COMMONWEALTH OF AUSTRALIA

Official Committee Hansard

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON AGEING

Reference: Long-term strategies to address the ageing of the Australian population over the next 40 years

MONDAY, 28 APRIL 2003

ADELAIDE

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

INTERNET

The Proof and Official Hansard transcripts of Senate committee hearings, some House of Representatives committee hearings and some joint committee hearings are available on the Internet. Some House of Representatives committees and some joint committees make available only Official Hansard transcripts.

The Internet address is: **http://www.aph.gov.au/hansard**

To search the parliamentary database, go to: **http://search.aph.gov.au**

HOUSE OF REPRESENTATIVES

STANDING COMMITTEE ON AGEING

Monday, 28 April 2003

Members: Dr Southcott *(Chair)*, Ms Hall *(Deputy Chair)*, Ms Corcoran, Ms Ellis, Ms Gambaro, MrHartsuyker, Mr Hunt, Mrs May, Mr Mossfield and Mr Tony Smith

Members in attendance: Ms Hall, Mr Tony Smith, Dr Southcott

Terms of reference for the inquiry:

Long-term strategies to address ageing of the Australian population over the next 40 years.

WITNESSES

ABBEY, Dr Mavis, Scientific Executive, Health Sciences and Nutrition, Commonwealth Scientific and Industrial Research Organisation 361

ANDREWS, Professor Gary Robert, Professor of Ageing, University of South Australia; and Director, Centre for Ageing Studies, Flinders University and University of South Australia 353

BERTRAM, Mrs Linda Magdalene, National Treasurer, Country Women's Association of Australia.......... 368

CROSS, Associate Professor Jack, President, University of the Third Age, Adelaide 382

FOWLER, Ms Jill, Chairperson, Coalition for Adaptable Housing South Australia 389

HARRISON, Mr Trevor, Committee Member, Coalition for Adaptable Housing South Australia. 389

HEAD, Affiliate Professor Richard John, Director, Preventative Health, Commonwealth Scientific and Industrial Research Organisation 361

HEATH, Mr Jeff, Public Relations Officer, Coalition for Adaptable Housing South Australia....... 389

LALLY, Mrs Phoebe Marie, National President, Country Women's Association of Australia 368

SEEGER, Dr Barry Richard, South Australian Representative, Australian Network for Universal Housing Design.......... 389

WADDINGTON, Mrs Elizabeth (Beth), Chairman, South Australian Country Women's Association Social Issues Fact Finding Team, Country Women's Association of Australia.... 368

Committee met at 10.06 a.m.

ANDREWS, Professor Gary Robert, Professor of Ageing, University of South Australia; and Director, Centre for Ageing Studies, Flinders University and University of South Australia

CHAIR—I declare open this public hearing of the House of Representatives Standing Committee on Ageing as part of our inquiry into long-term strategies for ageing. Today we will hear from Professor Gary Andrews, the CSIRO, the Country Women's Association and Disability Information Australia. The committee has heard in other hearings of the need for preventive health measures; focused, effective research; good social capital development; and appropriate housing. Today's witnesses will provide the committee with important additional insights in each of these areas.

I welcome Professor Gary Andrews to today's public hearing. I remind you that the evidence that you give at this public hearing is considered to be part of the proceedings of parliament. I therefore remind you that any attempt to mislead the committee is a very serious matter and could amount to a contempt of the parliament. Would you like to make an opening statement before I invite members to proceed with questions?

Prof. Andrews—Sure. I obviously consider the issue that is before this committee to be an extremely important one for Australia. We live in an ageing world and, among the Western countries, Australia is one that has experienced significant ageing of its population throughout the whole of the last century. That continues, and will continue even more rapidly in this present century, to a point where the proportion and numbers of older people in the country will mean that there have to be significant shifts in our attitude and response to ageing and in terms of the economic and social consequences that are a result of this very significant change—perhaps the greatest social change that we have witnessed since the beginning of the country.

This is a very important issue. There are many ways of approaching it. We are aware that there have been many commentaries on the consequences and outcomes of population ageing and the need for adjustment by governments, by civil society and by the country's institutions at every level. The most fundamental issues that need to be addressed are, essentially, how we see ageing as a society and as a nation and what our response is to individual and population ageing and its effects in terms of health, economics and social questions. This is a very good opportunity to explore those things in rather more depth, to be better prepared to respond to the future challenges that lie there.

CHAIR—Thank you very much, Professor. I understand that you were a member of the seven-person delegation to Madrid last year. The minister has already reported to us about the Madrid conference on ageing. What were your observations of the conference and how did Australia compare in that company?

Prof. Andrews—I had a dual role in the events around the World Assembly. I was responsible for convening a scientific meeting. It was an attempt to gather the

information from the researchers, educators and practitioners in the field of ageing. It took place in Valencia the week before the World Assembly. As I say, that was an effort to try to provide a kind of evidence base for the considerations that took place in the World Assembly itself. It was more of a political event, in a sense. I also had the opportunity to be at the first World Assembly in 1982, also as a member of the Australian delegation.

It is very interesting to look at the differences between the two events. The first World Assembly in 1982 was, I think, the very first occasion on which ageing had been paid any serious attention at an international level and as a significant issue facing the world, particularly the developed world at that time, though it was recognised that developing countries also were experiencing and were going to experience in the future very substantial ageing of their populations. But the main focus was, indeed, on the already old countries.

We met for two weeks in Vienna. There was a lot of lead-up over a period of perhaps three years. There were various regional meetings, expert groups, and a lot of working papers produced—a tremendous amount of very valuable and useful material. The discussion, debate and presentations in the assembly itself over that two weeks demonstrated great awareness and recognition of the need for governments to respond, and it seemed in that time that ageing had achieved a much higher place in the order of priorities.

Almost immediately after the assembly concluded, just days later, one had the sense that it was all a great flurry and that there was a lot of talk and a lot of hype, but there was not a sense that anything was going to flow from it. As time went by, that feeling became more and more evident: that in fact, although there was a lot of agreement that it was an important issue and that something had to happen, very little seemed to happen as a direct consequence of the assembly itself, though of course things moved on in all sorts of other ways.

With the second World Assembly there was less build-up time—perhaps just a couple of years, and only really intensive preparation in the six months or so before the assembly. Again there was a very intense period of discussion, debate and presentation in the week that the assembly was held. The Valencia forum represented the first time a world social summit had been preceded by a scientific meeting, and that proved to be a very useful exercise and provided valuable input to the assembly itself. It also endorsed and tabled at the assembly a document called the *Research Agenda on Ageing for the 21st Century*, which was to provide advice on the priorities for policy related research and action in the future. That was not formally accepted by the World Assembly because it was not a document that had gone through the processes of debate and discussion, but it was certainly taken note of and has subsequently been proposed as a framework for guiding research priorities across the globe in the field of ageing.

CHAIR—Professor, what do you think are the priority areas for research in the area of ageing?

Prof. Andrews—Because ageing is a very broad issue, covering many aspects of life, essentially, the agenda for research is similarly very broad, but there are a number of things that stand out as major priorities. An obvious one is to research and better understand the issues around sustaining quality of life and material wellbeing in older age. With people living longer and there being a larger proportion of older persons in the population, there is obviously a great deal of pressure put upon the traditional approach to a life of education, work and retirement. Retirement becomes a period, in essence, of a certain degree of dependency on the working population, and our systems of pension and superannuation and personal savings and so on that have stood us well enough in the past will clearly be under significant pressure.

There is only a certain amount of information available in terms of what behaviour is, individual approaches to preparation for retirement, for longer life and to ensuring income in later life, and the relative impacts of the various strategies on costs to government and to individuals—to society as a whole, if you like. Clearly, we need to have a much better understanding of the dynamics that are at work there and to be able to explore the options for changes that will recognise the very significant demographic shifts we expect.

The other important area is issues around achievement of successful ageing or healthy ageing. The terms 'successful, healthy, active, positive'—attempts to define a better life in old age in one form or another—roll off the tongue very easily, but if you stop for a moment and ask, 'What really is successful, active or healthy ageing?' the factors that contribute to the achievement of that are not so clearly evident. We need to have a better understanding, particularly in our own social context, of what those terms really mean, the determinants of those outcomes, when we have better defined them, and the strategies that can be used to achieve those outcomes. There has been a certain amount of effort put into those areas in research in Australia in recent years but I think there is room for very much more investment in that particular arena.

There is also a need for more research into the ageing related diseases, disorders and disabilities, of which we are all very aware. There sometimes seems to be a bit of tension between whether there should be investment in the basic biological and biomedical aspects of ageing which are seen as having a large amount of the resources available for research in this field, compared with the social issues around ageing. It is unfortunate that that sort of argument is out there. There really is a need for both—a balance of investment across the board.

There is a great deal likely to be achieved in the next few years in terms of our understanding of these basic biological processes that contribute to ageing in a way that can better explain the links between those processes and the emergence of cancer, arthritis, cardiovascular disease, neurodegenerative disorders and osteoporosis—a whole host of scourges, if you like, which we are at risk of with increasing age. I believe Australia has a tradition in research, and in biomedical research in particular, which means it can make a contribution way out of proportion to our population size in those sorts of areas. We should be ensuring that funds are provided to encourage that kind of research.

Ms HALL—I noticed in your opening statement, Professor, that you refer to attitude and the response by government to those attitudes. Could you identify the attitudes that we as a society need to look at and identify attitudes that we need to change. Also, how do you think government can be involved in bringing about those changes? What should the government's response be?

Prof. Andrews—Essentially there is a very significant difference in the way we all reflect on ageing and how we imagine the process to be when we think of its effects on our own life. Ask people of almost any age what ageing means for them. It does not matter whether they are 20 or 90, they will say, 'I don't feel I'm ageing.' Likewise, if you ask most people what they think of older persons and their place, they will generally respond very positively. Yet with many of our actions, our policies and our approaches to such things as employment and education in older age, opportunities for older persons, the engagement of older people actively in policy determinations and so forth, we act in a very different way, a rather negative way. So there is a contradiction. What is needed, in effect, is to have a more educated community, a more educated public, on precisely what ageing is, what its effects are and how that pans out in terms of individual experience and the collective experience of ageing—to do away with the myths, or what some people have called the great lies of the process that seem to predominate in terms of responses in those areas I mentioned.

One thing that would be useful is for us to have a better gauge of the attitudes of our nation to ageing. I do not think we have that. We have a few studies that have been done on rather small samples in terms of people's responses to standardised questionnaires about how they feel about growing old and how they relate to the issues of ageing, but they are very limited.

There is a European study that is like a barometer of ageing, which I think would be very useful to look at in terms of possibly doing something similar in Australia. My hypothesis, if you like, would be that would reveal rather deep-seated fears and negative responses. I can usually demonstrate that when I meet a bunch of students for the first time in a series of lectures—and it does not matter whether they are undergraduate or postgraduate students, whether they are medical students or social science students or even high school students—and I just say to them, 'What is the first thing that comes into your mind if I say "old" and "old age"?' You get a stream of 'immobility', 'dementia', 'incontinence' and problems of various kinds that occur to people around ageing. It is all the negative stuff. Very few people will come up with anything that says opportunities to do new things, wisdom, sagacity, venerability or anything like that. It is all depression, dementia, blindness, loss of hearing et cetera; the negative side of things.

Ms HALL—Which only affects a few people.

Prof. Andrews—Exactly, but nonetheless that is the association. I usually do the other trick of saying to them, 'They are your feelings about what old age is. Now tell me when does old age occur? When is a person old?' and they will usually say 60 or 65. I am then able to say to them, 'You've just described me as an incontinent, confused, demented, immobile and ineffectual person, because I am just about to turn

65.' You try and demonstrate that they are reflecting this very deep-seated negative attitude.

Ms HALL—The challenge for government is to get some tangible evidence that this attitude exists and then develop a strategy to counter it.

Prof. Andrews—Yes. You have seen the way, in various respects over the years, that governments have been effective in influencing attitudes to children, to child education, to child abuse and its prevention and dealing with it. You have seen very significant change in attitude to women and their place in society and women's rights and so forth. I think there is room to do something similar to those sorts of efforts in respect to ageing.

Ms HALL—Would you agree that maybe our response to ageing—an ageing population—to date has been one of a more negative nature and that maybe if, as a society and a nation, we looked at it as an opportunity—creating new opportunities—then we could change our focus and our attitude in some way?

