the concerns brought to us. They include:

- The incredibly poor life expectancy for Aboriginal seniors
- Premature ageing
- The effects of alcoholism and drug addiction
- Gambling
- Domestic violence
- Grandparents increasingly as carers with literally no support.
- The lack of volunteers and of a volunteering culture in remote communities.

These issues must be addressed. With the ever increasing reliance of the children on seniors to care for and feed them, as 'grog', drugs, gambling and violence escalates, the Territory, and the nation, is faced with the spectre of not the loss of a single Generation but Lost Generations.

We endorse the principles and recommendations in section 11 of the National Policy Document 2003.

2. Aged Care

Home Based

There has been significant growth in the demand for home based care, which possibly derives from acute rather than convalescent care in hospital; premature ageing of indigenous seniors; and increased numbers of parents being induced to retire in the Territory to be near children and grandchildren.

COTA NT has serious concerns regarding the aged care being received by Indigenous Seniors in remote communities where, it is rumoured up to 28 people may be living in the one house. Here home based care is essential as there is reliable anecdotal evidence to suggest that moving frail aged Aborigines from their 'country' to urban residential care can lead to earlier death.

COTA NT understands there is a review of Community Care and trusts that the result is an increase in funding and endorses the recommendations of our National Policy Document, section 2.1, 2.1.1 – 2.1.3.

Residential

COTA NT believes a review of current and future needs is required. The recent near closure of Tracey Aged Care revealed a lack of alternatives and residential aged care in the Territory.

COTA NT commends the recommendations in our National Policy Document, Section 2.2, 2.2.1 – 2.2.11.

3. Carers
COTA NT understands there are some 20,400 carers in the Northern Territory. Of concern is government reliance on the volunteer and family carers. This pool of carers is threatened by new factors: both children working and couples delaying having children. Additionally, some 50% of carers are aged 65+ and are often quite likely to have some disability or handicap themselves.

COTA NT believes that community care with dignity and at a cost people can afford must be provided by governments and that recognition of carers, such as has occurred in Queensland, is needed in the Northern Territory.

We endorse the recommendations in our National Policy Document Section 3, 3.1.1 – 3.1.5.

4. Day Care And Respite Care
COTA NT received many responses to this issue. The Top End has no day care other than a facility at Stuart Park run by Frontier Services for dementia clients and the Salvation Army's for therapeutic purposes only.

We bring to the Committee's attention that there is no day care for the short term, nothing less than 2 weeks for respite care.

With regard to the stress levels of carers, it is of real concern to COTA NT that they are often unable to take a short break, much less a holiday.

If the community and government wish to continue to rely on carers to deliver services, it is incumbent upon us to provide them with

- More respite care beds for the short term, and
- Day care to enable carers in the Top End to take half or one day breaks.

The recommendations for Carers in National Policy Document 2003, apply.

5. Dementia
It is difficult to give the Inquiry figures for dementia in the Territory, for we are informed its various categories remain largely undiagnosed.

- We are advised that there is no indigenous tool to diagnose dementia in remote communities.
- We have no full time geriatric specialist, and
- GPs are expected to carry out the first level testing and then either refer them to a neurologist or to specialists down South.

COTA NT is informed that early intervention will cut the cost of care dramatically and reduce the anxiety and stress levels of the client and their families and carers. It also certainly gives the client and family control of their lives.

We commend the work of Alzheimer's Australia and recommend the allocation of funding for research into dementia. We bring to the Committee's attention that with research funding of $49 million a cure is likely to be found by 2040, which may be too late for those of us here today but great news for our children and grandchildren.

6. Dental/Oral Health

Arguably, one of the greatest deficiencies of our national health system is that there is no assistance for people to maintain oral health. This lack of recognition for oral health is perplexing. If seniors cannot eat for lack of teeth, or healthy teeth, surely this is a health issue.

We are told that many older people are missing out on basic dental care and are subject to very long delays in receiving treatment – up to three years. Delays of up to 18 months for fitting dentures are not unknown.

We endorse the recommendation of COTA Australia that the Commonwealth should develop and fund, through Medicare and/or Health Care Agreements with the States/Territories, a national dental and oral health policy and strategy. Further we endorse the national Strategy in the National Policy Document, Section 8, 8.5.2-8.5.7.

7. Discharge Planning, Convalescent & Palliative Care

Discharge Planning

COTA (NT) is concerned about continued reports of inappropriate discharge from hospitals, an ongoing concern for a number of years. The pilot program, the Transitional Care Unit, was welcomed and effective. We ask the question. Why has it not been maintained?

Every senior in hospital for major surgery or illness must be entitled to assessment for post discharge care by a Discharge Planner. They and their partner or carer, can be expected to be under stress at such times and often unable to focus on needs after discharge.

Additionally, extra funding is required to enable home care agencies to meet the needs of early discharge patients. HACC service funding is inadequate to enable agencies to assist seniors discharged from acute care at short notice. Additional funds should be allocated to the Home and Community Care Program for this purpose.

Convalescent and Palliative Care

COTA NT believes convalescent facilities or step-down facilities need to be much more developed in the Northern Territory. Acute hospital services need to be backed by adequate supporting services in discharge, post-acute, convalescence and rehabilitation facilities.

It is important, however, that convalescence is located such that patients' friends and relations can visit, as social contact is an important aspect of rehabilitation.

A palliative care unit must be a place of peace and quiet, a situation not possible in a hospital. Access for visitors and pastoral care must be allowed 24 hours a day with a minimum of bureaucracy. Seniors with a terminal illness must be accorded dignity.

It was suggested by some, at the time of the overturning of the Rights of the Terminally Ill Bill, that people might choose euthanasia because there was no palliative care in the Territory. That was in 1998 – in 2004 there is still no unit but an announcement we are to get one in Darwin has just been made.

We endorse the recommendations in COTA Australia's National Policy Document Section 8, on Convalescence and Discharge 8.3.1 – 8.3.4 and on Palliative Care 8.9.1 and 8.9.2.

8. Employment For Mature Territorians
The Northern Territory prides itself on being 'young' with a median age of some 28-29. Increasing numbers of seniors, however, are reporting age discrimination in employment.

COTA NT in consultation with the Anti Discrimination Commission developed a new staffing policy – the first for any COTA. It states simply and proudly that *COTA NT discriminates positively in favour of senior Territorians in its own staffing.* Our research showed that an organisation may discriminate regarding special attributes and age is such an attribute.

COTA NT is proud to lead in the fight against discrimination. However, more needs to be done and we endorse wholeheartedly the recommendations on Employment in our National Policy Document, Section 5, 5.1.1 – 5.1.15 and on Age Discrimination, Section 1, 1.1.1 – 1.1.7.

9. Ethnic Seniors
The Northern Territory is different and is proud of its difference. It has an extraordinarily harmonious multicultural population. Some 19% of the population has English as a second language.

It is this wonderful demographic that is leading to some concerns regarding ethnic seniors. COTA NT brings to the Committee's attention, the following concerns:

- Language is contributing to ignorance about aged care services.
- That as some ethnic seniors age there is a tendency to increasingly revert to the language of their childhood, which may have been a regional dialect that not even their families or friends are familiar with, leading to severe communication problems.
- That the traditional care of seniors, which governments have come to expect from ethnic communities, is showing signs of breaking down as younger members adopt the modern, nuclear family model so prevalent in Australia. It is worth noting that this can also lead to feelings of guilt for those in this situation.
- That there are problems with the availability of culturally appropriate food in residential and home-based care.

COTA NT itself has been unable to find a Tetum speaking carer or co-ordinator to supervise our Portuguese-Timorese Seniors Group.

COTA NT is advocating to the next National Policy Council that COTA Australia address these issues and formulate a policy position.

10. Grandparenting
Grandparents are being called on to care for and raise their grandchildren. The reasons are varied and complex but increasingly include

- Drug addiction, or
- Alcoholism, or
- Gambling.

If these are the reasons the grandparents are caring for the children, it is likely that they are receiving no allowances, as their children who have such problems are unlikely to redirect or pass on their parents' allowances.

This issue is of serious concern to COTA NT, as we are reliably informed the incidence of grandparents 'parenting' in our remote communities is high.

Our advice from the Australian Foster Care Association (NT) is that "most grandparents are not recognised as foster parents" and their legal status is dubious at best. They cannot give consent to operations or to the child leaving the Territory. We are told they receive little or no recognition and that guardianship can be a nightmare with its legal costs and frequently no access to legal aid for them but that may not be the case for the parents.

We endorse the recommendation of COTA Australia that the Commonwealth facilitate a Grandparenting Association, however this will not be of benefit to Aboriginal grandparents.

We ask the Commonwealth Government to allocate support and funding to research grandparenting in Australia, but particularly in remote Aboriginal communities.

11. Health Services

COTA NT endorses the principle that an efficient and effective health system should provide a continuum of integrated services. We endorse the recommendations in our National Policy Document 2003 with regard to Aids and Equipment; Allied Health Services; Co-ordinated Care; Hearing Services; Vision Services; Mental Health; and Diagnostic Screening in Section 8.

A concern brought most forcefully to our attention by Darwin seniors, is the lack of some infrastructure, such as an appropriate hydrotherapy pool. The only pool to Australian Standards has been closed and a replacement is needed.

12. Housing

Public housing

The Northern Territory continues to experience an acute shortage of public housing.

- In Darwin there is a 30-month waiting list.
- Aboriginal seniors may be forced to share a home with up to 28 people[1].

COTA NT endorses the recommendations to the Commonwealth government to be found in Section 10, 10.2.1 – 10.2.5 of our National Policy Document.

Home Ownership

COTA NT endorses the recommendations re home ownership in Section 10, particularly that of home maintenance and gardening for frail seniors. We understand assistance through the HACC program is inconsistent throughout Australia.

13. Membership Of Government Committees

COTA NT is concerned that the Commonwealth Government is being denied the best advice on Aged Care and Aged Care Planning. The most appropriate people with the most complete knowledge are being denied membership on such important committees as the NT Aged Care Planning and Advisory Committee.

[1] Wadeye community. Source Mr Tracker Tilmouth

We recommend that the Commonwealth re-examine its criteria for membership of such committees to ensure the advice it receives is of the highest quality and dependability.

14. NT Pensioner Concession

COTA NT commends the Northern Territory Government's Pensioner Concession to the Commonwealth and to other States and Territories. We understand it is simply the most generous in the Commonwealth and certainly appreciated by NT seniors.

15. Transport & Travel

COTA NT recently undertook a focus group to discuss transport. The following issues and concerns were identified and subsequently endorsed by all organisations consulted, particularly the ethnic seniors and Aboriginal seniors who have to come to urban centres for medical treatment.

There is an identified need for an accessible, affordable and reliable system of transport out of hours, particularly at night, when a real 'fear factor' is inhibiting seniors from walking to isolated bus stops or using them at night.

There was general agreement from seniors regarding the lack of transport for them to attend special events with real meaning for them, such as Anzac Day, the Bombing of Darwin and Seniors Month events at night.