Prof. Andrews—Yes, I certainly do. I think it is essential if we are to avoid running into the kinds of difficulties that the doomsday prophets would suggest; crippling our economy and essentially losing national productivity, soaring health bills, pension costs and so on. Those things will occur, indeed, if there is not some shift generally in attitude, responses and behaviours to the prospect of individual and population ageing. It is a very important move, but it does need a genuine national strategic approach. The National Strategy for an Ageing Australia is a step in the right direction—no doubt about that—but it is more about words at the moment than about action, and we need to explore the steps that can be taken in terms of shifting public perceptions and understanding.

Ms HALL—Talking about attitudes and looking at the area of employment and the fact that mature age workers have a much higher level of unemployment than the rest of the working population—baring youths, I think it is both ends—what strategies do you think need to be put in place there? Do you think part of the problem is attitudinal on behalf of employers, and how do you think that can be countered?

Prof. Andrews—I think it is really multi-faceted. One's impression is—and the work that has been done suggests—that older workers are not valued for the obvious merits and advantages they do have for the employer, but I think individuals themselves are likely to have negative feelings about their own circumstances as they grow old in a working situation. There is a lot of social pressure that suggests when you hit a certain age you have done your bit, you have contributed and you should just drop off the—

Ms HALL—Can you also include in your answer the impact of redundancies and early retirement; that culture that has developed in Australia in recent years?

Prof. Andrews—Yes. There was a long period where the idea of retirement at a relatively early age—in other words, encouragement, in effect, to do that as a result of the availability of superannuation and other financial incentives—led to the notion

that it was a good thing to retire from the work force at 50 or 55, or even earlier in some instances where that was possible, and certainly 60 was the absolute benchmark. There were fewer and fewer people going on to 65 and very few going on beyond that. It became the norm, if you like. Yet in the period over which that happened in the second half of the last century, life expectancy increased very significantly.

There were very great increases in life expectancy at birth, but none of our demographic benchmarks changed at all. We still treated natural time for retirement as around 60 at the outside. When that level was first set, I believe by Bismarck, at the end of the 1800s, life expectancy at birth in Germany was 49 years. It does not make sense.

Mr ANTHONY SMITH—Professor Andrews, you mentioned at the start that you had attended the first World Assembly in 1982. It places you in a good position to look at the changes in attitudes and approach from governments throughout the world over that 20-odd year period. Could you give us your views on the sorts of countries you think are providing the leading examples on ageing in terms of approach and where you would see Australia in a benchmarking exercise.

Prof. Andrews—I would have to say Australia is up there with the top countries in terms of policies and programs related to ageing, in terms of ageing generally and aged care, community and residential aged care services and so forth. We do pretty well in comparison with elsewhere. The Scandinavian countries certainly have been good examples of a very active governmental approach—perhaps overly so in some respects. Australia really has, I think, to some extent a nice balance of public—not-for-profit—and private effort, that in some ways is an example for the rest of the world. Canada has been very active in promoting positive approaches to ageing and investment in appropriate health services and preventative programs and a good approach to aged care. Some of the European countries—Holland, Germany—are good examples. The UK is not so good, but I think has shown considerable improvement in recent years, as awareness of their ageing population has bitten.

If we were doing a score on achievement, it would be wrong to say that Australia has failed, because we have as a nation done really quite well. But, of course, that does not mean we cannot do more and that more is not needed. It certainly is. I think the real pressures in demographic terms are yet to be upon us. We are all aware of the baby boomers as an example—a very large cohort that is now entering early old age and will dominate that scene for some time. But if you look at the demographics after the baby boomers, there is even more. It is not something that will come and pass on. It is going to be a continuing issue and the adjustment needs to take account of the fact that there has been this very fundamental shift in the nature of our society and it is there to stay.

Many of the commentaries on the issue now take our present approach and our present health care and social costs and so on and just translate them into a situation where the demography has basically changed but everything else is much the same, and you get a terrifying picture. Things will change in so many other ways, and we need to make sure that those changes are—as much as they can be influenced—appropriate to respond to this shift. We do need rather better skills and better

information for good forecasting and to be able to examine different scenarios that will be consequent upon more effective health promotion and prevention, for instance; different strategies in terms of the employment issue and retirement that you mentioned and a whole lot of different sorts of programs and approaches that can be applied over the next three, four, five decades. That will mean that it is not simply translating the demography in the present pattern of social and economic circumstances to the future but a rather more complex sort of situation, where these many other changes can be taken into account.

That way, we could have some sense of where we need to go. So much of the sorts of questions you are asking—and I suspect so much of the sorts of responses that people like myself give you—are conventional wisdom, almost homily like. We need to get a bit beyond that, to the crux, and we can only do that with good information and the necessary tools to do the kind of social and economic analysis that is required.

Mr ANTHONY SMITH—Thank you. That is very useful.

CHAIR—On the attitudinal issue, four years ago we had the International Year of Older Persons and a number of events around that, and now there is a whole range of seniors recognition awards. In the area of mature age employees, Access Economics released a report a couple of years ago highlighting the importance of older employees, and recently ACTU and Business Council of Australia have done a report which is quite similar. Is there anything missing, in your view, in terms of changing the attitudes of people towards ageing and debunking the negative stereotypes?

Prof. Andrews—It is a thing that is woven almost into the whole fabric of our society and social outlook, so we see some of these negative sorts of feelings, attitudes and behaviours played out in the media, in advertising, and perhaps to some extent in education curricula. I think we need to go back to some of those areas to see where the root influences are having an effect. Obviously you can’t tell Coca-Cola they should try and sell positive images of old age when they see advantage in terms of promotion of their product by having it related to youth, vitality and conventional beauty and so forth. Every now and then those big industries have made an attempt. Even McDonald’s at one stage was employing older people in the burger outlets and so forth, but they have only dallied and then withdrawn.

I think there is a need to really work on those sorts of issues at the most fundamental level. It is not enough just to recognise it or talk about it. One has to try to find ways of making a difference. There is a need, perhaps, for there to be a more inclusive approach to dealing with these issues; of trying to get the researchers, policy makers, people involved in various practitioner endeavours, providers and so on, together to work on approaches that are across the board. Rather than just attempting to see a government solution or industry or employer or general community solutions, it does need to be something that ties those things up together more effectively.

Ms HALL—I think there are real attitudinal problems even within the health systems throughout the country. I have been in the situation where I have observed the way health professionals deal with an older person as opposed to the way a health professional will deal with someone younger with a similar illness. I think it is

unintentional and it comes back to what you were talking about regarding attitudes and negative stereotypes. The older person will be asked to wait a little bit longer or their requests will be discredited because they are older and maybe they are just a little bit more burdensome and they are not quite as with it as the younger person, yet that older person could be equally as alert and just as bright as the younger person. There are subtle ways that people are discriminated against. You can even see it in a shop. Wherever you go, you can see that people relate to an older person in a different way to the way they relate to somebody of middle age, of a younger age, and it is working out how you change this mind-set that people have.

Prof. Andrews—Yes. I think you have put your finger on it. It is really a very fundamental thing and to me it is appalling and sad that we see that reflected in the health business. I suppose one of the explanations for why health workers retain the sort of overall negative response to ageing is, one admits, they see older people in the worst state, as a rule. If you work in residential aged care, most of the older people you have contact with are indeed disabled and very often demented and all the rest of it. Unless you are a very clever person, that continuous exposure to that aspect of ageing does influence the way you think about the issue and older people generally. Those effects need to be countered positively in some way. One would look to the medical schools, health sciences schools and so on to find ways of exposing students to a much different sort of arena.

When I worked in my early career in hospitals, mainly around institutional aged care, one did have an impression of what ageing was all about—a very strong one. It was only when I went in the business of doing community based studies and seeing older people in their own homes—who were the vast majority who managed to maintain active, enjoyable lives and were doing interesting things and indeed were themselves very interesting people—that changed, for me, that feeling about what expectation of old age was, and so on. I think those feelings will remain in areas like the health business, unless there is some truly active and proactive approach to changing that. All the discussion and talking about it and recognising it will not make any difference unless there is some—

Ms HALL—Positive plan in place within the institutions.

Prof. Andrews—Yes, that is right, and a lot of it is around education, of course. But, beyond that, it is around the whole area of practise of aged care and how that is viewed, how the people working in that field are viewed, and what opportunities are provided to them in terms of their knowledge and understanding and the skills they need to develop.

CHAIR—Thank you very much, Professor, for appearing before the committee.

[11.17 a.m.]

ABBEY, Dr Mavis, Scientific Executive, Health Sciences and Nutrition, Commonwealth Scientific and Industrial Research Organisation

HEAD, Affiliate Professor Richard John, Director, Preventative Health, Commonwealth Scientific and Industrial Research Organisation

CHAIR—I welcome the CSIRO to today's hearing. I remind you that the evidence that you give at this public hearing is considered to be part of the proceedings of parliament. I therefore remind you that any attempt to mislead the committee is a very serious matter and could amount to a contempt of the parliament. The CSIRO has made submission No. 35 to the inquiry and copies are available from the committee secretariat. Would you like to make an opening statement before I invite members to proceed with questions?

Prof. Head—Very briefly. You have copies of the submission there. Our focus is very much around the role, or potential role, of research in addressing the issues and challenges that are outlined in the document. In terms of research, our focus is very much on issues of technology development and information based on research, with a particular focus on life span. Increasingly we are certainly becoming aware of the value of multidisciplinary teams in research areas, particularly in this area. There are specifics that sit under all of that that we would be happy to discuss, but that would be a broad sketch of where our focus would be.

CHAIR—Thank you for the submission, which is very soundly based in science. In the preventative health section, you talked about identifying food related bioactive compounds. What is the state of research at the moment in that area from the CSIRO's point of view?

Prof. Head—If I could start generally and then work my way down to specifics, I do not think there is any doubt historically that a very important aspect of human development and human health has been understanding those key nutrients and components of foods that are important for sustenance. In other words, what are the optimal intakes that we should have of very key nutrients, because we are so dependent on them. Vitamin C comes to mind as one, but there are many others. Increasingly, as time goes on, we are aware of the fact that nutrients may play a role in addition to sustenance; one of protection. Our focus and, no doubt, that of many others is trying to understand the protective roles of nutrients as well as the sustenance roles of nutrients. A case in point would be understanding the protective role of, say, folate in the diet; neural tube defect, for example. We need folate, obviously, as an essential nutrient, but there is a protective role there as well.

Dr Abbey—There are a number of areas where foods in themselves have an effect which is beneficial to health, as well as just nutrient value, and bioactives is trying to discover which parts of those foods are the active components that have that beneficial health effect. There is a lot of work being done, for instance, on the sorts of

active compounds that are present in soy which have beneficial effects—in tea, in wine, in a number of foods and beverages. Bioactive studies are trying to pinpoint what those active compounds are to better understand how they work and perhaps enrich them in the food supply.

CHAIR—Do you think there is a lag time between the discoveries and community awareness of things like omega fatty acids or antioxidants?

Dr Abbey—Yes, there is. I think it is very important that the research is conveyed in a way that the public understands and that it is conveyed at a stage when we are absolutely certain of the effect of these compounds. I think the public has picked up on the role of so-called functional foods in the diet and they certainly seem to have picked up on understanding some of the components that are responsible for the action of those foods.

CHAIR—Could you elaborate on the new array technologies, informatics and personal predisposition analysis services on page 5? Is that being widely used in practice yet or is that something we can expect for the future?

Prof. Head—It is really an extension of our previous discussion around biomarkers and the health potential, if you like, of food in related areas. There is an increasing awareness of the role of internal factors in terms of predisposition to disease states, as well as external. The internal are probably, in part, genetic. The external, obviously, relate to the environment and, within that, we might talk about diet and things like that. Understanding better those interactions at the level of protein and the level of the gene is of increasing interest now, particularly as those technologies become available.

I would say our perspective at the moment is that this is an area of activity and it is one that we are not only watching carefully, but in some cases are involved in. If and how and when that translates through to common use, which I think was really where your question was coming from, would depend on where all of this goes—in other words, what are the outcomes here—but there is no question that the new technologies around biotechnology will become increasingly important, in my view, in this area.

Ms HALL—Thank you very much for all the fine work that you do at the CSIRO, particularly in this area. We have spoken to your colleagues in Canberra, and they presented evidence to the committee from a totally different perspective. The area that you are working in is one of great interest and potential to our nation and the issue of ageing generally. One of the concerns that has been put before the government and the people of Australia is the increasing cost associated with ageing. You could look at the work that you are doing in two ways. It is quite intensive at one end, but it has the potential to deliver great savings to us in the long run. It also leads to an increasing longevity and the time that a person can actively participate in the community.