The Territory Government should continue to try and gain the agreement of all State and Territory governments to provide uniform seniors card concessions Australia wide and reciprocity which allows Seniors travelling interstate to access the same concessions as residents of that State /Territory.

We endorse the recommendations on Travel and Transport in National Policy Document, 2003, Section 20, 20.1.1 – 20.1.3

Impact of the Cost of Transport In NT

We draw to the Inquiry's attention the difficulties and costs of transport in the Territory. To visit nearby communities can cost some $700 if it is regularly serviced, to charter a plane can cost from one thousand to three thousand dollars, and we remind the Committee that many communities are cut off in The Wet for up to 5 months, making travel by road impossible.

With some 60 remote communities it is simply impossible for the non-government sector, for organisations such as COTA NT, to visit all, or even most communities.

We recommend that the Commonwealth Government in funding organisations take into consideration the real cost of transport in the Northern Territory.

16. Use Of Medicines/Medication Administration

Concerns have been voiced to COTA NT regarding the use of medicine and its administration (cf. Golden Glow attachment). We are advised that ethnic seniors and Aboriginal seniors are at risk because they cannot read the labels. Other senior Territorians simply cannot read the label as their eyesight has failed, or they may not reliably remember what to take, the dose or when to take it.

The costs of poor medication management can include

- The risks of death or disability
- Increased need for medical treatment
- Stress for the senior and their families and/or carers
- The cost of hospital or residential care.

COTA NT recommends the investigation of a Medication Management program, whose benefits might include

- Freeing hospital beds
- Lessening costs of frail aged care services
- Lessening prospect of premature residential placement
- Improved quality of life for seniors and carers.

17. Volunteerism In Remote Communities

Voluntary work is an important contribution to national life. It meets needs within the community and helps to develop and reinforce social networks and cohesion. The importance of voluntary work is recognised by the United Nations.

In conjunction with the International Year of Volunteers the ABS Survey of Volunteer Work in 2000 showed that 33% of the group 55-64 did voluntary work, an increase from 24% in 1995, whilst the 65-74 years age group performed the highest median hours of voluntary work – 2.5 hours per week.

COTA NT commends the wonderful voluntary contribution of senior Territorians however it is concerned to hear from many sources that the culture of volunteerism is absent in many remote communities. With the cost savings inherent in volunteering, we believe the Commonwealth Government should fund research into this issue.

COTA NT endorses the recommendations in National Policy Document 2003, Section 21.

18. (A Professional) Workforce in Aged Care/Health

COTA NT is concerned at the undersupply of professional personnel to provide personal and home care to indigenous seniors. The availability of nurses for residential care is also a concern, as is the availability of doctors and specialists.

Attracting such staff to remote communities is proving difficult. We are advised that doctors from overseas do not stay in remote communities despite contracts. Alice Springs hospital was without an anaesthetist and the Northern Territory Government had to pay for a consultant to travel there from Brisbane.

COTA NT recommends that the Commonwealth should re-examine the issue of bonding of overseas professional staff and within university scholarships. Many of our members came to the Territory on such arrangements, which were then the appropriate inducement. We also endorse the recommendations in our National Policy Document 2003, Section 8.11, training of doctors and nurses.

CONSULTATION

Organisations consulted for this submission included:

- COTA (Australia)
- Australian Bureau of Statistics
- Alzheimer's Australia (NT)
- Country Women's Association (NT)
- Darwin Pensioners & Senior Citizens Association
- Foster Carers Association (NT)
- Frontier Services NT
- Golden Glow Corp (NT)
- Local general practitioners
- Ms Janet Brown, PICAC Project Officer
- Multicultural Council NT
- NT Carers
- NTCOSS

Many individuals contributed informally and COTA (NT) is grateful for their input.

ATTACHMENTS

- COTA National Seniors National Policy Document 2003
- Australian Bureau of Statistics (ABS) 2001 Census, Selected characteristics Northern Territory; Age by Indigenous Status; Language Spoken At Home
- ABS Year Book Australia 2002, Voluntary Work in 2000
- Alzheimer's Australia NT Ageing Issues in the NT
- Golden Glow Corporation (NT) Letter

COTA NATIONAL SENIORS

WORKING IN PARTNERSHIP

NATIONAL POLICY

DOCUMENT

2003

COTA National Seniors

NATIONAL POLICY DOCUMENT 2003

COTA National Seniors Partnership

With a membership of more than 270,000 individuals and 1500 seniors organisations COTA National Seniors Partnership is the largest organisation representing Australians aged 50 and over.

Councils on the Ageing and National Seniors Association formed the Partnership in December 2002 as the first stage of a proposed merger. COTA National Seniors through its Policy Councils and Secretariats is responsible for the policy work of all the partners.

With its combined individual and organisational membership representing all aspects of Australian seniors' interests, COTA National Seniors' Partnership has a pre-eminent role in representing, advocating for and serving older people throughout Australia

ISSN:1448 - 7977

COTA National Seniors Partnership A.C.N. 008 483 574
National Policy Secretariat
Level 2, 3 Bowen Crescent, Melbourne, Victoria 3004
Telephone: (03) 9820 2655 Facsimile: (03) 9820 9886
E-mail: cota@cota.org.au Web: www.cota.org.au

CONTENTS

MISSION STATEMENT

COTA National Seniors has the following objectives:

- To enhance the quality of life, to protect and promote the well being, and to advance to its full potential the citizenship of seniors in Australia.
- To develop and promote policies and initiatives to governments and to respond to policies and legislation proposed by governments.
- To advocate on behalf of the needs, rights and interests of seniors on issues relating to the well being of, and justice for, all seniors, and redressing all forms of disadvantage.
- To promote opportunities for productive ageing in employment, recreation, education,

community service and voluntary work, including to promote the positive contribution of seniors to a caring and just community.

- To inform seniors, the broader community, media and governments on issues relevant to the well being of seniors.
- To ensure access by seniors to information and advice to enhance their roles, status, choices and rights.
- To contribute to positive community understanding of ageing.
- To provide direct social and economic benefits to seniors.
- To provide donations and other support to charities and organisations that assist seniors or promote well being and justice for seniors; to develop links and co-operate with other organisations working to achieve similar objectives to those of the company.

POLICY PRINCIPLES

COTA National Seniors' Policy is developed based on the following fundamental principles:

- **Policy Principle 1: maximising the social and economic participation of older Australians**

  The Partnership seeks to maximise opportunities for social and economic participation by older Australians, including promoting positive approaches to the contribution of seniors and the ageing of the Australian population, and by breaking down age discrimination in all areas of social and economic life.

- **Policy Principle 2: promoting sustainable, fair and responsible policies**

  The Partnership is committed to the development of fair and sustainable policies for seniors that take account of the needs of the entire community in the short and long term. It develops policies which are fiscally and economically responsible and which fairly balance the competing needs and interests of diverse groups amongst the senior population and other sectors of the community.

- **Policy Principle 3: protecting and extending services and programs that are used and valued by older Australians**

  The Partnership develops policies and provides advice on maintaining and improving services and programs which 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.

- **Policy Principle 4: focus on protecting against and redressing disadvantage**

  The Partnership believes that all seniors have the right to security, dignity, respect, safety, high standards of treatment and care and to equal participation in the community regardless of income, status, background, location, frailty or any other social or economic factor. As a result we will have a strong focus on seniors who are most vulnerable or disadvantaged in terms of

these criteria.

POLICY PROCESS AND FRAMEWORK

POLICY PROCESS

COTA National Seniors policies are developed through participatory processes in which the membership endorses all formal policy positions.

Resolutions and input to policy development are provided by individual members through Branch and Zone discussion and other channels; by Seniors Organisation members through their policy forum(s); by Service Provider Associate members through their policy forum and by invited policy "associates"/expert advisers

Policy Councils established in every state and territory and at the national level, are the bodies responsible for policy approval and the forums for discussing policy directions, priorities and strategies.

POLICY FRAMEWORK

Policy is developed within a framework of three inter-linked tiers.

- **Level one: the broad economic, social and environmental context**

The capacity of Australia to successfully manage an ageing population in a way that is fair, equitable and sustainable depends to a very large degree on the following factors:

A sound economy with low levels of unemployment and sustainable growth.

A stable and harmonious society characterised by low levels of income inequality, inter-generational respect, racial tolerance, gender equity, and fairness in the distribution of resources

A physical environment that provides for a high level of amenity and public health. For example, high levels of air pollution create respiratory and other illnesses. Environmental sustainability is also a corollary of sustainable economic growth.

- **Level two: the community context**

The ageing of the population will be most successfully managed if the community settings are appropriate. This layer of policy action would include topics such as:

> Community and urban planning
> Transport
> Housing
> Social and cultural amenities

- **Level three: the program context**

This level of policy covers areas over which governments are able to dedicate specific expenditure for specific purposes.

POLICY AREAS

This document lists policy areas alphabetically.

Top of page

1 AGE DISCRIMINATION

Context

The Federal Government is in the process of implementing federal age discrimination Legislation. In February 2003, COTA National Seniors responded to the Commonwealth Government's Information Paper containing its proposals for new Commonwealth age discrimination legislation.

The Federal Workplace Relations Act 1996 prohibits age discrimination in termination of employment. The lack of uniformity of state legislation age discrimination means that individuals may be treated very differently in law, depending on where they live.

There is a low level of enforceability of age discrimination both within the state legislative framework and in any federal legislation.

Recommendations
The Commonwealth Government should:

1.1.1 Introduce a Federal Age Discrimination Act to match those of sex, race and disability. The Act should be administered by its own Commissioner and should have adequate staff and resources.

1.1.2 Develop and implement an education campaign to complement the introduction of the Act.

1.1.3 Evaluate and review the implementation of the Act with a report to Parliament within five years.

1.1.4 Amend other federal laws, which embody discriminatory provisions, following a review of all Commonwealth legislation.

1.1.5 Ensure that complainants under the Commonwealth Age Discrimination Act are not disqualified from taking cases forward due to cost or other barriers.

1.1.6 Amend section 228 of the corporations law to remove the requirement that company directors over the age of 72 be re-elected every year by a three quarters majority.

1.1.7 Monitor the redundancy criteria of employers including the public service.

2 AGED CARE

2.1 Aged Care: Home Based Care

Context

The Home and Community Care program (HACC) was established in 1985. It is a central element of the Commonwealth Government's aged care policy, providing community care services to frail aged and younger people with disabilities, and their carers.

HACC is a joint Commonwealth / State and Territory cost shared program. The aim of the HACC

program is to enhance the independence of people in these groups and avoid their premature or inappropriate admission to long-term residential care.

A New Strategy for Community Care was released in March 2003.

There has been significant growth in demand for home based (community) care due to a number of factors including changes in the hospital system resulting in a greater focus on acute rather than convalescent care; increased survival rates amongst people with severe or profound disabilities and increased numbers of people aged over 80 years.

Recommendations
The Commonwealth Government should:

2.1.1 Review the level of funding for home care services to reduce the need for residential care.
2.1.2 Provide catch up funding and set growth targets that anticipate population growth and cost increases.
2.1.3 Improve targeting and resource allocation to ensure that seniors with low, medium and high care needs have access.