Could you comment a little on the preventative health side and how you see that that can be a real positive for us as a nation and how it can actually in the long term lead to great savings to the government and to the people of Australia, at the same

time presenting us as a nation with opportunities and changing this negative perception of ageing to a more positive one?

Prof. Head—Let’s start with the area of prevention. If I go back to the issue of life span as being important, one would not necessarily look at prevention as one discrete part of life span but would look at the whole spectrum of life span. I suspect that, really, if we accept the fact that we are increasingly becoming aware that nutrients and components in food may well be protective, the issue becomes: protective against what? The focus is really on understanding the roles of nutrients in diseases of relatively long-term incubation, the chronic diseases.

Ms HALL—The ones that you have mentioned in the submission.

Prof. Head—That’s right, yes. How could one, for example, maximise nutrition to give as good a possibility of reducing the consequence of those long-term incubation diseases as is possible? Obviously it is not just nutrition, it is other things as well, and I should hasten to add that early. You would be in many ways optimising nutrition with a view to enhancing opportunities and lifestyle later in life, without disabilities or with reduced disability. That is, to my mind, where the investment in nutrition sits in that very early stage. Hand in hand with that goes the issue of understanding the biological markers that we discussed a few minutes ago so that you can use those to give you some guidance in terms of how you go about optimising nutrition across the lifestyle.

Ms HALL—I noticed that you mentioned air pollution quite extensively in your submission, too.

Dr Abbey—The ageing population especially are very prone to respiratory conditions, and so air pollution and particles in the atmosphere can be very important. If we can reduce those, then we will be reducing disease in the older population and giving a better quality of life. One of the other things that we should consider in this lifetime span is that early diagnosis of disease will make a difference, too, because so many diseases, as we say, incubate throughout life and people are not aware of them. If we could get early diagnosis of those diseases so that they did not develop into the chronic and the acute phases, then I think we would have a big impact across the life span.

Mr ANTHONY SMITH—Just on that last point, how do we promote that very obvious point to the public, when every individual seems to think that they are never going to get sick; it is always their neighbour or their relative? Obviously there is a role for government but is there a wider mechanism you have thought of or considered, or is there somewhere overseas where people, perhaps at a certain point in life, have a big check-up?

Dr Abbey—Something that might contribute to that would be a different style of diagnosis. Quite a lot of diagnosis now is invasive. If we can do the research that helps us to find early markers of disease that we can detect without that invasive diagnosis it might be more acceptable to the public.

Mr ANTHONY SMITH—There has been some experience, hasn't there, where that has been able to be done? Great strides have been made I think in diabetes testing, for instance. It is very simple and relatively widely available, which is another issue itself, isn't it? Diagnosis is one thing but there is a difference, isn't there, between the cities and some of the country areas as well?

Dr Abbey—One of our programs in our division of health sciences and nutrition looks at consumer science, aiming to find out what it is that makes people undertake certain things, the associated risks, and the psychology behind their decision making and their perceptions. We are doing quite a lot of work in that area to find out what it is that would perhaps make people not want to have tests to have things diagnosed, so that we can better understand how the public think in that area.

Mr ANTHONY SMITH—That is good.

Prof. Head—It really does highlight the fact that the large goals often require a multidisciplinary approach—in other words, a combination of, in this case, social sciences, nutritional sciences and biotechnology, for example, as an integrated activity.

Ms HALL—That was going to be my next question. I was going to ask you about the multidisciplinary teams in research. I suppose it is project based. How do you think they should interact?

Prof. Head—It is an area that we have spent some time on. Within this organisation we have a series of flagship programs that have just been launched. One of the key focuses we have had in this area is to bring together not only the multidisciplinary activity across the broader organisation but the partnerships outside the organisation as well.

Ms HALL—That was my next question, about your partnerships, so you can answer it all together.

Prof. Head—The focus in the preventative area that I am familiar with is how do you bring together the key clinical units with, for example, key people in the plant area, key people in food technology, key people in these others areas, as a single team. We have now started down that road, assembling where we can these multidisciplinary groups. It is an issue of horizontal integration.

Ms HALL—Can you give us an example of how these multidisciplinary teams have worked in partnerships with other organisations in the way that you talk about it on page 2—to deliver scientific solutions to advance Australia's most important objectives—and how you have worked with outside organisations and multidisciplinary teams have worked with other organisations?

Prof. Head—It is still very early days. Go to page 6 and look at the fourth paragraph down where there are those dot points—'Preventative health research in CSIRO will address the following areas'.

If we took the first one, colorectal cancer, for example, what we have done is assembled teams to address the issues of biomarkers with that disease. We have assembled teams to address the issue of biodiscovery around foods on that disease. We are in the process of addressing the issue of understanding data and information in those areas and, wherever possible, we have linked that to the clinical units and we have done that nationally. In this particular case it involves Melbourne and Adelaide, where we have brought together key people in those areas and we are now developing those relationships and interactions.

I suspect what it really does mean is harnessing both technology platforms and clusters of competency. I think we might have used the term 'Team Australia' in a national sense, wherever possible. I would also say social sciences should be in there as well, as it is in this particular case.

Ms HALL—I agree with you.

CHAIR—Do you need to have researchers who have expertise across a whole variety of disciplines to manage or facilitate these multidisciplinary projects?

Prof. Head—It is a great question. Let's just pick up on the one that we are talking about. If I were to say how would we understand the transformation of food, for example, in the bowel as it is acted upon by flora, bacteria in the bowel, and then transformed into other products: those products, in turn, interact with the wall of the bowel and could well be protective. What that would require would be expertise in food technology and, maybe even prior to that, expertise around the nature of the very production of those foods—food technology, an understanding of microbiology, an understanding of the biotechnology and physiology of the gut wall. The challenge then becomes how do you integrate that as a team. In the flagship exercise that is precisely what we are doing right now, or starting right now—that type of integration. There, the driver is the goal. The goal is the thing that makes all that come together.

CHAIR—On page 5, talking about colorectal cancer, has there been any change in the incidence of colorectal cancer in recent times or has it remained the same? On page 5, second to last paragraph, talking about colorectal cancer: it talks about the rates, the lifetime risk and so on. It has been known for at least 20 years that low dietary fibre would predispose someone to colorectal cancer. Perhaps I will ask the question another way. Has there been any change in behaviour in terms of increased dietary fibre?

Dr Abbey—I think one of the things that has become evident is that, although dietary fibre is important, there are other components of fibre that might be important, and there are components called resistant starch which are thought to be very important in helping to prevent colon cancer, and so there has perhaps been a shift from just fibre as fibre to looking more at the detail of what the components of the fibre are. I think it is very important for the early diagnosis of colorectal cancer. I think that is one of the areas that really needs to be looked at, because the diagnosis now is very invasive, and so it would be really good if you could come up with some sort of other diagnostic tool that was not so invasive, and then more people would have the test and you would perhaps be able to reduce the incidence that way.

CHAIR—There is a quote here from Prusiner which says that the increasing incidence of Alzheimer's and Parkinson's, if it continues to increase, will bankrupt both developed and developing countries over the next 50 years. That quote seems quite alarmist.

Dr Abbey—It is alarmist but it is the case that if it does increase, then it is affecting the older age group and, as it says there—I think it is in there, it may be somewhere else—that people are not aware that they have the beginnings of things like Alzheimer's, and if you can get in a little bit earlier and, somehow or other, not treat it but make lifestyle changes that might help to slow that or even prevent it, it would be of real benefit.

CHAIR—Thinking about perhaps implications for the future and some of the personal predisposition analysis and so on, when would be the likely time that that would be done? Tony mentioned the idea of having a big check-up sometime, but I am not sure at the moment, the way the MBS is structured, whether there is any incentive for, say, a local doctor or GP to actually do population screening.

Prof. Head—Yes. I guess in many ways these are evolutionary issues, aren't they, because there are screens that are conducted in various ways now? Blood pressure measurement, for example, is now a very accepted measure; likewise, in various ways, serum glucose, for example, an accepted measure. The issue becomes one in these areas of ensuring that the biomarker that you are measuring has that direct linkage with an outcome, and that you have an intervention strategy that makes a difference, as measured by that biomarker, and really that is where the research challenges are. It is in that area.

Ms HALL—Once again referring to your submission, you mention regional growth and prosperity and how that can contribute. Would you like to expand upon that a little bit. It is on pages 2 and 3.

Prof. Head—What page were you referring to there?

Dr Abbey—I think it was referring to the section talking about enabling people to stay in their homes rather than being hospitalised. Towards the end, there is information on information and communications technology and the sorts of technologies that are being developed. For example, if people are in their own homes, they can be monitored telemetrically for signs that there is something wrong. By doing that, you could keep people in their homes and not have them go into institutions. For the regional areas this is very important, because they do not have as much access to the medical system perhaps as people in cities do. That is perhaps what you were referring to there.

Ms HALL—Yes. I have heard of a system whereby, if an older person is living in their home but is suffering from dementia and they get out of bed at night, immediately a voice will come on. It will be a recording of, say, the daughter's voice saying, 'Mum, go back to bed. It's not the time of day to get up.' You are talking about developing those sorts of technologies to look after people living in those more isolated areas. Is that right?

Dr Abbey—Yes. That is the sort of research that is being done in the telecommunications and industrial physics section of CSIRO.

Ms HALL—What about in the areas of adaptive technologies, aids and housing for elderly people to enable them to stay a little bit longer in their homes? Are you doing any work in that area?

Dr Abbey—The building and environment division is doing work on very simple things, like nonslip surfaces for the homes of elderly people, because falls and breaks are very costly. I know that in that building environment they are looking at ways of making it safer.

Ms HALL—Are there any other technologies that you are working with?

Dr Abbey—Not that I am aware of, but in those other divisions I am sure that there is quite a lot being done.

CHAIR—Thank you very much for appearing before the committee and also for your submission.

Proceedings suspended from 11.47 a.m. to 1.40 p.m.

BERTRAM, Mrs Linda Magdalene, National Treasurer, Country Women's Association of Australia

LALLY, Mrs Phoebe Marie, National President, Country Women's Association of Australia

WADDINGTON, Mrs Elizabeth (Beth), Chairman, South Australian Country Women's Association Social Issues Fact Finding Team, Country Women's Association of Australia

CHAIR—I welcome the Country Women's Association to today's public hearing. I remind you that the evidence that you give at this public hearing is considered to be part of the proceedings of parliament. I therefore remind you that any attempt to mislead the committee is a very serious matter and could amount to a contempt of the parliament. The Country Women's Association has made a submission, submission No. 121, to the inquiry and copies are available from the committee secretariat. Would you like to make an opening statement before I invite members to proceed with questions?

Mrs Lally—Thank you very much. First of all, as National President of the Country Women's Association I would like to thank you for giving us the opportunity to be present and to speak at this hearing on behalf of our extensive membership. I would like to tell you a little bit about myself. My husband and I are senior members of the small farming community of Lock on Eyre Peninsula here in South Australia. In fact, we are the oldest couple still physically farming our property in the area. Our community has a small retired population in the town. There is no public transport. We are situated 80 kilometres from the nearest doctor, hospital or pharmacist. We do have a very efficient health and welfare centre, with a doctor visiting three hours once a week, and a resident registered nurse and an ambulance service run by volunteers. Volunteer drivers take the aged to the larger centres for treatment, and some of these drivers are in their 70s. The insurance for volunteers is of vital importance and is of huge concern now—not in the distant future. Our volunteer work force is ageing very quickly and is of vital importance, especially in rural Australia.

Senior Australians who have lived their life in rural Australia deserve to be able to remain in their areas if they wish to. A tragic situation occurs when lifetime partners are separated when admitted to residential aged care, sometimes in two different towns. Transport is a huge issue or rather, should I say, the lack of. There must be more education made available to senior rural Australians to keep them abreast with IT, ATMs and computer banking. Our little town has a bank open for three hours once a week and an EFTPOS facility in one of the shops during business hours, but no ATM. Community home visit schemes should be encouraged, calling once again on volunteers.

There are many problems with the government taxes on superannuation. This is having a devastating effect on many retirees, leaving them with less funds than they thought they had. Mature age employment is a key issue also. Much of the experience

and knowledge that comes from living a lifetime is lost by the reported age based restriction on being appointed to government boards.

Looking to the future, homes built today should have doors and entrances wide enough for wheelchairs and walking frames, and bathrooms fitted with showers and handrails, enabling the aged to stay at home for as long as possible. Larger, clearer print and less-complicated documents, especially in the health field, would be appreciated. I believe it is a move to be commended that this broadly representative committee should come together to plan long-term strategies for what will be one of this country's greatest challenges in the future: dealing successfully with our ageing population.

Mrs Bertram—I come from a rural background and I have recently moved into an outer urban area. This does make me quite aware of the difference of the needs we need to look at going into the future.

Mrs Waddington—My background is in nursing. I was a nurse and a midwife and a midwifery educator for most of my professional life. Since I retired, I have gone to the other end of the spectrum and I have been involved with aged care issues and aged care strategy planning with the Salisbury Council. We have brought two of the Salisbury Council documents, which you might like to have, as an adjunct to some of the things that are going on. Salisbury Council has been very actively watching over its aged care people for well over 25 years and has just completed a five-year strategic plan which evaluates the progress thus far and sets some strategic objectives for the next five years. We have brought the document for you to have, and also another progress and planning report, which is also ongoing.

CHAIR—Thank you very much. First of all, in your submission you have talked about needing computer education, and instruction on how to use ATMs, BillPay, and computer banking services. Some years ago I remember there was a program called Seniors Online, and I wonder whether the CWA had any interaction with Seniors Online.

Mrs Lally—We did our own program through our association here in South Australia. I think I was state president at the time. We did run schools to make people aware of computers.

Mrs Waddington—We had a grant, which was supposed to do—how many? We did about five times as many people as the grant said we could.

CHAIR—What sort of response did you get?

Mrs Lally—Quite good. There are still a lot of people that are scared of it all.

CHAIR—Fair enough. Mrs Waddington, in Salisbury Council, what sorts of things is local government incorporating in its strategic plan to cater for the ageing of the population in its council area?

Mrs Waddington—Can I quote to you?

CHAIR—Yes, sure.

Mrs Waddington—The strategic directions are:

... to increase community support in the promotion of health and wellbeing for older people;

to improve services and access to information and support structures; to increase participation of older people in sporting, educational, recreational and cultural pursuits;

to increase employment assistance and opportunities for mature age workers and income security for older people;

to increase the number of housing and accommodation options that are affordable and suitable to the needs of older people within the City of Salisbury.

The final one is particularly involved with housing: to put housing in places where it is accessible to transport, accessible to shopping facilities, medical facilities and so on.

The council at the moment is looking at some parcels of land which it intends to dispose of and has selected three or four of those in which developers are expressing interest for aged care. They are not letting them go out to developers just for housing development; they are specifically targeting them for aged care housing. There is also a big new project which the Italian community are putting up for their own aged people at the moment. They are the broad objectives, and there are various working groups within the council working on each of those objectives.

CHAIR—Within those objectives—for example, increasing opportunities for older workers, I think you mentioned—can you give examples of things that local government can do in those areas?

Mrs Waddington—They are deliberately not setting up job employment agencies. They are trying to access information within the community where jobs are available and directing people to them. In other words, they are taking a facilitative role but not a job creation role, and they are not a job seeking role. You cannot go to the council and say, 'Is there a job in X or Y or Z?' They are facilitating communication, if you like, between the community and the business community and the people who are looking for things.

CHAIR—You mentioned that you have just had a review. What did the council conclude? Had they met the objectives?

Mrs Waddington—One of the things that we stressed when this review was being done was that each one of these objectives had to be able to be evaluated and had to be able to be measured. In the process of doing the review they looked at where the council had come from and what the council was already doing, and then took that another step further, because the council had what they called a task force for the aged, of which I am a member. It is a group of people who are representative of the various community organisations around Salisbury, who feed to council concerns

from their organisations and who belong to COTA as well, of course. That has been going for over 25 years, so the council has been very well aware of its responsibilities and its ageing population.

In the northern region, of which Salisbury is a part, there are 18 different nationalities other than English and Australian within that area, which is Salisbury, Gawler, Elizabeth, Tea Tree Gully, sort of thing. It is a big problem, because you are looking at the cultural and people needs of those groups, as well as the rest of us. They are very aware, and they have a big department which looks at all the aged care potential for Salisbury.

Ms HALL—Before we move off that, just for my clarification, do these working groups all have community representatives on them?

Mrs Waddington—Yes.

Ms HALL—The second question, just related to the jobs question that Dr Southcott asked about, is: does the working group work to promote jobs and to encourage employers to take on mature age employees so it has that facilitative role and attitudinal change role within the community?

Mrs Waddington—That is right.

CHAIR—Mrs Lally, you have also in the submission touched on acute respite accommodation, aged care houses and so on. You mentioned that the community you were from had lack of banking facilities and so on. How are remote communities coping with the need to provide aged care accommodation and also what is the mix between residential care and community care?

Mrs Lally—Our population is very small. We have 500, and that takes in the town and surrounding farms and properties, 30 miles, probably. In our little community we have some units for aged care but once they get frailer they have to go to the aged care attached to the neighbouring hospitals, which is Cleve or Cummins, and they have quite good facilities there.

Ms HALL—Is that state or Commonwealth funded? Is that part of the hospital or is it part of an aged care facility that is run separately?

Mrs Lally—The one in Cleve is actually attached to the hospital and the meals and so on are prepared in the hospital and just taken through. The one in Cummins is more detached, so that is more like separate living.

CHAIR—In Lock do you have any community aged care packages? Is that something that is available to the community?

Mrs Lally—No, we don’t. As I said, we have the medical centre, which is a bit of a model for South Australia, and it has worked very well. It has been going now for 30 years. We have this resident sister there all the time and the doctor three hours a week. If you are sick on Tuesday, you are fine, otherwise you do the trip. We used to have a

visiting dentist and eye specialist, but that has all dropped off now. There is nothing else for it but to travel, and that is where the volunteer drivers come in, and they are so important, but that is getting harder too.

Ms HALL—What you are telling us is that rural communities like yours are becoming more isolated and have to rely on outside services more, and this is impacting on access to aged care and aged care initiatives, and the only way you can access them is by relying on volunteers who quite often themselves are in that older age group?

Mrs Lally—That is right, because the volunteers themselves are thin on the ground as well, and it is really getting to the stage where it is formidable for people to retire in their own little areas where they spent their lifetime and where they want to stay, which is very sad.

CHAIR—Does the Country Women's Association have any view on how we can enhance the positive aspects of ageing? In your submission you said you need to be positive about being older.

Mrs Lally—Of course. The wealth of knowledge is there, isn't it?

CHAIR—Yes.

Mrs Lally—Why denigrate the aged, because they have had the wealth of knowledge of living a lifetime, and we must look up to our elderly and not put them on the scrap heap. Well, some people are nearly there at 55, aren't they, which is absolutely ridiculous, because there is so much more that they can do. We want to keep our elderly part of the community, and I think our association is a wonderful way of doing that because we have a lot of older members and they are just so interested and active in the association.

Ms HALL—As older women, do you find that there is subtle discrimination that you face on a day-to-day basis?

Mrs Waddington—Outside the organisation?

Ms HALL—Yes, outside the organisation. I have really positive feelings towards the CWA.

Mrs Waddington—I think you do, actually.

Ms HALL—Will you share it with us?

Mrs Waddington—It varies. Sometimes you can be treated extremely well and looked after, and other times you are invisible.

Ms HALL—So it is two extremes?

Mrs Waddington—Yes, and there does not seem to be any happy medium. I am lucky, I guess, in the circles that I move in, but there are things that frighten me sometimes. I am not happy going to ATMs in the banks. I go, but I would not say I am happy, and I am terrified at the thought of trying to do banking over the phone. I watch my children do it easily, but the very thought of it frightens the daylights out of me, and yet I have a masters degree in educational administration and I don't think I am stupid, but it is just as you get older, you get that little bit more timid.

Ms HALL—What about paying bills by phone?

Mrs Waddington—That is exactly the thing. You are so used to being able to do it eye to eye and watch the body language of the person you are talking to and what have you.

Mrs Lally—Personal contact.

Mrs Waddington—Personal contact, and that is what you miss. We have been brought up with it. It is not going to be a problem for the coming generation because they are not used to it anyhow, but you have still got to get rid of us in your planning.

Ms HALL—I don't think we want to do that!

CHAIR—Can you rephrase that?

Ms HALL—We rather like having you around.

Mrs Bertram—A prime example was recently I had a grand-daughter stay with me. She now has her own credit card et cetera. She is still only in her teens and going to secondary school, but she is working part-time to assist with her education, and she is already using an ATM and all those things. There are still a lot of people our age, as Mrs Waddington was saying, who are very reluctant to do these things. To me, that was a prime example of the difference. Then I think of my own family, who in 40 years time will be in their eighties. They are the ones that we are trying to plan for, are they not? We are looking at what is going to happen in the next 40 years, aren't we?

Ms HALL—Yes.

Mrs Bertram—I think there needs to be a lot of information. I am very interested in lifelong learning and the aspects of assisting through that. That is my contribution on that little bit.

Mrs Lally—I feel that in 40 years time there will not be this computer problem with the aged, because they have grown up with it. You have to break us in, you see.

Mrs Waddington—There is another problem, and that is the grandparenting issue, where grandparents are now bringing up their grandchildren—because of broken homes, drug addicted parents, single parents and all that sort of thing—and they are not getting any support really. It is a big issue and it is getting bigger. I think it is

something that you need to think about, because that is going to keep going. It is going to get worse, I suspect, than it is now.

CHAIR—Knowing that you come from Salisbury Council, is that something that the council has addressed in any way?

Mrs Waddington—We looked at it, in doing this, and we also looked at granny flats and the fact that people are being asked by their younger relatives to build a granny flat and then being treated very badly in many cases. There is a whole swag of issues around that, where these people move into granny flats, pay for them, put some money into their children's homes and then get tossed out or get treated very badly. It happens far more often than it should. Salisbury Council is looking very particularly now at planning issues with granny flats and keeping an eye on them. They cannot interfere too much, but as best they can to make sure that there is no skulduggery going on, because unfortunately it does.

CHAIR—Does the association have an alternative view on the provision of Ageing in Place or community based care to that which currently exists?

Mrs Waddington—I would love to see Ageing in Place done properly. It is a wonderful concept which is not being done properly at the moment. With this 40-year time span, if you could get someone to really sit down and develop a whole new scheme of things with Ageing in Place there, with doors that are wide enough to take wheelchairs, but before you start it off get all the ancillary services organised first. At the moment, they have put Ageing in Place in and they have not got the coordination of all the ancillary services.

It needs to be a one-stop shop when you do it, because aged care people—I do not care how bright they are—do get confused and it has to be one person that they can go to, 'Yes, you need someone to come and mow your lawn; you need someone to help you with your vacuuming; you need someone to help you with your medication or you need someone to help you with showering or dressing or something like that.' It can all be coordinated, because you would keep them out of nursing homes.

It would be much more economical in the long term than it is at the moment and it would do away with a situation which my daughter-in-law was telling me about a while ago. She works in an aged care home and she was saying that this lady was put into this aged care home by her son against her wishes. He had sold up her house and everything and put her in the aged care home. She was spry and sprightly when she went into the home—she was getting up, getting dressed, getting around—and within a matter of months she was curled up in the foetal position in her bed and she would not get out, she would not eat and she was gone in no time.

If you can keep people in their homes and they can potter in their garden or perhaps have somebody come now and again just to do a bit of heavy work in the garden, they stay mentally alert, they stay interested and they keep their other interests. You can organise all sorts of things—even bus trips—from a central point, but you still have them safely in their own homes.

CHAIR—Do you see any specific problems for having an Ageing in Place program in rural and regional areas?

Mrs Waddington—I think it would be difficult. It should be developed in areas that were reasonably central, so that they are not completely away from their own environment and not completely out of touch with their friends and things like that. It probably could be done, but it would take a bit of doing. I do not think you can do it in every little town, because every little town's needs are going to be different. You cannot have one plan that fits everybody, because you will have square pegs in round holes. If you could find a central spot and then get the surrounding areas involved, I think it could be done.

CHAIR—I would like to ask Mrs Bertram a question on Lifelong Learning. What sort of things do you see to facilitate Lifelong Learning? Everyone agrees it is important and a lot of people estimate that we are going to see a much greater demand in the future for Lifelong Learning as more people age. What sort of things can be done to encourage it, do you think?

Mrs Bertram—I think it could be done through the existing facilities in a community. This, again, would need to be done on a needs basis, because each community has different needs. Therefore, it could be tailored to suit and it could be done perhaps through the schools in conjunction with the councils in each area. To me, these are the two key factors in doing something like this. It could be a huge bonus, because if you keep a person's mind active this assists in keeping them active and useful in everyday life. Also, it helps towards a better quality of life and equips them much better to cope with progress as it goes along.