2.2 Residential Aged Care

Context

Residential aged care is funded by a combination of Commonwealth subsidy and user charges for both capital and daily costs. There is debate about the adequacy and balance of these contributions.

Residents contribute to capital costs through Bonds or Accommodation Charges that are assessed on their assets and payable on admission. The government provides a subsidy for concessional residents (those with low assets). Bonds (less an amount retained by the provider) are returned on discharge or to the estate following death of a resident.

Government regulations provide for residents to retain assets up to the equivalent of two and a half times the annual amount of the single Age Pension. This means that some residents are left with insufficient funds to cover ongoing costs.

Interest is payable on bonds or accommodation charges from the date of admission until payment is made. The interest rate is much higher than that available for cash investments (8.75% at 20/3/03). Current accommodation bonds and charges are not considered adequate to enable the industry to meet government regulations.

The government provides a subsidy for daily care, which is based on different levels of assessed need for services. The user contribution is means tested. The subsidies are increased each year according to a special inflation index which is lower than CPI or wage movements in the sector.

Recommendations
The Commonwealth Government should:

2.2.1 Review capital requirements: assess capital needs and work with the sector to find solutions that enable quality accommodation without undue burden on the residents.

2.2.2 Provide reasonable caps on the amount that providers can charge for the accommodation bonds.

2.2.3 Consider increasing the residual assets limit from 2 1/2 times the annual single Age Pension to 5 times the Age Pension.

2.2.4 Develop and fund a workforce planning and training strategy to ensure the availability of appropriately trained staff for the aged care sector.

2.2.5 Develop an appropriate indexation method for the funding of aged care that adequately accounts for the cost of the workforce and other required expenditure.

2.2.6 Increase the Accreditation Agency's budget to provide education and information programs to increase consumer knowledge and understanding and to involve consumers and their representatives in the accreditation process.

2.2.7 Re-establish the Aged Care Complaints Resolution Scheme as a separate authority utilising as its guiding principles the Benchmarks for Industry - Based Customer Dispute Resolution Schemes released by the Minister for Customers and Consumer Affairs in 1997.

2.2.8 Ensure that all aspects of aged care are included in the national research agenda on ageing.

2.2.9 Require providers to make residents and families aware of the availability of audiology assessment, and involve the GP in the planning of this assessment.

2.2.10 Ensure that providers do not change medication, including to generic drugs, without consultation with patients or their relatives/carers.

2.2.11 Ensure adequate funds are available to provide secure accommodation and staff training, for the care of patients with dementia-specific behaviour, within aged care provision.

3 CARERS AND CARER ISSUES

Context

The latest available ABS analysis, based on data collected in 1998, shows that 21% (or 97,000) of carers were over 65 years of age.

Most carers aged 65 and over (81%) care for people in their own age group. These carers were most often partners of the care recipients. Most older carers care for a spouse, with smaller proportions caring for parents or their sons or daughters.

There were around 7,700 parents aged 65 and over living with and caring for an adult child with a severe or profound handicap-almost half of these had been caring for that child for over 30 years. These carers may be particularly financially disadvantaged due to the long-term costs of caring and their limited employment.

Older carers are themselves quite likely to have some form of disability or handicap.

Recommendations
The Commonwealth Government should:

3.1.1 Increase funding and support, including more respite care services, for informal carers who are themselves often seniors.

3.1.2 Provide support packages for ageing carers and parents of people with intellectual disabilities recognising their significant and extended care efforts and their need for security about the continuing care of their adult children.

3.1.3 Commission in-depth research into the reasons why carers are finding difficulty in obtaining respite care and determine solutions.

3.1.4 Provide funding for counselling and training of carers of people with dementia in both the community and in institutions to ensure:
· adequate knowledge of the complexity of the condition

· the appropriate type of care and skills to assist the carer in best managing this role, in the context of an overall package that includes respite and support services.

3.1.5 Provide contributions to superannuation schemes on behalf of women caring for another person for the duration of their absence from the workforce similar to those schemes available in UK, Canada and Germany.

Top of page

4 EDUCATION AND LIFELONG LEARNING

Context

"Life long learning" recognises people's ability to learn and grow throughout life whether or not learning is employment related.

Education can provide people with the skills to respond to rapid change and to deal with increasing complexity. Lifelong learning empowers individuals to develop constructive responses and assists in maintaining social cohesion.

Education is an important conduit into paid employment but education is also important in its own right.

Prerequisites for life long learning include:

- economic security
- health
- access to aids and equipment if required
- access to well-equipped and well-resourced facilities including schools, colleges, universities, Centres of Adult Education, University of the Third Age, neighbourhood houses, libraries and community learning centres

Recommendations
The Commonwealth Government should:

4.1.1 Implement a policy framework for adult learning as recommended by Adult Learning Australia.

4.1.2 Develop an explicit policy of education for seniors.

4.1.3 Implement a program to provide information on retirement and leisure options.

4.1.4 Provide educational programs on ageing, and retirement options and planning for people with intellectual disabilities and their carers.

4.1.5 Extend community and internet based learning options.

4.1.6 Subsidise TAFE courses to enable continued learning and productive community interaction amongst seniors.

4.1.7 Reduce barriers to existing education and training opportunities for seniors such as costs, time and location.

4.1.8 Provide incentives for the education and training of mature aged workers in the workplace.

4.1.9 Foster the development of learning methodologies for seniors.

5 EMPLOYMENT

Principles

Opportunity and choice: employment policy needs to provide encouragement and diverse opportunities for mature age people who wish to participate in the labour force.

Flexibility: it is important that there be opportunities for people to change the nature and extent of their labour force participation. Options include moving from full-time to part-time work or moving to a different type of occupation.

Appropriateness: the nature of assistance provided to mature age people should be appropriate to their experience and maturity.

Context

Around 33 per cent of people aged 50-64 rely on some form of social security income and 46 per cent do not have paid employment.

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's harder to get and keep a job with reasonable pay and conditions, especially for marginalised groups such as mature aged workers.

There is an inherent inconsistency in applying the same assets test to people in their fifties as applied to a 25 year old unemployed person, given that people accumulate assets for retirement. 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 incomes policy.

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 is has a much stricter income test. The average duration of unemployment for mature age people is two years.

Recommendations
The Commonwealth Government should:

5.1.1 Develop an integrated and targeted employment policy and strategy.

5.1.2 Conduct a national campaign directed at Australian businesses detailing the benefits of employing mature age workers.

5.1.3 Implement strategies for increasing labour market participation of women. The following initiatives could be considered: provision of paid maternity leave (and payment of superannuation guarantee contributions during absence); provision of adequate child care facilities at an affordable cost and encouragement of family friendly workplaces. (Refer also to 17.3 Gender)

5.1.4 Promote the recruitment of mature aged, long term unemployed workers into the Australian Public Service particularly to work in agencies which deal with mature age clients.

5.1.5 Reimburse states, which allow a reduction in payroll tax for organisations employing the mature age unemployed.

5.1.6 Ensure Business is more proactive and accountable in addressing the issue of mature age employment and retrenchment.

5.1.7 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.

5.1.8 Defer abolition of Mature Age Allowance, and any increase in age pension age, until there is an improvement in employment rates for people 60 and over.

5.1.9 Allow Mature Age Allowance recipients who undertake casual work to have the income derived averaged over the period of review, i.e. six months, and not the restrictive $50 per fortnight limit that currently applies.

5.1.10 Fund information and referral services, including careers advice centres, specifically to meet the needs of workers and potential workers aged 50 and over. Where necessary these services could be available to those over 45 years.

5.1.11 Develop a specialist focus on mature age workers in the Job Network.

5.1.12 Rethink labour market policies that encourage early retirement. While raising the superannuation preservation age is an example of this, any further action on this issue should not be considered until there is an improvement in the employment prospects of mature age workers.

5.1.13 Encourage incentives such as flexible hours and a phased retirement model for people to work longer.

5.1.14 Encourage transition to retirement programs to provide information and advice on income needs and lifestyle expectations in retirement and to provide assistance to move away from full time paid employment.

5.1.15 Revise the social security assets test for mature age workers to reflect the need to maintain and increase savings for retirement. This may lead to the development a graduated age-related assets test.

6 FINANCIAL SERVICES

6.1 Banking

Context

Over the last five years there have been major changes to banking services, including reducing the number of branches, to increase business profitability with no perceived improvement for consumers.

Rural branch closures mean that seniors may incur additional costs to travel to attend a bank branch. Alternative in-store agencies do not offer the same levels of customer safety, personal service or financial advice. Internet banking assumes access to the internet. Telephone and online banking do not allow for cash withdrawals.

The cost of over the counter banking is seven times that of phone or internet banking. Seniors who rely on over the counter banking are disadvantaged financially. Take up by seniors of online banking is still at a relatively low level with only 37% of seniors in Australia having access to the internet.

Recommendations
The Commonwealth Government should:

6.1.1 Develop a minimum standard of service and access to the financial systems, in consultation with financial institutions and consumer and public interest organisations.

6.1.2 Encourage financial institutions to reduce the fees levied against low-income retirees, and maintain over-the-counter services in their branches without extra charges for low-income retirees.

6.1.3 Encourage major banks to maintain banking facilities in rural centres.

6.1.4 Provide resources to community and consumer organisations to inform consumers about developments in financial services.

Banks should:

6.1.5 Develop and fund education programs for seniors on new technology.

6.1.6 Improve security of ATMs and standardise them to alleviate customer confusion.

6.1.7 Ensure that bank websites conform to W3C accessibility guidelines and ensure that presentation of data is standardised with the option of customisation by the user.

6.1.8 Publicise services for seniors, people on low incomes or people with disabilities and provide a hot line enquiry number for retail services in public telephone directories.

6.1.9 Deliver more face to face information to mature aged customers about charges, terms and conditions, advantages and availability of various banking accounts and services.

6.1.10 Allow callers to speak to an operator during telephone banking without financial penalty.
6.1.11 Employ mature customer service staff to whom seniors can relate.

6.1.12 Develop training materials and support for staff in communicating with and advising mature aged customers, particularly those with special communication needs.

6.1.13 Provide reasonable (three months) notice of pending bank closures so customers may make alternative arrangements or attempt to persuade banks from taking their proposed courses of action.

6.2 Financial Planning Services

Context

With an ageing population and increasingly complex investment environment, many seniors need considerable assistance in understanding their options, the advantages and disadvantages of those options and the potential risks involved. In addition, mature age people now and in the future have more wealth to invest than they did in the past as evidenced by the growth in part-pensioners in relation to full pensioners. National Information Centre on Retirement Investments (NICRI), funded by government rather than fees or commissions, provides independent, impartial information on retirement investments.

Recommendations
The Commonwealth Government should:

6.2.1 Provide necessary funding to NICRI to ensure that the service is available to all seniors considering their investment options in both pre-retirement and retirement years.

6.2.2 Provide necessary funding to NICRI to meet the demand for information about banking services.

7 HEALTH FUNDING

Principles

Public funding should maintain a high quality health care system accessible to all.

All Australians must be assured access to health care.

Context

Medicare, a universal system of funding public hospital and primary care services, underpins Australia's health system.