I also think it would be a good idea to have it done in conjunction with working with younger people, because I think this also helps with respect—one for the other—as they grow older. The younger people then tend to respect the older people more. I think this is something that is lacking in our society nowadays. The older people pass on some of their skills to the younger people and vice versa. Young people learn so quickly and often have a knack of getting through to older people in a much more friendly way. I have seen it work very well, and I think it would be very beneficial. We need to have a lifelong learning aspect in our societies and, if we brought that in, I can see huge benefits. I can see a much better informed society, as young ones grow up, and also I can see a much more active society with our older people.

Also, they could then pursue different interests and pass on their skills. I think it is important to have interskill workshops so that one person can pass on their skills to another. They may not have a certificate to say that they have done certain things, but how many people in our society can do in practice what they cannot put forward otherwise? I think this would be a huge benefit to our communities all around and perhaps make our communities much better informed and more active.

Ms HALL—Mrs Bertram, when you made your opening statement, you said that you had moved from a rural community to an outer metropolitan area. Could you reflect on whether or not there are similar problems in both areas and the extent to which there are differences between the rural and the outer metropolitan area?

Mrs Bertram—The first thing that I think of is the travel, which makes it much more difficult, particularly for older people in rural areas, to be able to access a lot of services and to socialise. Some people as they get older do not have the confidence to drive. A lot of people, if they retire still on their farms, get to the stage where perhaps they do not want to drive or they can only drive a short distance. Therefore, if there are no facilities in their local towns, they are not able to go a distance to access other facilities. That would be my priority, what I notice as quite different. In urban areas, even the outer urban areas, you still have buses, and you have your community buses, which you do in some of the larger country areas too, but they only pick up in the towns themselves. They do not pick up out in the country on the farms. Access through being able to drive and travel is what I see as the biggest difference.

Ms HALL—Are there issues that are common to both areas?

Mrs Bertram—Yes, there are issues that are common to both areas. The first one of those would be that people need to socialise as they get older. They need to meet one another. I find that is just as important in urban areas, because, unless they want to do these things, they will not do it; it does not matter if it is next door to them. That is possibly the most important thing that I can think of that is quite often a drawback. They all need to socialise, whether they are in a remote area or an urban area.

Ms HALL—Anyone else can feel free to make a comment on my question, by all means.

Mrs Waddington—I would like to add one comment to Linda's initial statement. I think we have to look at lifelong learning in the schools and get children to understand the value of learning. So many people hate their experience at school. A lot do not, of course, but there is a fair percentage of people who do hate their schooling, vow never to have anything more to do with it and do not bother for the rest of their lives. Somehow—and I do not know how we can do it—we need to instil in our children the value of learning. The parents of Asian students and the students themselves value learning like nobody's business. We need somehow to get that back into our own culture as well. It is a bit late when they are old and do not have the literacy or the numeracy skills—which is another issue—to even take it up. They have had a bad experience at school and that is it; they will not touch learning with a barge pole.

Ms HALL—That is a good point.

Mrs Bertram—If there is interaction between younger people and older people, you often find that something will click. Younger people will take more notice perhaps of someone out of their family circle than they would otherwise. I can see benefits that perhaps follow on from what Mrs Waddington has said, which is very important. If you had more interaction in a lifelong learning process between schools and councils, if something could be set up, the younger people could then learn from the older people.

Mrs Waddington—I can give you an example of that. There is a nursing home in Salisbury East and the children from the Salisbury East school came down to sing to the old ladies in the nursing home. Several of the old ladies were knitting, and the

children came up and said, 'What's that?' They said, 'Oh, we're knitting.' 'Will you teach us?' The children are now going to the nursing home of their own volition and learning to knit.

Ms HALL—That's great.

Mrs Waddington—And the oldies are having a wonderful time. They think it is a marvellous idea.

Mrs Lally—In our school we have a senior farmer who is still living on his property at 90—93 or 94 I think he is. He has been in the area ever since he was a very young man and he has developed the land and everything, and he goes and tells stories. It is like a history lesson to the children, once a week, and it is a great interaction. They just love the day that Mr Mellor comes to tell them of the history of the area and the advances that have been made in those 70-odd years. I think that sort of thing should be encouraged more.

Ms HALL—The interaction between generations. That is the point, I think, that you are making.

Mrs Lally—Yes.

Ms HALL—That probably links in to the question I am going to ask you next. You mention in your submission that it is important for the government to develop policies to counter ageism. Would you like to give us an example of the kinds of things that you think need to be developed? This intergenerational communication is one thing, but I am sure you have some other ideas.

Mrs Waddington—One of the biggest ageism problems at the moment is people over about 45 trying to get a job. The current culture is, 'Only young people can do the work,' and they are throwing out all the skills that people who are of that age have built up over their working lives. Then they wonder why they are running into problems all the time. There is nobody for the young ones to learn from by osmosis, which is how a lot of that sort of learning goes on. There has to be a cultural change, apart from anything else, from saying people of that age are ready for the scrap heap—because they are not. They get terribly frustrated, and you run into mental problems and suicides and all that sort of thing, purely because they have been thrown on the scrap heap. I do not think policies will be enough. You have to somehow work on how you can counteract that culture that we have to give jobs to the young ones, because there are not going to be that many young ones soon to get the jobs. Whether they like it or not, the cultural change is going to have to come.

Ms HALL—That is a challenge and is something that you think government should take up as a priority.

Mrs Waddington—Yes.

Mrs Lally—It is a devastating thing to be put on the scrap heap at 45, and that is happening so often.

Ms HALL—The next question is the older volunteers. You talk a lot, particularly in your verbal submission that you gave us today, about the reliance on older volunteers within rural communities. The first question is, do you think they receive enough support? If not, what sort of support structures do you see that government should look to putting in place?

Mrs Lally—A big problem, of course, is gaining insurance coverage with a volunteer over 80. They might be quite fit and able but we cannot have them to volunteer because of that factor, and that is major.

Ms HALL—That is age discrimination, so policies to counter that.

Mrs Waddington—Policies to make the insurance community get their act together, I think, and look much more closely at public liability, because that is cutting off an awful lot of people. I do not know whether you have seen it, you may have: the South Australian government is in the process of creating an ombudsman position for health and community services, and the implications for volunteer people in that are quite horrendous. They have passed a volunteer protection act but the new act is going to completely override it. It is looking nasty.

Mrs Lally—That is a big worry, that one, at the moment.

CHAIR—Does the CWA take out public liability insurance for your branches as well?

Mrs Lally—Yes, but over 80, you see, we cannot have them help at our show kiosk or anything like that because of the risk—not covered.

Ms HALL—Yes, I have run into that problem within my own area, the over-80s, and actually getting that cover. There are a couple of places where you can manage to secure it at a reasonable price.

Mrs Waddington—COTA are doing some over-age travel insurance that I know of. I do not know about their other things. I have not had the necessity to look at it, but I do know they are doing travel insurance for the over-80s—over-90s, in fact.

Ms HALL—Exactly. I think they are out there but it is very difficult to find.

Mrs Lally—It is something that needs pursuing, really.

Ms HALL—Yes, and it is all about making sure information is available and easily accessible to older people. That is an important theme that you have given to us today; that the whole of your evidence to this committee has been about having that information there and for older people in the community to be able to access that information.

Mrs Waddington—It is no good just giving them a piece of paper to read. You have to somehow keep reinforcing it. It is like the medication issue. It is fine to have a

pharmacist come and tell them what to do and all the rest of it, but he has to come back again and again and probably again before it really sticks and they know what they are doing. The same thing applies with the banking, teaching people to use the different banking skills. It is all very well to run a course or a school or whatever you want to call it, but once is not enough. You have to come back and repeat it and reassure and make them feel comfortable with what they are doing.

Ms HALL—My final question is to do with public transport or even public provider transport or community transport and how it is difficult to access in rural communities and communities basically outside metropolitan areas. Do you have any ideas of creative ways or creative schemes that could be put in place?

Mrs Lally—Of course, I live in a fairly public transport free zone. We have lost our airplane, we have lost our bus service and, as I said, the elderly now rely on volunteers to drive them to facilities. My husband had to come to Adelaide recently for an operation and we had to come back for later attention. It cost us $666 to fly from Port Lincoln to Adelaide and back, and that is formidable. I could have gone to Brisbane and back—or anywhere. We are paying for the privilege of living in an isolated area and it is really fairly drastic.

Mrs Waddington—I think the idea would be if the government could subsidise—and I know that is probably a dirty word—some of these outlying areas to bring them into the network and put back some of the air services and bus services and things that they have taken out, because the airlines and the bus companies say, ‘They’re not profitable. Therefore, we won’t do them.’ Would it be practical? It would be expensive, I agree. Would it be practical to think along the lines of in some way subsidising transport to pick up the rural areas that they have thrown down? In that way I suspect you would get more people going out there, because the transport would be there.

CHAIR—It is worth looking at, and transport comes up again and again from rural communities.

Mrs Waddington—But I think the only way you will do it is by getting some sort of subsidy to encourage them to go back to doing what they were doing, or better.

Ms HALL—Chicken and egg situation.

CHAIR—On page 2 of your submission, under ‘Surgery planning’, you say that more information is needed before, during and after surgery. What sort of information do you propose and how should it be provided?

Mrs Lally—Just basic information about what is going to happen to you when you get to this city hospital. I have to tell you that the health sister at the medical centre said to me—she had breast cancer diagnosed—‘I came down, and I didn’t know whether I was going to have my breast removed or what was going to happen to me.’ I had the same problem with my husband when I brought him down: we had a booklet thrown at us, literally, on the bed. We were both sitting on the side of the bed—‘Here,

read about it'—and he was a few hours away from having his operation. It is not good enough.

Then I was sent home to look after him and I have no nursing background whatsoever. I bailed the sister up and said, 'I'm not going out of here until you explain to me how I'm to look after my husband,' and she really did not think that I needed to know. She said, 'I have told your husband what he has to do.' I said, 'But I'm looking after him. I'm 50 miles from the nearest hospital or doctor, and I need to know.' It's basic, isn't it?

CHAIR—It should not happen.

Ms HALL—Do you think they would communicate differently with a younger person to the way they communicated to you as an older person?

Mrs Waddington—I think the young ones are not quite as frightened to ask. We have been brought up that doctors are gods, sort of thing, and you just do not question them. But the young ones are not frightened to ask, and I think that again is going to change over time.

Mrs Lally—I could not get to see the doctor. He was away. When I was there, he was not there.

CHAIR—One issue that we face—not just with the ageing of the population but also with the ageing of various work forces—is that there is a particular shortage of registered nurses and enrolled nurses in the area of aged care. Does the association have any views on how best to attract nurses to aged care?

Mrs Lally—Perhaps to pay them similar wages to what the other nurses are being paid. Let us face it: money is the bottom line, isn't it?

CHAIR—Sure, wage parity.

Mrs Lally—It is not easy to nurse the aged. It is a difficult job, in a lot of ways—it must be—and yet they have a lower income.

CHAIR—Beth, in your view, have careers in aged care nursing been less attractive than careers in other, more specialised areas of nursing?

Mrs Waddington—Yes, definitely. When nursing went into colleges, they tended to look at the high-tech stuff. They train for the Royal Adelaide, the Queen Elizabeth and Flinders in South Australia, and to hell with the rest of them. A friend of mine had a friend in hospital just recently, and the college trained registered nurse did not know how to pour a dose of medicine, but I bet she could have worked any of the you-beaut machines that they use these days.

Mrs Lally—It is about patient skills, isn't it?

Mrs Waddington—It is about patient skills. They are taught communication skills, supposedly, but it is about being able to look at somebody and know that they are not comfortable or that something is bothering them.

Mrs Lally—It is the care component.

Mrs Waddington—Yes. It is a thing that they miss because they do not get enough clinical practice and, if they do, the clinical practice is isolated. If they are looking after one person and there happens to be a coronary in the next bed, the attitude is: 'So what? I am not looking after them; I'm looking after this person.' That is the attitude, and it is very sad.

Mrs Lally—Especially for the one who is having the coronary!

CHAIR—Thank you very much for coming and appearing before the committee. Thank you also for making your submission.

Ms HALL—Can I say as you are leaving that I think the Country Women's Association, as a group, is a great advocate for older women and for the things that can be achieved. I have seen some of the submissions that you have sent off to your state and national conferences, and I think that they are quite innovative, very proactive and very progressive. It is a great organisation.

Mrs Waddington—Thank you very much.

Proceedings suspended from 2.28 p.m. to 2.46 p.m.

CROSS, Associate Professor Jack, President, University of the Third Age, Adelaide

CHAIR—I welcome Associate Professor Cross from the University of the Third Age to today's public hearing. I remind you that the evidence that you give at this public hearing is considered to be part of the proceedings of parliament. I therefore remind you that any attempt to mislead the committee is a very serious matter and could amount to contempt of the parliament. Do you have any comments to make on the capacity in which you appear?

Prof. Cross—In private life, I am an associate professor in education at the University of South Australia.

CHAIR—Would you like to make an opening statement before I invite members to proceed with questions?

Prof. Cross—Yes. I see the University of the Third Age as coming from a fairly low base but becoming the fastest growing field of education in Australia in the next 30 years. This has a lot to do with the retirement of the baby boomers and the particular education that the baby boomers had. Unlike many other fields of education, we are confronted with a great expansion rate in the University of the Third Age, which is posing all kinds of problems about how we are going to pay for it. I am not very much in favour of depending largely on the taxpayer, but we may need some initial help to keep the University of the Third Age functioning all around Australia.

CHAIR—What do you charge for membership?

Prof. Cross—It is based on a membership system. We charge $60 in Adelaide, which is regarded as very high by many old people. It generally is between $25 and $35 around Australia. It is totally a membership system, and I have never seen an education system run so much on a shoestring. It is run on virtually nothing, because the whole concept of the University of the Third Age—which is a French concept—is that everyone by the age of 55 is an expert in something. It is the medieval concept of a university. Everyone teaches everyone else. There are no prerequisites and certainly no examinations. If we had examinations, we would run into difficulties straightaway. People would not come.

I initially got involved in my seconder, to use a French concept, because we found that a lot of these older people had plenty of expertise but they dared not teach. In fact, there is research in America which suggests that the majority of people would prefer to go to the dentist rather than stand up in front of a group of other people. That was my initial experience in the University of the Third Age here in South Australia.

Ms HALL—With the University of the Third Age, there is quite a diversity of programs taught. Give us an idea of the breadth of the types of courses and even discussion groups that are run by the University of the Third Age in Adelaide.

Prof. Cross—It depends on those who want to teach. That is the big variable. You will see in some country universities of the third age that there will often be subjects that are much more practical, because the members come out of a practical farming background or something like that.

I have made a special study of this, because one of the things I do is give lectures to TAFE students on the University of the Third Age movement, because you can now do certificates in aged care, and we are trying to give aged care students—most of whom are 20 to 30 years of age—a positive view of ageing.

One of the most popular courses is literature. Unlike the undergraduates I teach, aged care students want to read a book a week and complain if I do not give them enough reading to do, so literature is very popular. Foreign languages are very popular, especially European languages. Even Latin is very popular. I think the reason is that these people battled with foreign languages when they were in high school and are going to prove to themselves before they die that they can get a bit of a hang of a foreign language. History, as you might guess, is very popular, and what I call existential subjects are popular—subjects that help these older people make meaning out of life—so religion and philosophy are popular.

In fact, that is the way to get to the hearts of University of the Third Age people. Most of them are not so much concerned with vocational issues. They have done that. They are now trying to work out the meaning of life—what it all means—and they are some of the most rewarding students. I am fortunate. I teach 18-year-olds, I teach 35-year-olds, and the average age of my University of the Third Age classes is about 75. Some go up to 95, and it is fascinating to teach these old people. Often they forget what you teach them, but that is not the point of the operation. It is just the sheer social reward and personal reward.

I remember asking one old lady, ‘What did you learn in literature last week?’ She forgot, but she said she remembered it was wonderful. That sums up an attitude which these people have to learning. They are the most rewarding students I have ever taught, just because of their enthusiasm, but of course they are self-selected. We have done research on why some people engage in lifelong learning as a great experience, while other people just will not go near it. Our research indicates it goes back to initial experience at school. We have some very old people who only went to grade 6. If the initial experience was positive, they like learning. If it was negative, they do not like learning. It also has a class orientation, because most of our students come from the more affluent, middle-class areas.

We have an interesting phenomenon, because the City of West Torrens—a working-class area—is terribly keen to set up a University of the Third Age. It is prepared to put a lot of resources into it. Its problem is in attracting enough students. We have the reverse situation in Adelaide, where we have plenty of students but are not getting very much support from the Adelaide City Council, which, because it is a city council, does not see looking after community services and so on as its prime role. It is much more concerned with business operations and so on. We have a particular problem here in the city, because our rent goes up and we are battling to make ends meet. All around Australia most successful universities of the third age are attached to district

councils, universities or some other kind of institution which can shelter them and provide the computer facilities and so on which they need.

CHAIR—Mr Cross, on the demographics of your students, you said that the average age is 75. You have also said that they tend to be of an upper socioeconomic status as well. What are the obstacles to entry for someone either who has, say, been in a trade or who is from a lower socioeconomic status?

Prof. Cross—I think the obstacle is just that for some people education is an exciting experience and for other people it is not. We are working terribly hard; very often when we ask our people how they found out about the University of the Third Age, it is generally by word of mouth. This generation relies extensively on word of mouth. I suppose the initial obstacle is to get it going. We may get more people from other areas, but it is an obstacle at the moment that we get most of our people from certain socioeconomic areas, with a sprinkling from other areas.

Salisbury has now started a University of the Third Age. As the previous people indicated, Salisbury City Council does a wonderful job in supporting its community facilities, and the council is protecting the university. Elizabeth has an active University of the Third Age. I am not suggesting that working-class areas do not have universities of the third age, but they are smaller and battle more to survive. That is our experience. They very much need the protection of district councils, which seem to be the best places to support these kinds of institutions.

CHAIR—Do you have within the University of the Third Age more technical subjects, say?

Prof. Cross—We teach computer studies. It has been quite an innovation for us to teach computer studies because computers go out of date every 18 months now. We find that most of the people studying computer studies do not want to go a long way into them. They want to learn about the culture of computer studies so that they can communicate with their grandchildren. That is the kind of reason they give. They also use computer studies quite extensively for the Internet because it becomes a great field of communication. We have a terribly mobile work force now. Their grandchildren and their children may be interstate. There is a fair displacement of people out of the state or overseas from South Australia. South Australia has a reasonably high education system and it can produce people who get lots of jobs overseas and so on.

CHAIR—In terms of the delivery of lectures, do you do anything like broadcasting them on radio, putting them on a video or using some of the even newer technologies?

Prof. Cross—I put a lot of my material on sound tape. In fact, my sound tapes have now attracted attention in the United Kingdom, where they are used by 86 universities of the third age, which indicates internationalism in the movement. I use sound tapes and people are very happy with that because most people have sound tape equipment. We do not use videotape very much, perhaps because of the expenses. Perhaps it will come as time goes by. We use notes extensively. We use the lecture format extensively because for this age group it seems to be a very effective method of education.

Someone stands up and tells them something and they react to it. We operate generally in groups of about 30 and you would never keep them quiet. They will pop up and say something all the time. Lectures are very much in vogue.

Tutorial and discussion groups are in vogue when you come to current events. You get people who run a current events group based on, say, the *Australian*. That is one of the famous formats. They all bring their copy of the *Australian* along and this becomes the centre of a series of discussions about current events. By and large, I find that older people take their political responsibilities terribly seriously. In another capacity, they almost queue up to vote and they feel they are being deprived if they cannot vote. They love to get engaged in political activity and political discussion and so on—less so the younger people, who tend to regard politics, with a small minority of exceptions, as a bit peripheral to their lifestyle.

CHAIR—You mentioned that it is important—and I think this was also emphasised when we visited the University of the Third Age in Melbourne—that there are no exams and people are not working towards any sort of formal qualification. But within the older group there would also be a much smaller group that do want to complete a university education. We had a 90-year-old receiving a PhD recently. There are people who are very eminent in one field and who return to university wanting to do a degree in another area. The University of the Third Age does not preclude that in any way?

Prof. Cross—No. It often encourages the learning activity all over again. A good example is Flinders University, which celebrated its 25 years of existence. What did it do? It set up a University of the Third Age based at Flinders University, and it has been quite successful in encouraging older people. They prove that they can cope with the University of the Third Age course, go back and do a BA or a BSc and go on to a higher degree. It is useful from that point of view. It encourages people to find out whether they are good enough, and they proceed from there into TAFE colleges and universities and so on.

CHAIR—That is a good idea. Do you have any ideas about how the University of the Third Age could be more accessible to all older Australians? You mentioned that perhaps the group you have is already more educated and has a higher status.

Prof. Cross—We have looked at Seniors Online. We have looked at computer programs by radio. They have had some success but are not a great success. Our evidence is, from our research, that one of the great attractions of universities of the third age is the social attraction. These people—in some cases, their spouse has died—get together with other people of like interests, and there is no doubt about it: they become less interested in their illnesses and much more positive about life. One of the positive spin-offs from universities of the third age—and this is shown in worldwide research now—is that, to some extent, they reduce health costs; not for serious health problems but for the kind of people who visit their doctor because they are lonely and want someone to talk with.

I think the media outlets are useful, especially for people who are physically handicapped and so on, but we have found that they will come in by hook or by crook.

It is worth while seeing a University of the Third Age class; many of them have wheelchairs and all kinds of facilities. We had a fire alert in our building last year and we had difficulty in getting them all out on time because they were not very mobile. You provide for the possibility of people getting ill in a class. You even provide for the possibility of people dying in your class, which is something you do not think about when you are teaching 18-year-old students, but that comes with the age bracket.

Ms HALL—I have been a guest lecturer at my local University of the Third Age and I know that it is quite a large group. I am in the Newcastle area in Lake Macquarie. On the east side of Lake Macquarie there is a group and we have a couple of hundred members. On the west side of the lake there is a group, and in Newcastle itself there is a group. It has been embraced by people from probably all backgrounds and it has been very successful. That is just a little bit of information about what is happening in my area in the University of the Third Age. I think that they do a great job and really open some doors for people. As you say, the most popular course is the computer course. People are waiting from three to six months to get in to do a basic computer course with the University of the Third Age in my area.

Prof. Cross—We operate in small groups of four for our computer courses. You need very small groups because people need a lot of attention and a lot of contact. We have a waiting list, too, for our computer courses. They work away and they even form a computer club after a while to show their enthusiasm to everyone else and so on.

Ms HALL—Do you own your own computers?

Prof. Cross—Yes. It is a problem, though. There is a series of problems that I see confronting the whole University of the Third Age movement Australia-wide. First of all, there is the problem of place—where to locate these universities of the third age—because, as they get bigger, it is much harder for district councils to accommodate them. The second one is equipment, because we get people now who have taught in high schools, TAFE colleges and universities who cannot teach without highly sophisticated equipment. When the University of the Third Age movement was started, it was still a chalk and talk kind of approach, but now we have people who demand computerised projectors and so on. We have just obtained a computerised projector, but it has been a real hassle to get the money.

The same is the case with our computers. We tend to get slightly older computers, but you still have the problem with older people in that they get the latest and most modern computer and they feel they are slightly deprived if they have to learn on a computer several generations old. So we buy our own computers, yes.

Ms HALL—How do you get the money to buy them? I know that is a problem in my own area.

Prof. Cross—We call for donations. In fact, I am trying to get the older members to think about leaving large sums of money on their death to the University of the Third Age movement. I have lived in America, and it is a big tradition in America to do this;

it is not a tradition yet in Australia. That may help solve our problems. We get a little bit of help from the government. Government allocations are generally no more than $500 at a time; they are small money allocations. Generally we try to pay for them by donations, as well as memberships and so on, and some of the education departments will give us their old computers.

Ms HALL—Do you do any evaluation of the courses?

Prof. Cross—Only informally, basically. Here in Adelaide we have a program coordinator. At the end of each course we ask students to give us feedback about how the course ran and so on, and they will provide that. Generally we have had very little trouble with our courses. Occasionally we have had trouble with people rejecting the lecturer concerned because he or she talks too much. We even had an amorous lecturer once, who was actually looking for a partner, and all the women complained about that.

Ms HALL—He was obviously unsuccessful.

Prof. Cross—Yes, because they saw what he was up to. But, by and large, we get fairly positive feedback. It is a supply and demand situation, and they will soon drop off if they think the course is no good. Because it is a highly communal situation, the messages go around the group very quickly and go between the groups; our universities of the third age link up with one another. Here in South Australia, twice a year all the universities of the third age meet and we discuss our problems and so on. The messages go around very quickly that some people work very well as teachers and some do not work well at all as teachers; that is just the way things are.