In this context universal means that all members of the community are eligible to access the services and benefits according to their health needs rather than their wealth or geographic location or other social circumstances. General revenues and taxation, through which everybody contributes according to their capacity to pay, fund these public goods.

Access to bulk billing has been declining, from a national average of 80% in 1996/7 to 70% of GP services. This creates serious hardship for low-income people with complex and chronic conditions.

Currently there is political debate about Medicare becoming a safety net rather than a universal system of health care funding.

The Federal Government wishes to encourage private health insurance by providing the 30 percent private health insurance rebate.

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 hospitals in Australia are in the private system. So public hospitals take on most of the acute care, which is more expensive to provide.

Recommendations
The Commonwealth Government should:

7.1.1 Maintain the universal health system provided by Medicare.

7.1.2 Increase public hospital funding to ensure access and base the funding on needs.

7.1.3 Use tax revenue to improve critical health and social services.

7.1.4 Continue Lifetime Health Cover - a sound structural way of encouraging people to take up private health insurance.

7.1.5 Continue legislative efforts to remove impediments producing gap payments for private health fund members.

7.1.6 Amend scheduled fees to decrease the level of "gap payments" for those patients who are not bulk billed.

7.1.7 While maintaining private health insurance, ensure that safety nets continue to exist and provide high standards of care for those who need them.

7.1.8 Ensure that seniors have access to bulk billing GP services throughout Australia.

8 HEALTH SERVICES

Principles

An efficient and effective health system should provide a continuum of integrated services.

8.1 Aids and Equipment

Context

Affordable aids and equipment are vital to ensure quality of life 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 inadequately funded and there are long waiting lists for assistance.

Recommendations
The Commonwealth Government should:

8.1.1 Provide means tested financial assistance to disabled seniors for purchase of handy aids such as walking frames, chairs and wheelchairs.

8.1.2 Provide free of charge, hypodermic syringes with medically prescribed injectable drugs.

8.1.3 Private health funds should:

8.1.4 Cover the costs of aids for long-term medical conditions such as support stockings and gloves.

8.2 Allied Health Services

Context

Medicare does not cover many important areas of treatment such as physiotherapy, podiatry, chiropractic and psychology. Seniors on low incomes cannot access these services unless they can afford to take out 'extras' in private health insurance. 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.

Recommendations
The Commonwealth Government should:

8.2.1 Increase seniors' access to allied health services through the extension of Medicare Items and the extension of coordinated care and multipurpose services.

8.3 Convalescence and Discharge

Context

Seniors may need convalescent care and support after acute care. Funding imperatives encourage hospitals to discharge seniors before they are fully recovered and increase the risk of re-admission or premature/inappropriate permanent residential aged care.

Post discharge community care services are inadequately resourced and poorly planned.

Recommendations
The Commonwealth Government should:

8.3.1 Develop a national framework for discharge planning, and provision of post acute and convalescent services or facilities.

8.3.2 Increase funding to overcome the problems of early discharge and provide more convalescent care of older patients.

State and Commonwealth Governments should:

8.3.3 Ensure that adequate support services in discharge, post-acute, convalescence and rehabilitation back up acute hospital service facilities.

8.3.4 Ensure hospital patient discharge remains a medical decision and not a financial one.

8.4 Co-ordinated Care

Context

Since 1997 the government has encouraged initiatives to explore whether multi-disciplinary care planning and service coordination leads to improved health and well-being for people with chronic health conditions or complex care needs. Funds pooling between Commonwealth and State/Territory programs has been trialled as a means of providing funding flexibility to support a coordinated approach to service delivery.

Some trials also explore alternative forms of health insurance to support community-based care for people with private health insurance.

Recommendations
The Commonwealth Government should:

8.4.1 Implement coordinated care practices throughout the health system, including:

- Individualised care planning
- A more organised approach to prevention, early intervention and treatment
- Pooling of funds
- Linking of medical services with community services.

8.4.2 Fund an extension of the successful components of the Coordinated Care Trials and the Enhanced Primary Care projects.

8.5 Dental Services

Context

Dental health care is a national health issue. The state-funded programs have not filled the gap left by discontinuance of the federal program, which was abolished in 1996. Seniors, and others on low incomes, may be disadvantaged with public dental hospitals, either not accepting any new cases or reporting waiting lists of well over 12 months. When treatment is available it is for emergencies only.

Recommendations
The Commonwealth should:

8.5.1 Develop and fund, through Medicare and/or Health Care Agreements with the states/territories, a national dental and oral health policy and strategy.

The national strategy should:

8.5.2 Focus on preventative dental services.

8.5.3 Ensure that treatment is appropriate and timely.

8.5.4 Enable the public dental service to contract private dentists or services.

8.5.5 Ensure that people in rural and remote areas have access to public dental services.

8.5.6 Ensure that people with special needs including those in residential aged care have access to public dental services.

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

8.6 Hearing Services

Context

The Commonwealth Hearing Services Program provides hearing assessment, hearing rehabilitation

and selection and fitting of hearing aids (if necessary), free of charge (via Vouchers) to:

- Australian citizens over the age of 21 if they have a Pension Concession card;
- Gold Repatriation Health Card issued for all conditions;
- White Repatriation Health Card issued for conditions that include hearing loss;
- dependants of the above categories;
- a member of the ADF or
- Australian citizens who are undergoing a vocational rehabilitation program with the CRS and are referred by their case manager.

Recommendations
The Commonwealth Government should:

8.6.1 Provide rebates through Medicare for hearing assessments conducted by an audiologist without a referral from a general practitioner.

8.6.2 Entitle Commonwealth Seniors Health Card holders to use National Hearing Services.

Private Health funds should:

8.6.3 Cover hearing assessments, hearing devices and audiologists' rehabilitation services.

8.7 Vision Services

Recommendations
The Commonwealth Government should:

8.7.1 Exempt pensioners with less than $5000 in savings from any cost for their prescription lenses and contact lenses. (Currently couples with over $1000 and singles with over $500 in savings do not receive a concession.)

8.8 Mental Health

Context

Many seniors suffer from depression and mental illness. Often these conditions are misdiagnosed as old age or dementia and so seniors are incorrectly recorded as having the lowest levels of mental illness.

Recommendations
The Commonwealth Government should:

8.8.1 Develop and fund a national mental health strategy for seniors.

8.9 Palliative Care

Context

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.

Providing care for people who are dying and their families is a hallmark of a humane and caring society.

The goals of the framework are:

- To improve community and professional awareness and understanding of, and professional commitment to, the role of palliative care practices in supporting the care needs of people who are dying and their families.
- To support continuous improvement in the quality and effectiveness of all palliative care service delivery across Australia.
- To promote and support partnerships in the provision of care for people who are dying and their families, and the infrastructure for that care, to support delivery of high quality, effective palliative care across all settings.

Recommendations
Governments and service providers should:

8.9.1 Increase provision of high quality palliative care so that it is available for all people with terminal illnesses.

8.9.2 Ensure that palliative care is available at home, in residential aged care or in hospices.

8.10 Diagnostic Screening

Recommendations
The Commonwealth Government should:

8.10.1 Allocate support and funding to further research into Mature Onset (Type 2) Diabetes.

8.10.2 Give higher priority to the speedy diagnosis of sleep apnoea to reduce the incidence of motor accidents caused by this condition.

8.10.3 Establish a permanent screening program for bowel cancer in seniors to follow on from the bowel screening pilot program.

8.10.4 Ensure that, after referral from a medical practitioner, Medicare or private health insurance covers all appropriate medical procedures associated with osteoporosis including the first and subsequent bone density tests.

8.10.5 Create a Medical Benefit Item for Seniors Preventative Health Examination and encourage the medical profession to offer this test to all their patients aged 50 and over, on an annual basis.

8.10.6 Progressively institute over two years a national screening programme for men aged 50 and over (similar to current breast and cervical cancer screening for women) in which men would be encouraged to attend at a local surgery or hospital to be tested for, as a minimum: blood pressure; blood glucose; glaucoma; cataract; obvious skin cancer; basic vision; and examination for prostate problems.

8.10.7 Provide sufficient funding for research into the diagnosis and treatment of male-related cancers.

8.11 Training of Doctors and Nurses

Recommendations
The Commonwealth Government should:

8.11.1 Ensure undergraduate medical education includes a focus on the health needs of seniors, with geriatric medicine taught as a core subject throughout teaching hospitals.

8.11.2 Promote additional training opportunities for general practitioners in geriatric health care.

8.11.3 Make available courses to ensure there is an adequate supply of gerontic/geriatric nurses.

Top of page

9 HEALTHY AGEING

Context

There is a strong correlation between socio-economic wellbeing and health status, across all groups, no less for seniors.

The report *Burden of Disease and Injury in Australia* measures mortality, disability, impairment, illness and injury arising from 176 diseases, injuries and risk factors. The report details the impact of each disease and injury category, the burden attributable to ten major risk factors, inequalities in the burden associated with socio-economic disadvantage and an overview of the leading causes of and distribution of the burden. The ten major risk factors are tobacco, physical inactivity, hypertension, alcohol, obesity, lack of fruit and vegetables, cholesterol, illicit drugs, occupational risk and unsafe sex.

Health Ministers (Commonwealth and States) have agreed to work together on seven National Health Priority Areas to reduce the burden of chronic disease. The seven areas are asthma, cancer, cardiovascular health, diabetes, injury prevention, mental health and arthritis and musculoskeletal conditions.

Community and urban planning play an important role in maximising the independence and mobility of seniors.

Recommendations
The Commonwealth Government should:

9.1.1 Dedicate a fixed proportion of the health budget to health promotion measures.

9.1.2 Extend the seven national health priority areas (which are all disease or injury categories) to other causes of the burden of disease for example the major risk factors and socio-economic factors.

9.1.3 Adopt a life course approach to health maintenance, which focuses on the prevention of non-communicable diseases.

9.1.4 Place a greater emphasis on research into non-communicable diseases.

10 HOUSING

Principles

There is a hierarchy of need for housing assistance for seniors. The highest level of need occurs amongst those who are at risk of homelessness and /or those on low incomes who are renting privately.

10.1 Home Ownership

Context

Around 75% of seniors own, or are close to owning, their own homes. Some seniors have very large investments in their own homes; others may have a decline in capital due to the economic decline in their area for example in regional or rural areas.

Home maintenance and gardening are major issues for seniors who become frail. Assistance through the HACC program is available inconsistently throughout Australia.

Recommendations
The Commonwealth Government should:

10.1.1 Encourage banks to design products, which allow the seniors to borrow on the equity of the home with the loan and interest being paid out at the time of the sale of the home on or before the death of the owner.

10.1.2 Support seniors to make use of Home Equity Conversion programs to help them remain in their own homes and to improve their quality of life.

10.1.3 Introduce Treasury bonds as a vehicle for the surplus funds when seniors wish to rationalise their accommodation - these funds should not be included in the assets test for the age pension or deemed for the income test.

10.1.4 Fund housing relocation services that address the cost barriers to relocation for seniors who wish to move to more appropriate housing. Means tested concessions/subsidies on some charges may be desirable.