Ms HALL—What message would the University of the Third Age here in Adelaide give to government and policy making bodies?

Prof. Cross—I am not very much in favour of large handouts to these kinds of institutions, but I think in the future we will need some financial assistance somehow, because of the problem of space and because of the problem of increasingly sophisticated equipment. I think we will need some, but I am not suggesting that it should be a large amount.

I contacted the Adelaide City Council, and I reminded them that we have a WEA here in South Australia—Workers Educational Association. I was vice-chairman of that for a while. They are highly successful because in the 1980s the government bought them a building and said, ‘Right, you’re on your own from now onwards.’ And they are on their own. They do not ask the government for any money at all. If we could get some initial facilities, we could virtually, I think, function without going back to government time and time again, asking for more and more money. It is the cheapest education system I have ever seen in operation, and I have worked as a primary school teacher, a secondary school teacher, a TAFE lecturer and as a university lecturer, so I have worked at all the levels of education.

CHAIR—As there are no more questions, I thank you very much for your appearance here today.

Prof. Cross—Thank you.

[3.12 p.m.]

FOWLER, Ms Jill, Chairperson, Coalition for Adaptable Housing South Australia

HARRISON, Mr Trevor, Committee Member, Coalition for Adaptable Housing South Australia

HEATH, Mr Jeff, Public Relations Officer, Coalition for Adaptable Housing South Australia

SEEGER, Dr Barry Richard, South Australian Representative, Australian Network for Universal Housing Design

CHAIR—I welcome the representatives of Disability Information Australia to today's public hearing. I remind you that the evidence that you give at this public hearing is considered to be part of the proceedings of parliament. I, therefore, remind you that any attempt to mislead the committee is a very serious matter and could amount to a contempt of the parliament. Disability Information Australia has made a submission, submission No. 8, to the inquiry and copies are available from the committee secretariat. Do you have any comments to make on the capacity in which you appear?

Mr Heath—I am the Director of Disability Australia, but the submission was actually made on behalf of a coalition in South Australia called Coalition for Adaptable Housing and my colleagues are here with me from that coalition.

CHAIR—Certainly. Would you like to make an opening statement before I invite members to proceed with questions?

Mr Heath—Thank you. We thought we might explain our individual motivation for getting involved in this issue. I have been using a wheelchair for the best part of 35 years and over the last 20 years I have bought four different homes. In each case, to find a house that was even partly reasonable for me to buy and to modify took an extremely long time. I sat down and calculated that almost the equivalent of a full working year of my life has been spent searching for houses that I could buy that would be reasonable. It seems to me that there has to be a better way. In 1981 we had the International Year of Disabled Persons. Since that time a lot of work has been done on better design for public buildings, but very little on housing.

Ms Fowler—My reason for being very interested is my relationship with Trevor Harrison and having to find a house. I had to sell a house and we had to find another house. We had no option other than to build or to buy something to modify, and we found a house that we were able to modify. But the story does not stop with Trevor and me. Between us we have some 40-odd relatives. There is not one house that we can get into without lifting and shifting and often really quite undignified entry. I have a daughter who has a child, so we are grandparents, but we cannot get into her house

to give her the normal support that one would expect in a family because she cannot rent a house that has a flat threshold and good access for us as family members. I am also interested because my mother is ageing. We have a problem visiting her. The correlation and the linkages between ageing and disability and the very important recognition of family in the year 2000 is really where the motivation came from for me.

Mr Harrison—To follow on from what Jill said, the other side of the coin is that, if we are bringing people out of institutions, we need to make society or community very accessible. They need accessible transport; they need to be able to get out and go somewhere. Not only do public buildings need to be accessible but we need to be able to visit neighbours, visit friends and so forth throughout the community.

Dr Seeger—My background is as an engineer, including a PhD in biomedical engineering, and working for 25 years as Director of Rehabilitation Engineering with the Crippled Children's Association of South Australia, including doing access work. For instance, I did the research and chaired the committee that developed Australian Standard 1428 part 3, which is design rules for children. But it all became much more immediate for me from December 1999 when my son had a motorbike accident and became a paraplegic and we then had to search for a home for him. I was absolutely shocked at how bad housing was.

There is a concept called universal design, which is the design of products and environments to be usable by as many people as possible without modification, and just about everything in our society is being influenced by that, including public buildings, public transport and even your Windows operating system, but somehow housing has been left completely out of the loop, with the result that it does not suit very many people.

CHAIR—Thank you very much. In your letter, Jeff, you have said that the Housing Trust costed a project in 2001 for a new home. The cost of providing the features—that is at the beginning—was in the vicinity of $3,000. Do you have any figures from other building quotes?

Mr Heath—The figure that is most often quoted is the cost of modifying a home for a quadriplegic. Some research was done in New South Wales three years ago, I think, and it worked out to be just under $20,000 on average. But many of the things that are done in a home to make it more adaptable, the extra features, people pick up themselves and you do not get a final figure. My parents would be a good example. I can remember going around to mum and dad's place and mum getting tea ready and having to get down on her hands and knees to reach the bowls and things at the back of the cupboard. I insisted that week that we retrofit the kitchen and put in slide-in drawers instead of cupboards. She said afterwards how fantastic it was, but it just was not on her horizon to do that.

Later on, when my parents moved in with me, we converted part of our house into a self-contained flat, and I insisted that we put handrails in and we open up the bathroom and toilet et cetera. We, of course, did all that work ourselves. At the time, mum and dad thought there was no need for it, but within months of moving in dad

had a serious illness and he really needed that. He was on a walking frame within only months of moving in with us and was grateful that he was able to get in and out without the difficulty of climbing a step. But there is not good research on a lot of those costs.

Ms Fowler—There are other costs to other parts of our system that are much greater than the $3,000 to perhaps put these features into new housing. They are the costs of extra services that need to go into older people's homes so that they can age in situ. If people are able to age in situ then you are avoiding a very costly ageing health system dollar. Some of that also applies to the disability sector. Then there are the personal costs which people like ourselves incur. There is the $20,000 to modify our home, but we also have had to purchase $900 worth of ramp to enable us to get into other people's homes.

Some other people also organise to have ramps. My mother, for example, gets a ramp from Domiciliary Care to put at her back step if she knows that we are coming to visit, so that she can provide the best access that she can. That is an incredible cost to a system that is not necessarily designed to assist family members into other family members' homes. If the house was right, that cost would be saved to the health system, and I think it would be a really important exercise to have a look at the savings that can be made in other sectors so that you actually get a cost shift. Housing needs to be built so that housing pays for the housing and it does not end up coming out of health and disability and ageing budgets. I think that is sometimes a greater cost than the $3,000 to add some features.

There is another thing I just want to finish on in terms of cost. When you look at making a flat threshold to a front door, which is the same as to your garage door—and there may be a cost to doing that—people make the assumption that a step does not cost anything. If you build concrete steps, they have to cost something. The analogy for me is that we had a choice once when we bought a motor vehicle whether or not we had seatbelts. Once seatbelts were seen to be a good feature, the cost of a car implies that seatbelts are there and you would not be able to purchase a car if it did not have seatbelts. We do not have that option. That is just an inbuilt cost into the vehicle, and I see there is a similar thing with housing.

Mr Heath—Barry, would you just explain the cost of your son's movement out of the hospital.

Dr Seeger—My son had to stay in the Hampstead spinal injury unit for an extra three weeks when he was ready to move out into the community because there was no place that anyone could find for him in Adelaide that was accessible for him in his wheelchair. It costs $670 a day to stay in the Hampstead Centre, and another 20 days there is about $14,000. That was a cost to the health system because there were no suitable houses. Multiply that by the number of times that is happening.

Mr Heath—We would expect that that would be very clear in the ageing field, where a lot of people break their hips and have to stay in some sort of residential care because their own house is totally inadequate.

CHAIR—What do you think the current awareness is amongst the building industry for the need for adaptable housing and also innovative designs which are going to cater for the ageing in our population over the next 40 years?

Mr Heath—It is mixed. In Victoria there are two new apartment complexes being built at the moment—a total of about 350 apartments. Every one of those apartments will be either accessible or adaptable. We have had A.V. Jennings build houses here in Adelaide to the design standards. They built them and, because the features blend in so well, they said, 'People came through the house and didn't seem to have any demand for them, so we're not doing that any more,' which was exactly what we wanted people to say—that these should be seamless, that you should not be able to say, 'This looks like a disability house.' It should just look like good design. Some builders are picking up on it.

Ms Fowler—We have had approaches locally from someone within Weeks and Macklin, who have recognised that there is a market there. We have certainly had good liaison nationally with the Master Builders Association, who have produced literature—I do not have that with me today. The Housing Industry Association also is very au fait with the sorts of issues that we are raising. I have a magazine in front of me from the Community Housing Federation and they have their lead story of two or three pages on adaptable housing.

We have also been told by the building industry that, should anyone come to them and desire to have these features built into the house, they are very happy to do that. Our issue is that, when people are thinking about building a house, they do not think about the accident, they do not know about the accident, they do not know about their mother wanting to come and live with them, they do not expect to give birth to children with disabilities and they do not think of the furniture removalist who cannot get the piano in. When you do not have the information and you do not have the awareness perhaps for yourself in the future across your life, work and leisure styles, you do not think to ask A.V. Jennings necessarily to give you a flat threshold and reinforce the bathroom walls so that later you might be able to attach a grab rail.

The awareness is there. I think the building industry has a concept of it being market driven but it is the market that I think needs educating—that if you do these things, these are the ways your lifestyles could be affected. You could age in situ, you could have a child with a disability who can visit their school friends and those sorts of things.

CHAIR—Thank you.

Dr Seeger—I have a different view on that. Earlier this month I was at a meeting in Sydney with the Australian Network for Universal Housing Design with the Australian Building Control Board. They also invited along a representative of the Housing Industry Association. It was his very clear view that, if people wanted special access for their house, as he called it, they would provide that. If people wanted a ramp instead of steps, they would do that. All he needed to do was to be told and they would build it into the quote and build the house like that. So the way the housing industry is thinking is, if people want special access for a special house, that is the

way they will build it. They have not got the message that what we are talking about is building all new houses to be barrier free so that somebody with a walking frame or a wheelchair can just go straight into them, whether it is their own home or visiting a friend's. The Housing Industry Association was very clear that they do not want more government regulation to force them to do that but they are quite happy to build it and quote it on an individual basis. That is not what we want.

CHAIR—Sorry? What do you want?

Dr Seeger—We want all new housing to be built to be accessible, not just the ones where the odd person thinks to require those things and pays extra for them at the beginning, because it will be extra if all houses are built to have a step and then you have to pay extra to get rid of the step. If we can get rid of the step, as Jill said, there has to be something less expensive about that.

Mr Heath—I had an interesting situation late last year. I did an interview in Port Lincoln and, as a result of that, someone who is building a bed and breakfast at Coffin Bay contacted me about where they could get information to make their cottages more accessible, so I sent the information off, not really thinking too much about it. Then over Christmas I met the husband of this lady that I had spoken to, and it turns out he is in charge of Aboriginal housing for that part of South Australia, and he has actually taken on board these design features because he sees a lot of Aboriginal people in remote areas who do need these sorts of features. I would have thought that a lot of people would think there would not be that many people in wheelchairs or frail elderly Aborigines living outside of the towns, but evidently there is quite a demand.

He sees great value in it and he thinks he can get a lot of value out of his budget by building this in at the start, rather than having to go in and retrofit later. The same was true of the grant that we got from the Department of Veterans' Affairs. They retrofit a lot of homes in Australia and, as a result of that, they supported us by providing some money that we were able to use to put together a webpage with information on this issue. There are pockets of people involved in building—whether it is Veterans' Affairs, Aboriginal housing, the state housing authorities or some private developers—but it is not widespread yet.

Ms HALL—Thank you very much for your presentation today. It takes me back to my old life. Before I became a member of parliament, I used to be a member of a spinal team, and one of the issues that we used to be confronted with was converting people's houses and making them accessible. I must say the two easiest renovations or modifications we ever did were the two where we built completely new houses. One was a house that was affected by the earthquake and that was just knocked down and modifications were put in. There were very minor costs for the organisation I worked for. The other one was where the person decided to sell their old house, put the money into building a new house. I agree 100 per cent with what you are saying. It is the way to go, and it does have enormous implications in a society that is getting a lot older. I would like you to address for me how you think local governments can facilitate an improvement in the type of housing that is built for both old and disabled people.

Ms Fowler—Our understanding is that probably the most important way to effect local governments' ability to get the process under way is to look at the Development Act. In South Australia we have a development act, which is influenced by the state's development plan. Those development acts vary from state to state. There is an issue in terms of how this gets addressed at a national level, and there needs to be some consistency across the states.