10.1.5 Improve home modification and maintenance schemes to assist seniors to remain independent.

10.2 Public / Social Housing

Context

The Commonwealth State Housing Agreement was introduced in 1945 after government accepted arguments that private enterprise had not been adequately and hygienically housing the low income people.

Recent trends are to encourage private investment in rental housing rather than to increase funding for public housing. For those who do not own their own homes, Rent Assistance is an important income supplement but it does not address issues of security of tenure, location, affordability, physical access and appropriateness.

Public and community housing are the best solutions for the most disadvantaged seniors.

Recommendations
The Commonwealth Government should:

10.2.1 Re-establish a public housing policy and through the Budget allocate funds to the Commonwealth State Housing Agreements for the purpose of increasing public housing stock and upgrading existing stock.

10.2.2 Enable seniors on the full Age Pension in private rental accommodation to access good quality community and public housing.

10.2.3 Ensure that all publicly owned housing stock occupied by seniors meets an acceptable standard of 'seniors friendly' design.

10.2.4 Ensure that there is an adequate stock of public/social housing to meet the needs seniors.

10.2.5 Encourage landlords to renovate their housing stock to meet the needs of long-term older tenants.

11 INDIGENOUS AUSTRALIANS

Principles

Strategies and services to improve outcomes for Indigenous Australian should:

· recognise the cultural values and belief systems of indigenous people

· involve indigenous people at all levels of decision-making

· encourage and support the leadership and educative roles of indigenous elders in their communities.

Context

The term "Indigenous Australians" includes Aborigines and Torres Strait Islanders.

Aboriginal Australians and Torres Strait islanders have a shorter life expectancy than other Australians - by some 14 - 20 years in some areas of Australia.

Improvement in the health status and life expectancy of Indigenous Australians will only be achieved by an integrated, multi-dimensional approach that incorporates recognition of the cultural values and underpinnings of indigenous people themselves.

Indigenous people themselves place a high priority on land rights as the basis for any improvement in the basic circumstances in which they live. Without land rights, they argue, their people will never have sufficient confidence and self-esteem to move beyond the depressed conditions they currently find themselves in.

Indigenous elders can play an important role in facilitating the processes by which the social, cultural and economic conditions of Aboriginal communities can be ameliorated.

Indigenous Australians die from preventable diseases. Many do not grow old and do not have the opportunity to reap the benefits of:

- an age pension, health and community services and various other amenities
- the enjoyment of reasonable health and facilities to support frailty and ill health in old age

- the opportunity to engage in the life of the community and to be part of a family watching children and grandchildren develop.

Recommendations
The Commonwealth Government should:

11.1.1 Ensure that a National Strategy on Ageing includes a Strategy for Ageing in Indigenous Communities that focuses on the particular needs, capacities and issues in these communities.

11.1.2 Work with Indigenous Australians to develop an effective national policy on indigenous health to ensure access of their communities to the mainstream services that are available to other Australians. Staff in mainstream services should be trained to develop cultural awareness and understanding.

11.1.3 Support and expand specific services run by and for Indigenous Australians.

11.1.4 Expand training opportunities for indigenous health workers and other community workers.

11.1.5 Expand geographically accessible and culturally appropriate health services, community services and residential aged care for indigenous seniors.

12 INFORMATION AND COMMUNICATION TECHNOLOGIES

Context

Information and communication technologies (ICT) are becoming an integral part of daily life, with e-commerce emerging as a major economic force. Information literacy and use of the basic ICT access tools are becoming pre-requisite skills for full social, economic and educational participation in Australian life. People without computer literacy, or at least literacy in technology, are increasingly at a disadvantage. In 2003 it is estimated that 1.9 million retirees (63%) remain without an internet connection at home.

Barriers to internet use include:

- Set up and access costs
- Lack of computer/internet literacy
- Lack of Broadband
- Attitudes: fear, safety, security and privacy concerns, perceived lack of relevant content
- Website inaccessibility - poor design
- Physical difficulties in using many electronic services.

Telephone access is critical for security, social interaction, access to health and other services, job searching, independence and daily activities. Affordable telephone services are a lifeline for seniors. 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.

Recommendations
The Commonwealth Government should:

12.1.1 Develop initiatives to close the gap between access to information technology in rural and remote areas and urban areas.

12.1.2 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 aged workers and community organisations.

12.1.3 Address all service and design standards through a universal life cycle perspective rather than by add ons or separate adaptive programs.

12.1.4 Ensure that the Universal Service Obligations for carriers are:

- enforced in federal legislation;
- upgraded to ensure higher digital data access rates; and
- have a wider definition of 'standard telephone service' to meet the often-unmet telecommunications needs of people with disabilities. Specialised equipment and products can often meet these needs.

12.1.5 Improve broadband access through providing public, and encouraging private, investment in the network.

12.1.6 Ensure that line rental and call charges are affordable for pensioners and people on low incomes.

12.1.7 Consider expanding the definition of 'standard telecommunications services' to include features such as call waiting, facsimile and modem usage and digital connections.

12.1.8 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.

The providers of online and e-commerce services should:

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

State and local governments should:

12.1.10 Ensure that all building codes specify that all new dwellings must be connected to the phone network.

Top of page

13 INFORMATION PROVISION

Context

Access to accurate, timely information is empowering. Information needs change with life events and age. Multiple strategies are required when disseminating information.

There is a general consensus that face to face consultation in conjunction with 'take-away' material works best for the provision of detailed information.

Telephones which allow for questions and answers are the next best option but may not be suitable

for people with hearing impairments or those who experience difficulties with the English language.

Dissemination of information via the internet can be cost-effective and easy, but accessing the information can be difficult and costly. Web-based information alone is inadequate.

Recommendations
The Commonwealth Government and other organisations should:

13.1.1 Ensure that when distributing information a wide range of materials and outlets is used.

13.1.2 Written material should:

- Use Plain English and familiar words.
- Be easy to read, well spaced and in large print size.
- Use a mix of words and easily recognisable pictures.
- Provide high colour contrast (dark coloured print on non-reflective paper).
- Use the generic name of a service rather than a program or provider.

13.1.3 Ensure information about services is informative with enough detail for understanding the features and benefits of the service and user rights and eligibility.

13.1.4 Encourage manufacturers to provide "plain English" user guides for new household appliances such as VCRs and microwave ovens.

13.1.5 With regard to the Australian Standards safety date stamp, implement a safer system for the usage and testing of all pressure vessels, to ensure consumer protection.

13.1.6 Encourage manufacturers to ensure that equipment controls, safety warnings, standard labelling and all reading material on household appliances and products, are in a size, style and colour of printing that is clearly legible.

13.1.7 Require labelling to last as long as the product.

14 LEGAL ISSUES

Context

Inconsistent policies between states and territories unnecessarily complicate legal issues relating to seniors including power of attorney, guardianship and probate.

Recommendations
The Commonwealth Government should:

14.1.1 Re-introduce Justices of the Peace and Commissioners of Declaration on the list of persons able to complete the "Proof of Identity Declaration" in passport applications.

14.1.2 Make mandatory documentation for the Application for Probate uniform across Australia.

14.1.3 Encourage state governments to standardise legislation regarding enduring powers of attorney, including enduring guardianship for medical/personal matters.

14.1.4 Introduce or amend legislation in relation to the freezing, forfeiture and confiscation of all assets obtained by persons/industries fraudulently involved in implementing financial advising schemes. This legislation should include a reference to all persons who obtain an asset or benefit directly or indirectly from any illegal operations.

15 PHARMACEUTICALS

Principles

All Australians should have access to affordable medication and pharmaceuticals.

Context

The Pharmaceutical Benefits Scheme (PBS) that provides access to affordable medication is a critical part of the health care system. Currently the PBS could be threatened due to funding blowouts, inappropriate listing and de-listing of drugs, and in international free trade negotiations.

Education is an important mechanism for restraining growth in expenditure on PBS.

Recommendations
The Commonwealth Government should:

15.1.1 Fund the National Prescribing Service to provide better and more drug education for doctors, consumers and pharmacists.

15.1.2 Introduce strict controls on the direct and indirect advertising and selling of pharmaceuticals.

15.1.3 Ensure stronger price negotiation with pharmaceutical companies, particularly where sales have exceeded estimates.

15.1.4 Demonstrate greater transparency of the reasons for de-listing drugs from the PBS, including consumer consultation and impact statements.

15.1.5 Apply the pharmaceutical general safety net on a proportional basis depending on family formation.

15.1.6 Enter the full cost of all prescribed pharmaceutical medicine under the PBS onto the HIC's Safety Net Prescription Record Form to count towards the concession and general safety nets.

15.1.7 Allow holders of pensioner concession cards or similar who are prescribed pharmaceuticals which are not subsidised through the PBS to have the initial $3.50 of the cost of that medicine included on the HIC's Safety Net Prescription Record Form.

15.1.8 Continue restricting the sale of non-prescription and S2 drugs to pharmacies only.

15.1.9 Encourage clearly marked labelling with dosage requirements - not simply recorded "as directed" - on all prescribed medication.

15.1.10 Set a standard, easily legible size of print for use on labels of medicine and poison containers.

15.1.11 Introduce colour-coded retractable needles through the needle exchange program.

15.1.12 Place medication for osteoporosis on the Pharmaceutical Benefits Scheme list (PBS) and amend the clause defining the eligibility requirements of such patients for supply of such drugs under the PBS to include the words "and/or an established Dual Energy X-Ray Absorptiometry (DEXA) t-score of -2.5 or below".

16 RELATIONSHIPS

Context

63% of people over 65 years of age live in family households, mostly with their partners and just over one-quarter (28%) live alone. (1996 Census)

Seniors' living arrangements may be influenced by the death of a spouse or the need for care resulting from increasing illness or disability. People aged 85 and over are more likely than those aged 65-84 to live in residential accommodation (32% and 4%, respectively), or alone (33% and 27%).

In 1998, around one in six carers (401,000 people) were aged 65 and over; the majority of these (69%) were caring for their partner. Of the 96,700 seniors who were primary carers, almost two-thirds (62%) were women.

16.1 Elder Abuse

Definition

Elder Abuse 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 neglect.

Elder abuse:

- can happen to anyone regardless of gender, where you live, cultural or religious background or income;
- is a breach of a person's rights and may be criminal or civil offences;
- 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.

Recommendations
The Commonwealth Government should:

16.1.1 Promote greater focus on elder abuse research and demonstration projects.

16.1.2 Establish a standardised definition of elder abuse and mandatory-reporting requirements that are uniform and effective.

16.1.3 More accurately record and assess the causes of elder abuse and measurement of frequency.

16.1.4 Develop prevention, treatment and intervention programs that respond in an effective and efficient manner to cases of elder abuse.

16.2 Grandparents

Context

Grandparents provide care in almost 70% of households, which receive informal care for a child aged 11 and under.

Some grandparents take on the role of raising their grandchildren. This may be because the children's parents can no longer care for them, e.g. through death, ill health or drug or alcohol abuse. Grandparents raising grandchildren may feel isolated and overwhelmed, not knowing what support may be available. They can suffer considerable strain as they cope with often traumatised children; their own grief and loss, and anger; and considerable extra costs associated with raising children, especially financial, legal and social costs, with little or no outside support.

Recommendations
The Commonwealth Government should:

16.2.1 Support a national Grandparenting Association and state and territory based related associations.

Top of page

17 RETIREMENT INCOMES

Principles

Retirement income policy should establish and maintain an adequate secure equitable standard of living for retired persons; guarantee adequacy, fairness and stability in retirement income sources for all Australians; and ensure safety nets are maintained.

Government should prioritise assistance to seniors on the lowest incomes and to those who do not own their own homes.

Context

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. Most Australians seniors are on a low income - 75% of the eligible population receive government pensions as their principal source of income.

On average there was an increase in wealth of seniors over the period 1986 to 1998, however this was unequal with the top 25 % becoming wealthier, the middle 50% losing ground, and from a very low base, the bottom 25 % increasing in wealth. The major factor has been increases in the value of homes and the "after housing" poverty rates have not changed for seniors in more than a decade.

Australia has a three-pillar approach to retirement incomes, relying on:

- a means tested fully funded government age pension,
- mandatory superannuation through the superannuation guarantee, and
- voluntary savings through superannuation and other investments.

This is supplemented with additional supports including an array of mostly means tested concessions on and marketing initiatives targeted at seniors.

17.1 Age Pensions

Context

Age pensions are available to men aged 65 or over and women aged 62 or over (gradually increasing to 65) on a means tested basis which includes assessment of assets and income.

The government has introduced a pension bonus scheme for those who delay taking a pension for up to 5 years. Payment accumulates at 9.4 per cent of the Age Pension per year. There is low take-up of the scheme.

Recommendations
The Commonwealth Government should:

17.1.1 Review the adequacy of the single age pension and raise it if necessary to comply with the standard of living scale used by the OECD. The OECD assumes couples need 50 per cent more than single people to reach the same standard of living.

17.1.2 Set standard poverty lines in order to measure consistently the well being of all Australians.

17.1.3 Establish a separate consumer price index for people in retirement.

17.1.4 Adjust the assets test for the age pension half yearly instead of annually, to reflect prevailing interest rates on investments.

17.1.5 Amend the deemed income provisions related to excess gifts made by age pensioners to reflect the process when a loan is made and a portion forgiven each year.

17.1.6 Promote phased retirement benefits so that when a spouse reaches pensionable age before his or her partner, she or he should be eligible for 50 per cent of the couple pension until the partner becomes eligible.

17.1.7 Quarantine, for social security income and asset testing purposes, all except the surrender value of life insurance policies.

17.1.8 More regularly adjust deeming rates to accurately reflect bank interest rates.

17.1.9 Exempt the family car from the age pension asset test. A reasonable amount (i.e. $25,000) linked to the CPI, could be exempt along with the family home.

17.1.10 Remove the requirement for persons departing Australia for less than six months to inform Centrelink of their departure so that older persons do not lose access to rent assistance and other allowances.

17.1.11 Urge the British Government to index the state pension received by those in Australia at the rate of indexation of UK age social security pension, despite termination of the Australia-British Social Security Agreement.

17.2 Age Pensions and Employment

Recommendations
The Commonwealth government should:

17.2.1 Establish a "working credit" system for age pensioners wishing to supplement their income through seasonal work.

17.2.2 Allow flexible pension age so that employees may retire with a reduced age pension from age 60 with the pension increasing for each year to 65.

17.2.3 Revise the Pension Bonus to provide stronger incentives for people to remain in employment for between one and four years. It should also allow seniors who have already received an Age Pension to take advantage of the scheme if they have opportunities to return to work.

17.3 Gender

Context

The negative effects of interrupted work histories are particularly pronounced amongst women. (This section should be read in conjunction with section 5 Employment).

27 per cent of all 55-69 year olds have no superannuation (ABS). The latest figures show the median superannuation balance for females ($6,400) is less than half that of males ($13,400). It is anticipated that by 2030 the average level of women's superannuation will still only be 70% of that of males.

Nearly 125,000 divorced or separated Australian women retire solely on the age pension - most with assets of less than $15,000.

Recommendations
The Commonwealth Government should:

17.3.1 Ensure retirement income for single women is adequate and raise the age pension rate if necessary to comply with the standard of living scale used by the OECD.

17.3.2 Devise a method of calculating the economic value of unpaid work. For example, women and men could earn social security credits for the years spent caring for children.

17.3.3 Allow income splitting to protect women from the effects of divorce.

17.3.4 Increase the fortnightly widows' allowance to the level of a single age pension, with similar concessions such as the pharmaceutical allowance.

17.4 Superannuation

Context

Current public policy is based on compulsory superannuation that aims to ensure that seniors will be able to support themselves in retirement with reduced or limited call on the Age Pension. Some people argue that the levels of tax on superannuation are too high and reduce the incentive to use superannuation as an investment vehicle. The current rates, which are lower than marginal tax rates are:

- 15 per cent on employer contributions,
- 15 percent on the fund's investment income and varying tax rates on lump sum or pension benefits, and
- 15 per cent surcharge on contributions paid for high-income earners to reduce the level of

taxation support received by these individuals.

Recommendations
The Commonwealth Government should:

17.4.1 Create the conditions for a sound savings and retirement income framework by reviewing and improving the retirement income system in the context of the "3 pillars' system of retirement income.

17.4.2 Simplify the superannuation system to and increase community education superannuation in general.

17.4.3 Assess the costs and benefits of abolition of the Superannuation Contributions tax in favour of taxing benefits at full marginal rates and inform the community of the results.

17.4.4 Tax favour private pension contributors so that employers receive a tax deduction for funding benefits and employees do not pay income tax until the time of pension pay out.

17.4.5 Revisit the Superannuation Guarantee Levy legislation to ensure maximum entitlement to superannuation funds for casual employees who may be earning less than $450 per month taxable income from any single employer but more than $450 per month in total from several employers.

17.4.6 Encourage phased retirement by removing barriers on superannuation contributions from people working less than 10 hours a week.

17.4.7 Increase the income threshold of taxable income for the government co-payment to superannuation for low-income earners to $35,000.

17.4.8 Require employers to continue contributing superannuation for employees aged 70 and over.

17.4.9 Strengthen Australia's retirement savings scheme by holding superannuation fund managers more accountable for the money entrusted to them.

17.4.10 Strengthen efforts to help mature aged unemployed people back into the workforce to discourage them from prematurely accessing superannuation benefits.

17.4.11 Promote public awareness on the regulations surrounding early access to superannuation in general and allow more discretion to consider on a case by case basis the upper limits of superannuation which can be released on the grounds of compassion or financial hardship.

17.4.12 Streamline access to superannuation funds for medical expenses, palliative care and funeral expenses.

17.4.13 Ensure superannuation funds are only ever sent directly to beneficiaries to minimise the unscrupulous practices of other parties.

17.4.14 Promote public awareness of the role of the Superannuation Complaints Tribunal in hearing complaints about decisions on early release of benefits.

17.5 Supplementary Support

Recommendations
The Commonwealth Government should:

17.5.1 Replace existing state based Seniors Cards with an Australia- wide Seniors Card with uniform eligibility criteria and benefits to eliminate the uncertainty over seniors entitlements and discounts, or at least provide Australia wide travel concessions for Seniors Card holders.

17.5.2 Allow self funded retirees of pensionable age whose gross income does not exceed $23,000 per annum for a single or $35,000 for couples to receive the same concessions available to age pensioners.

17.5.3 Retain the current unindexed income limits for eligibility for the Commonwealth Seniors Health Card.
17.5.4 Allow a partner, aged over 50, of an age pensioner, who is in receipt of a Partner Allowance, access to the rail travel vouchers issued to pensioners.

17.5.5 In partnership with state governments set uniform travel concessions, in every state, for all Health Care Cardholders aged over 50.

17.5.6 Extend the Veterans Gold Card medical benefits to spouses of card-holding veterans.

18 SAFETY & SECURITY

Context

Despite figures showing seniors are less often victims of crime than other age groups, many do feel vulnerable. In order to promote healthy ageing older Australians must be able to feel secure at home and in the community.

Recommendations
The Commonwealth Government should:

18.1.1 Encourage all levels of government and architects to consider access to public buildings, sports grounds and other facilities for seniors and people with disabilities.

18.1.2 Provide elderly or infirm persons with financial assistance to acquire personal alarms for security.

18.1.3 Ensure calls to 000 are responded to in such a way that locality of incident is clearly identified to emergency service providers.

Top of page

19 TAXATION

Principles

- The progressive elements of Australia's present tax system should be maintained.
- Tax reform should be of social and economic benefit to Australia.
- No seniors in the low to middle income groups should be worse off under any tax reform proposals.
- Taxation should provide governments with sufficient revenue for necessary social services over the long term.
- Better revenue sharing between Commonwealth and the States should occur without transfer

of tax powers.

Context

Australia is a relatively low taxed country, for example it was ranked 15 out of 30 OECD countries on a comparison of Household Tax Burden in 2002 (single person without children).

The changing demographics of an ageing population will not reduce the number of taxpayers because of the central role of a consumption tax in raising government revenue. Consumption patterns may change with ageing, but seniors remain consumers of goods and services and therefore remain taxpayers. The Goods and Services Tax provides a reliable long-term source of revenue to the Commonwealth, which flows through to the States and territories.

In addition many retired people also pay income tax on their investment and other earnings.

Recommendations
The Commonwealth Government should:

19.1.1 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.

19.1.2 Amend tax and social security legislation to ensure that tax is only paid on that part of investment returns, which exceed the rate of inflation.

19.1.3 Allow income splitting for retired married couples even though one partner receives a superannuation or annuity pension asset.

19.1.4 Allow incapacitated seniors to claim a tax deduction for employing carers and maintenance people other than those provided by charitable groups.

19.1.5 Entitle pensioners, self-funded retirees and low-income earners who are within the tax-free threshold and therefore are not required to pay income tax to a threshold amount of capital profits free from capital gains tax.

19.1.6 Provide self-funded retirees aged 55 years to 64 years with a $10,000 tax-free threshold as an incentive to remain independent.

19.1.7 Exempt permanent caravan park dwellers from GST on their rent.

20 TRAVEL AND TRANSPORT

Principles

Accessible, affordable and reliable transport is vital for continued community participation and healthy and productive ageing.

20.1 Public Transport

Context

Many seniors rely upon public and community transport.

Lack of Australia wide travel concessions act as a major disincentive to interstate travel.

The new Disability Standards for Accessible Public Transport (October 2002) provide a valuable framework.

Recommendations
The Commonwealth Government and state and territories' governments should:

20.1.1 Provide accessible, affordable, appropriate and better-integrated public transport.

20.1.2 Consider the specific transport requirements of seniors in rural and regional Australia.

20.1.3 Extend reciprocal travel concessions across all states to Seniors Card holders. (Refer to Concessions in Retirement Incomes)

20.1.4 Pensioner concession travel vouchers to be valid for use in all states - not limited to states of residence.

20.1.5 Allow pensioners in receipt of rail vouchers who are excluded from using this form of long distance transport due to medical reasons, the option of converting the value of this voucher to coach or air travel with any balance being paid by the traveller.

21 VOLUNTEERS

Context

Seniors are active volunteers. According to the ABS, in the 12 months to June 1995, almost 350,000 seniors volunteered in organisations and groups. The median time that women aged 65 and over spent in voluntary work was 108 hours, compared with 72 hours by those aged 15-64. The median time that older men gave to voluntary work was also greater than given by younger men - 104 and 72 hours respectively.

Welfare and community organisations attracted the highest levels of volunteering among seniors (51%), comprising almost half the hours devoted to these organisations (42%). Seniors were 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%).

Recommendations
The Commonwealth Government should:

21.1.1 Encourage contributions towards legitimate out-of-pocket expenses for community volunteers.

21.1.2 Devise a system to measure the economic contribution of volunteers.

Top of page

Level 2, 3 Bowen Crescent, Melbourne Vic 3004
Tel (03) 9820 2655 Fax (03) 9820 9886
email cota@cota.org.au

AUSTRALIAN BUREAU OF STATISTICS 2001 Census of Population and Housing
Northern Territory (STATE 7), 1352212.4 sq. Kms

B01 SELECTED CHARACTERISTICS (FIRST RELEASE PROCESSING)

Persons

	Males	*Females*	*Persons*
Total persons(a)	110,176	100,488	210,664
Aged 15 years and over(a)	84,375	76,587	160,962
Aged 65 years and over(a)	5,849	5,218	11,067
Aboriginal	24,388	24,748	49,136
Torres Strait Islander	319	270	589
Both Aboriginal and Torres Strait Islander(b)	515	545	1,060
Total Indigenous persons	*25,222*	*25,563*	*50,785*
Born in Australia	82,436	75,523	157,959
Born overseas(c)	15,148	14,206	29,354
Speaks English only	73,801	65,910	139,711
Speaks other language(d)	22,792	23,464	46,256
Indigenous persons aged 18 years and over	14,083	15,212	29,295
Australian citizen	93,058	85,592	178,650
Australian citizen aged 18 years and over	66,212	60,579	126,791
Enumerated in private dwelling(a)	97,424	93,968	191,392
Enumerated elsewhere(a)(e)	12,752	6,520	19,272
Overseas visitors	3,993	3,942	7,935

(a) Includes Overseas visitors.
(b) Applicable to persons who are of both Aboriginal and Torres Strait Islander origin.
(c) Includes 'Inadequately described', 'At sea', and 'Not elsewhere classified'.
(d) Includes 'Non-verbal so described' and 'Inadequately described'.
(e) Includes 'Non-Private dwellings', 'Migratory and Off-shore'.

AUSTRALIAN BUREAU OF STATISTICS 2001 Census of Population and Housing
Northern Territory (STATE 7) , 1352212.4 sq. Kms

I03 AGE BY INDIGENOUS STATUS BY SEX
Persons

	INDIGENOUS			*NON-INDIGENOUS*			*NOT STATED*			*TOTAL*		
	Males	*Females*	*Persons*	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*	*Males*	*Females*	*Persons*
0	583	525	1,108	883	898	1,781	144	125	269	1,610	1,548	3,158
1	606	542	1,148	965	868	1,833	110	99	209	1,681	1,509	3,190
2	576	588	1,164	945	901	1,846	118	101	219	1,639	1,590	3,229
3	628	631	1,259	1,074	898	1,972	116	101	217	1,818	1,630	3,448
4	648	612	1,260	956	933	1,889	106	106	212	1,710	1,651	3,361
0-4	*3,041*	*2,898*	*5,939*	*4,823*	*4,498*	*9,321*	*594*	*532*	*1,126*	*8,458*	*7,928*	*16,386*
5	712	637	1,349	1,006	977	1,983	90	93	183	1,808	1,707	3,515
6	666	652	1,318	1,047	903	1,950	95	97	192	1,808	1,652	3,460
7	672	587	1,259	997	951	1,948	106	74	180	1,775	1,612	3,387
8	662	593	1,255	941	968	1,909	90	62	152	1,693	1,623	3,316
9	637	583	1,220	1,046	936	1,982	89	78	167	1,772	1,597	3,369
5-9	*3,349*	*3,052*	*6,401*	*5,037*	*4,735*	*9,772*	*470*	*404*	*874*	*8,856*	*8,191*	*17,047*
10	674	604	1,278	1,031	951	1,982	85	90	175	1,790	1,645	3,435
11	599	537	1,136	976	932	1,908	83	94	177	1,658	1,563	3,221
12	618	535	1,153	914	835	1,749	99	73	172	1,631	1,443	3,074
13	584	583	1,167	918	797	1,715	92	79	171	1,594	1,459	3,053
14	638	541	1,179	785	808	1,593	84	73	157	1,507	1,422	2,929
10-14	*3,113*	*2,800*	*5,913*	*4,624*	*4,323*	*8,947*	*443*	*409*	*852*	*8,180*	*7,532*	*15,712*
15	534	530	1,064	863	774	1,637	69	57	126	1,466	1,361	2,827
16	603	568	1,171	808	755	1,563	82	76	158	1,493	1,399	2,892
17	499	503	1,002	808	786	1,594	88	53	141	1,395	1,342	2,737
18	490	558	1,048	885	770	1,655	93	69	162	1,468	1,397	2,865
19	571	533	1,104	871	758	1,629	96	86	182	1,538	1,377	2,915
15-19	*2,697*	*2,692*	*5,389*	*4,235*	*3,843*	*8,078*	*428*	*341*	*769*	*7,360*	*6,876*	*14,236*
20	611	518	1,129	987	759	1,746	102	69	171	1,700	1,346	3,046
21	503	483	986	1,004	829	1,833	110	90	200	1,617	1,402	3,019
22	424	470	894	1,120	954	2,074	111	92	203	1,655	1,516	3,171
23	461	440	901	1,099	1,074	2,173	110	75	185	1,670	1,589	3,259
24	437	465	902	1,197	1,043	2,240	131	99	230	1,765	1,607	3,372
20-24	*2,436*	*2,376*	*4,812*	*5,407*	*4,659*	*10,066*	*564*	*425*	*989*	*8,407*	*7,460*	*15,867*
25-29	2,306	2,351	4,657	6,472	5,969	12,441	608	531	1,139	9,386	8,851	18,237
30-34	1,984	2,111	4,095	6,790	6,327	13,117	633	502	1,135	9,407	8,940	18,347
35-39	1,644	1,850	3,494	6,710	5,845	12,555	610	462	1,072	8,964	8,157	17,121
40-44	1,340	1,474	2,814	6,299	5,589	11,888	515	407	922	8,154	7,470	15,624
45-49	1,048	1,150	2,198	5,857	5,236	11,093	537	319	856	7,442	6,705	14,147
50-54	764	851	1,615	5,809	4,851	10,660	420	265	685	6,993	5,967	12,960
55-59	510	568	1,078	4,335	3,652	7,987	309	159	468	5,154	4,379	9,533
60-64	403	504	907	3,210	2,449	5,659	205	125	330	3,818	3,078	6,896
65 years and over	587	886	1,473	4,521	3,734	8,255	496	392	888	5,604	5,012	10,616
Total	**25,222**	**25,563**	**50,785**	**74,129**	**65,710**	**139,839**	**6,832**	**5,273**	**12,105**	**106,183**	**96,546**	**202,729**

AUSTRALIAN BUREAU OF STATISTICS 2001 Census of Population and Housing
Northern Territory (STATE 7), 1352212.4 sq. Kms

I06 LANGUAGE SPOKEN AT HOME AND PROFICIENCY IN SPOKEN ENGLISH BY SEX
Indigenous persons

	Males	*Females*	*Persons*
Speaks English only	7,777	8,062	15,839
Speaks Australian Aboriginal or Torres Strait Islander language and Speaks English:			
Very well or Well	10,402	10,879	21,281
Not well	3,349	3,321	6,670
Not at all	999	1,079	2,078
Not stated(a)	414	411	825
Total	*15,164*	*15,690*	*30,854*
Speaks other language(b)	233	244	477
Not stated(c)	2,048	1,567	3,615
Total	**25,222**	**25,563**	**50,785**

(a) Includes cases where language spoken at home was stated but proficiency in English was not stated.
(b) Includes 'Non-verbal so described' and 'Inadequately described'.
(c) Includes cases where both language spoken at home and proficiency in English were not stated.

1301.0
- 2002

Australia Now

Year Book Australia 2002

2002

Income and Welfare

Voluntary work in 2000

Jump to: Related Links

Introduction

Voluntary work is an important contribution to national life. It meets needs within the community and helps to develop and reinforce social networks and cohesion. The importance of voluntary work was recognised by the United Nations when it declared the year 2001 as the International Year of Volunteers (IYV). By participating in IYV, Australia aimed to achieve the following objectives:

- to recognise and celebrate the outstanding contribution volunteers make to a strong, cohesive Australian society;
- to have community, business, the media and government working together to build an Australian society that encourages and nurtures a culture of volunteering; and
- to support Australian communities in their engagement in valuable and productive voluntary activities.

In conjunction with the IYV, the ABS released the results of the Survey of Voluntary Work, conducted in 2000. In the survey, a volunteer was defined as someone who, in the last 12 months, willingly gave unpaid help in the form of time, service or skills, through an organisation or group. Estimates from the survey excluded people whose only voluntary work was performed overseas and those whose only voluntary work was for the Sydney Olympic and/or Paralympic Games.

Change in volunteering over time

There were 4,395,600 adult volunteers (aged 18 years and over) in 2000, representing 32% of the civilian population of the same age. In 1995 the 3,189,400 volunteers represented 24% of the population. Growth in volunteer rates occurred for both sexes, and across all age groups, but particularly the groups 18-24 (from 17% to 27%) and 55-64 (from 24% to 33%) (table 7.1).

In 2000, volunteers contributed 704 million hours of voluntary work, an increase on the 1995 total of 512 million hours. However, the median weekly hours of voluntary work remained stable at 1.4.

Who volunteers?

Volunteer rates varied across different groups in the population. They were slightly higher for women than for men (33% compared to 31%) and, with a few exceptions, this was the case regardless of family status, labour force status or birthplace. The volunteer rate for partnered people without dependent children was slightly higher for men than for women, as was the rate for people employed full-time.

People born in Australia were more likely to undertake voluntary work than those born outside Australia, 35% and 25% respectively.

7.1 VOLUNTEER RATE - 1995 and 2000

	1995				2000			
	Males %	Females %	Persons %	Persons '000	Males %	Females %	Persons %	Persons '000
Relationship in household								
Family member								
Husband, wife or partner -								
- With dependent children	32.2	30.8	31.4	1,316.8	37.6	45.4	41.6	1,726.4
- Without dependent children	22.1	21.6	21.9	931.2	29.4	27.5	28.5	1,323.2
- Total(a)	26.8	26.5	26.6	2,247.9	33.7	35.4	34.5	3,124.7
Lone parent	21.4	19.6	20.0	146.2	30.9	33.0	32.6	241.6
Other family member	16.3	19.7	17.7	249.9	22.8	29.0	25.5	415.1
Total family member	24.9	25.0	25.0	2,644.0	31.8	34.4	33.1	3,781.4
Total non-family member	15.2	21.1	17.8	430.7	24.2	26.4	25.3	614.2
Total(b)	22.9	24.4	23.6	3,189.4	30.5	33.0	31.8	4,395.6
Labour force status -								
- Employed full time	25.6	21.0	24.1	1,425.3	33.9	30.5	32.8	2,037.9
- Employed part time	29.2	32.6	31.7	700.7	31.3	44.4	40.9	1,055.7
- Unemployed	13.3	22.3	16.8	112.2	21.1	33.6	27.0	146.6
- Not in the labour force	16.4	22.2	20.2	951.1	23.0	27.2	25.6	1,155.4
- Total	22.9	24.4	23.6	3,189.4	30.5	33.0	31.8	4,395.6
Birthplace -								
- Born in Australia	25.9	26.5	26.2	2,589.0	33.2	35.4	34.3	3,390.9
- Born outside Australia	15.4	18.0	16.6	600.4	24.3	26.6	25.4	1,004.7
- Total	22.9	24.4	23.6	3,189.4	30.5	33.0	31.8	4,395.6

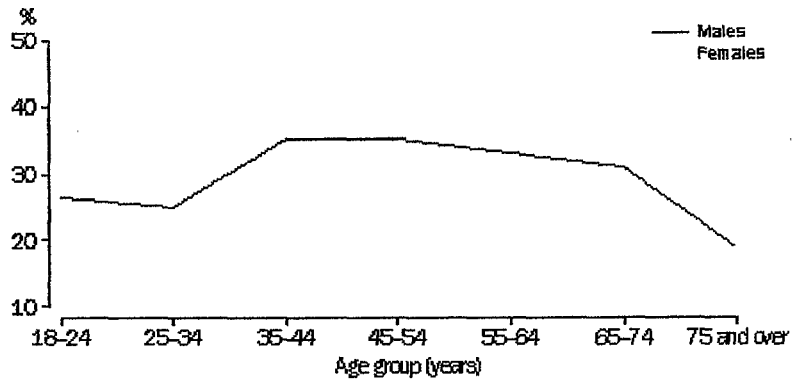
(a) 2000 data include couples in multifamily households.
(b) 1995 data include 115,000 households where relationship could not be determined.

Source:Voluntary Work 2000 (4441.0).

The pattern of volunteering varied with age and life stage. Among the older age groups, volunteer rates were marginally higher for men than for women (graph 7.2). People aged 35-44 years reported the highest rate of volunteering (40%). At these ages people are more likely to be married with children, and their higher than average volunteer rate reflects their family commitments. This is most marked for women. Thus, partnered women with dependent children had a volunteer rate of 45% compared to 28% for partnered women without dependent children. Women employed part-time had a higher volunteer rate (44%)

than those employed full-time (31%).

7.2 VOLUNTEER RATE, By Age—2000



Source: Voluntary work 2000 (4441.0).

Hours

Because most volunteers contributed relatively few hours, while a minority worked for a large number of hours, the arithmetic mean is a misleading measure of hours worked by the average volunteer. The median is a more appropriate measure for purposes of comparison.

The median hours of voluntary work per week was 1.4 or about 72 hours per year. This was greater for women than men (74 hours compared to 64 hours). Although the number of volunteers was highest in the age group 35-44 years, median hours of voluntary work tended to increase steadily with age, up to the 65-74 years age group where the median hours were 2.5 per week (table 7.3). This relates to the decrease in family and paid work commitments with advancing age.

People in paid employment, either full-time or part-time, were more likely to volunteer than those who were unemployed or not in the labour force. However, in aggregate, people not in the labour force contributed slightly more hours of voluntary work per year (265 million hours) than people who were employed full-time (261 million) or part-time (154 million). This pattern differed for men and women. For men the largest contribution (58% of male hours) came from those employed full-time while for women the largest contribution (44% of female hours) was made by those not in the labour force. People not in the labour force also had the highest median weekly hours of voluntary work (2.1), while those employed full-time had the lowest (1.0).

7.3 MEDIAN HOURS OF VOLUNTARY WORK, Sex By Age and Labour Force Status - 2000

	Males no.	Females no.	Persons no.
Age group (years)			
18-24	1.0	1.1	1.1
25-34	0.7	0.9	0.8
35-44	1.0	1.5	1.4
45-54	1.5	1.4	1.5
55-64	1.9	1.8	1.9
65-74	2.5	2.5	2.5
75 and over	*1.4	*2.9	2.3
Total	1.2	1.4	1.4
Labour force status			

Alzheimer's Australia NT
Living with dementia

Ageing Issues in the NT

With the ageing of the Australian population government must take into account the impact that dementia will have not only on people with the disease but their families and carers

Dementia is already the fourth biggest killer disease of older people in Australia.
By the middle of this century over 500,000 people with have a dementia.
In 2002 there were 7529 people over 65 in the NT.
By 2011 this is expected to increase to 11880. This is a population increase of 57.79% .
It is projected that there will be a 58.45% increase of people with moderate to severe dementia over the same period of time and possibly as many again with undiagnosed or early symptoms of the disease.

In May 2003 the Report commissioned from Access Economics by Alzheimer's Australia *The Dementia Epidemic: Economic Impact and Positive Solutions for Australia* was launched

Access findings were that:-
The Dementia Epidemic have arrived
Dementia should be a national health priority
Aged Care is Dementia Care
Dementia issues touch on every aspect of aged care, community care, residential care, medical services and pharmaceuticals

Alzheimer's Australia has argued that it is necessary for dementia to become a national health priority if there is to be a strategic and national approach to planning for the dementia epidemic embracing dementia research, better quality dementia care and improved access to medications.

There are concerns about both access to, and the quality of existing dementia care services, particularly in respite care and residential care in the Northern Territory. There are concerns now about the capacity of the health and care system to cope in providing quality dementia care services, what confidence can we have in the system to cope with the increasing numbers of people with dementia in the coming decades.

There is now no time to lose in planning for the dementia epidemic

A national strategy would give a platform to:

- Provide increased investment in dementia research to find ways of preventing and slowing the progression of the disease.

- Develop a framework within which GPs are better supported to diagnose and provide ongoing support to people with dementia, their families and carers.
- Ensure greater flexibility in the provision of respite care to ensure that it responds to the needs of those with dementia.
- Provide improved access to Alzheimer's medications.
- Provide a recurrent and capital mix that provides incentives to residential care providers to provide quality dementia care.

Specifically in the Northern Territory issues

- Antidotal evidence is showing that more elderly are being brought up by family members to be cared for in the NT. This does not show up ready in ABS statistics.
- Large number of living a alone males with no family or community support who are reluctant to receive services. This impacts further down the track for people with dementia who then require more resources and intensive intervention such as requiring Residential Care.
- Early and accurate diagnosis is required
    - No full time geriatric specialist in the NT.
    - Need to have a memory clinic in the NT with geriatric specialist in the Northern Territory
    - Value of early intervention,
        - Demonstrated that support for people within the early stages program decreases the incidence of depression, stress, anxiety and need for medical intervention, less call on resources, able to stay in community longer.
        - Decreases isolation
        - With proper support, medication, intervention, information and future planning People with Alzheimer's are able to stay at home longer and family members are able to support and care for them longer
- Culturally and Linguistically Diverse
    - Young CALD women married to older men with young families. This puts a high demand on resources to support the families
- Indigenous
    - Alcohol/drug related dementia. Alzheimer's Australia is working along side indigenous organization to deliver programs on alcohol related dementia.
    - Diagnostic tool for diagnosing dementia is not available for the traditional indigenous communities.
- Lack of resources to providing informed information/ education to the aged care service providers in metro, rural and remote.

Marianne Fitch
Alzheimer's Australia NT
30th January 2003

Maureen Schaffer
Golden Glow Corporation (NT)
PO Box 40947
Casuarina NT 0810
goldenglow@dodo.com.au
Mobile 0402250037

Janet Brown
C.O.T.A.
PICAC Project Administrator

Dear Janet,

RE: Proposal for medication monitoring

As discussed with you earlier today, Golden Glow has identified an important and urgent community need, relating to medication administration. Many elderly residents have serious problems with medication administration as they loose the ability to read the labels on the medication bottles due to failing eye sight. Many also cannot remember what medication to take or at what time to take it.

Golden Glow can provide assistance with this. We have the means and resources to help elderly persons with their medication. Golden Glow already has an established position in the Nursing Industry of the NT and is in contact with many of the elderly citizens of the greater Darwin area. I include with this letter our "*General Information Package of Services Provided*" publication for your consideration.

In answer to your request for service details, I provide you with the following fees that Golden Glow charges to cover the costs associated with the delivery of such a service. Our accounts indicate that such service delivery would require an Enrolled Nurse to deliver actual services in the community, plus a Registered Nurse to oversee service delivery and take responsibility for project administration. Golden Glow's expense to cover one Enrolled Nurse is $43.70/hour, or $86,351 per year. The expense to cover one Registered Nurse is $65.00/hr or $128,440 per year.

By our estimates, a staff of two such employees would suffice to visit up to 48 patients per day. We estimate also that this service would obviate many of the serious and expensive consequences of poor medication Management. In particular, these clients either overdose or under dose. In the case of under dose, medical conditions become unstable, clients become extremely ill, often leading to hospital admission. They then need the services of St Johns' for transport and stabilization, they need a medical review and intervention in the Public Hospital's casualty department. More often then not, they also need readmission for on-going medication management and re-stabilization of their

medical condition. This takes up the scarce resources of the hospital and takes up a hospital bed per client. When they come out of hospital, if medication supervision does not exist, the same problem easily reoccurs resulting in the same scenario and waste of public resources over and over again. In the case of overdosing, the problems are analogous, leading to serious health effects and medical complications. The costs of poor medication management also include (1) the risks of death and permanent disability, (2) an increase in visitation to Doctors' surgery, (3) costs of associated family stress, and ultimately (4) the costs of residential placement due to inability to cope with medication management unsupervised at home. While the monetary costs are difficult (if not impossible) to quantify, there are clearly wide and far reaching adverse consequences tied-in with poor medication management.

In the light of the quantified and estimated costs to the community of poor medication management, we see an urgent and crying need for assistance along the lines of COTA's Medication Management Project. The benefits include (1) freeing up scarce public resources, (2) freeing up hospital beds and obviating the costs associated with providing in-patient care, (3) a reduction in the consumption of emergency services, Ambulance services, Doctors' time and labors, (4) a reduction in premature or inappropriate residential placement, (5) an improvement in the quality of life for elderly clients in their own homes, including associated benefits to Carers and family members.

I hope this letter and accompanying publication serves your needs in presenting the situation to the Standing Committee on Ageing. If you need further information or clarification on the matters raised here, feel free to contact me directly.

Yours sincerely,

Maureen Schaffer 30.1.04

Maureen Schaffer
Managing Director.