Ms HALL—You are arguing for a whole-of-government approach to the issue of housing?

Ms Fowler—Yes. The Development Act in South Australia, which is what often governs these sorts of things, has absolutely no reference, for example, to the Disability Discrimination Act. There have been some interesting queries and responses from legal sources in relation to government spending on housing, and there are various ways in which local government spends money on housing. If local, state and Commonwealth government laws and programs need to comply with the Disability Discrimination Act—if local government does pay money in the process of redevelopment—should those houses not all be equitably available to everyone in the community? There has been some talk as to whether or not local government might even be at risk if they do not begin building houses that are available to everyone.

An interesting example here in Adelaide at the moment is the new ecocity, which Barry recently visited. All of us look at new housing developments, because I have a daughter who needs a house that we can get into and Barry has a son who needs a house that he can live in. Barry might like to tell you what he found at the new ecocity.

Dr Seeger—That was a terribly wasted opportunity. Every place you go to has at least one front step, maybe two. You go into the carport or the garage and there is a step to get into the house. You find a nice ramp going up to the main front door and then there is a step six inches high there. Most of the places are narrow and on three levels, so you go in and you have a garage and study and then up to the kitchen and lounge and then up to the bedrooms. My wife was saying, 'I wouldn't even want to live in a place like this, where you'd be bounding up and down stairs.' A place like that is no good for anyone in their 60s, no good for anyone who has a toddler and no good for anyone who has a mobility impairment of any sort. I think it was a shocking sense of design, and it was thoughtless.

Ms Fowler—Perhaps with input from such an importantly influential body like the Adelaide City Council—local government—they could have designed something just as innovative, with a five-star energy rating, which is what that is all about. They could have had a flat design and had a lift that could have made three levels accessible to everyone instead of each housing unit having three levels. Local government has a really important role to influence what gets built in their own area.

Ms HALL—Do you think they have a role in promoting a certain standard of building and development, particularly in your areas, and making everybody aware of the importance of—

Ms Fowler—I think so. I am sorry, I do not have the national figures, but in South Australia somewhere between 5,000 and 6,000 houses a year are built. Those houses are all designed to be lived in for the next 100 years. We have plenty of houses that we are living in that are 100 years old now. The year before last, as far as we know, our Housing Trust here built 16 accessible or adaptable houses out of a whole stock of maybe 5,000 houses, so we will never meet demand.

Mr Heath—In Australia every 10 minutes another person becomes severely or profoundly disabled, and most of those people are not over 65. The greatest number are between 46 and 54. They are not yet at retirement age. It is a growing number. It is 50,000 people a year—that is, about 5,000 for South Australia—and yet we are not catering for demand. I am sure you have had all the figures presented to you. By the year 2050, 26 per cent of the population will be over the age of 60. Where are they going to live, if we are not building the houses now? We cannot have a sudden rush. Japan is spending billions of dollars a year now. They are retrofitting houses. They are providing massive subsidies to retrofit houses for their elderly population, a program that has been announced in the last few years. Do we want to do that in Australia when it becomes a crisis or do we want to act now?

CHAIR—In summary, you are saying it is much cheaper to act now rather than retrofit.

Mr Heath—Definitely.

Dr Seeger—It is. Most people think it is more expensive to do what we are talking about, whereas we are sure that it is cheaper.

Ms Fowler—I think local government is going to pay the price in terms of services. We all know that local government provides a lot of services to aged people. The longer people can live independently in their own homes, the less those sorts of local government services will be needed.

Mr Heath—We took the opportunity to do an interview this morning on the local ABC radio, and the producer said it was one of the best segments they have had. We were scheduled for about 10 to 15 minutes, but were on for half an hour. The switchboard lit up the whole time, and we had a lot of callers wanting to talk about their own situation. One lady gave an example of her mother having just bought a house in a retirement village, and the shower has a traditional shower screen. She said there is no way, if she gets a bit more frail, that someone will be able to come in and help shower her. They will have to rip the shower out just to open it up so that she can be helped to shower.

Ms HALL—Which is really quite absurd when you think where she is living.

Mr Heath—That is right, in a nursing home.

Dr Seeger—To return to the topic of local government, at the meeting in Sydney we were told that some local governments are making initiatives. I have not checked

out exactly what they are, but there was some talk about SEPP 5, SEPP 7 or something, whatever that means.

Ms HALL—That is New South Wales.

Dr Seeger—New South Wales, and it is Waverley and Kogarah. I also think in Queensland Redlands Shire Council is doing something.

CHAIR—I was going to ask you about how aware local government are in relation to the need for adaptable housing. Again, you are saying it is mixed, that there are some councils that doing something.

Mr Heath—I had a meeting just recently with the Holdfast Council, and their response was they would like to see it come through the building code. I think that is the preferred model—that we have national consistency and that it is not a haphazard thing, council by council—and that requires national leadership from someone like your committee to emphasise the need for it.

Ms HALL—I think you are right.

Ms Fowler—There is also a perception, 'We are not going to have people tell us how to build our houses.' Well, excuse me, housing is really regulated. You cannot just build whatever sort of house you want. It is already very heavily regulated, so it really is not that different.

Ms HALL—The other question I wanted to ask you was about the training of architects, builders and people who are responsible for the construction of houses. Do you think there needs to be changes within those courses? Can you give the committee some ideas of where you think they should be going.

Mr Heath—We should try to keep this short. We could be here for two weeks. I spoke to the national secretary, I think his title was, of the Furniture Removalists Association of Australia. I wanted to sound him out to see if his association would support the concept of having wider doorways, a no-step entrance et cetera. His response was that no architect in Australia should be qualified to practise until they have spent three years serving on a removal truck.

I am afraid we have a similar view in the disability field. We had the first building regulations in Australia enacted here in Adelaide in 1980 and we still do not have disability access as a core component of the courses in architecture in South Australia. It is an optional extra, and yet if you are not aware of the issues of how to design a building so that people can use it, then how can we be surprised when the buildings that get built are so poorly designed?

Ms Fowler—All of us in various ways are involved in being guest speakers and sessional instructors. We have all stood in front of architecture students. Trevor and I currently belong to the Association of Consultants in Access Australia. This issue about access is very broad. What we are talking about today is housing, but there has been seen to be a need to have some exchange of training with private certifiers, for

example, who are people who make approvals, issue occupancy certificates and that sort of thing. They are becoming very open to having more information from the likes of our perspectives, not just in relation to housing. I think it indicates that there is a gap there. We also know of a real estate agency in Victoria and Jeff might like to talk about that because he knows those people better than I do.

Mr Heath—I cannot remember their name. They provide training to home builders in Victoria to raise the awareness of what needs to be done, and they are involved in the marketing of the finished product.

Ms Fowler—The real estate agents are another gap.

Dr Seeger—Yes. Most real estate agents know nothing when you ring up and ask about access. You end up having to go out and look at the place yourself.

Ms HALL—That is once again another area where training is needed.

Ms Fowler—That is when we bought our $900 worth of two small ramps, to be able to get in and out of houses so we could see them to see if we could modify them.

Mr Heath—But there is a need right across the field for good design, even in the ordinary family car. My dad cannot do up the seatbelt in my car, and I bought the car specifically because it was better for him to get in and out of. The seat was at a better height, but he still struggles to get his legs around into it now he is in his mid-80s. He cannot wind down the window, and neither could my mother before she passed away. She could not get the seatbelt done up properly by herself. The cars are appallingly designed.

I recently did a survey for McNair Anderson, hundreds of pages of stuff. They know more about me now than anybody. One of the things that struck me was a whole page of questions on why I would buy a new car—'Thinking of the last car you bought, what was the main reason?' I could tick things like the colour, that it was sporty, that it could carry a good load, that it was good off-road, but nowhere did it ask me was it actually functional for an older person. If they do not ask that question, then the designers do not know that that is important and, as a result, we have designers continuing to build for the people in their immediate sphere of influence. By the time those designers get to a stage where they need it, they are no longer designers. They are retired or moving out of the work force and so they lack the influence to make the change.

CHAIR—Going back to Jill's question, has your coalition had any discussions with the deans of architectural schools, for example?

Ms Fowler—No, not yet. Trevor and I have certainly had some contact with lecturers in architecture at Adelaide University, but we have not gone that next step, no.

Mr Heath—But we have held seminars for the building industry. We held that down at Clipsal.

Ms Fowler—We have had two of those for the building industry.

Mr Heath—Rob Gerard sponsored those. We thought getting him involved would help, sort of tied in with the building industry. We get the more astute builders and people involved, but it is not across the board by any means yet.

CHAIR—Do you think now, in terms of public buildings, government owned buildings and so on, disabled access is obviously accepted and that is part of the building for those properties?

Ms Fowler—We would really like to say yes.

Mr Heath—The public expect it to be there. They are shocked if I point out a building that is not. Unfortunately, there are still examples where buildings are not. I can take you round the streets of Adelaide and show you examples, and it tends to be really silly things. When it is finished being built, there is a step into it. Steps on the footpath are almost impossible to retrofit. You are going to have to demolish part of the front of the building to do it, because you cannot build a ramp on the footpath. It is very frustrating.

Mr Harrison—To get back to your training, it shows you how much training needs to be done. We have had various indicators. We have got AS1428 and that is a very technical document. That shows you exactly where to put a switch, but people who are doing these things have trouble reciting the BCA, let alone Australian standards, and to build something truly accessible you need to know why the switch is actually at 900. If you do not know that, it will go anywhere. So, yes, there is a real need for that sort of training virtually across the board, from your local government to your architects and further a field.

CHAIR—Do you want to add anything?

Mr Heath—Yes. There would be some specific initiatives we would like to see the federal parliament enact. If I could start off, the Fraser, Hawke, Keating and Howard governments all had a policy that the Commonwealth bureaucracies would only go into public buildings that were accessible. That is something that has been very useful. We would like to extend that. We feel that Commonwealth tax dollars that are spent on housing should only be spent on housing that has the potential to be used by the whole community, and there are some specific areas. Of course, I have mentioned Aboriginal housing and Defence Force housing already. Even in our defence forces a lot of those houses need to be accessible because a lot of the Defence Force personnel have children with disabilities and there is a whole network out there that are involved in that, so even those houses need to be accessible.

We were wondering whether the Commonwealth could insist that it be part of the state housing agreement. You are providing the money to the states. We think it is reasonable that the money coming from the public should be open to the whole public to use the housing at any time. Maybe nursing homes, hostels or retirement villages, as part of their licensing agreement from the Commonwealth for eligibility for Commonwealth funding, have to meet minimum standards.

CHAIR—Certification is where the building standards come into it, so there is already a process there.

Ms Fowler—Except retirement villages can miss out completely.

CHAIR—Retirement villages do not come under the act but hostels and nursing homes do.

Ms Fowler—So it is the areas on the periphery.

Mr Heath—Even with Commonwealth properties overseas we could show a lead by introducing this internationally. I understand we are going to open the embassy in Baghdad again—Senator Hill I think was down there yesterday—so if we are going to build housing for our staff, let us make sure it is adaptable. I would be quite happy to be a diplomat. You can make me an offer any time.

Ms Fowler—We question should people be able to get their first home buyers grant and then buy a house we can never move into once they have moved out. Should the first home buyers grant be tied to some level of accessibility? The star rating for energy efficiency has been applied and we are not entirely sure how that could work. It could be a dangerous area to get into; you only get one star if you can get in through the front door but you get five if you can go to the toilet and have a shower at the same time—all of those things. There is a model that is quite acceptable in terms of star rating with energy efficiency. Smart housing is smart housing that everyone can use and get in and out of.

CHAIR—Okay.

Ms Fowler—There might be something to build on.

Dr Seeger—As far as commercial developments like the ecocity, presumably that had some form of government support and perhaps there should have been a requirement that it was useable by a lot more people.

CHAIR—Is this the one in Halifax Street?

Dr Seeger—Yes, between Halifax and Gilles, around Catherine Helen Spence Street. If you take a wander down there, you will be surprised at the way they have done it. It is appalling.

CHAIR—If there is nothing further that you wish to add, we have on the second page of the letter six policy initiatives. You have talked to the first three, I think, and the conclusion.

Dr Seeger—And the fifth one.

CHAIR—I am sorry—the fifth one, too. Thank you very much for appearing before the committee and also for your submission. Congratulations on your work in keeping the issue of adaptable housing at the front of minds.

Ms Fowler—Thank you very much.

Committee adjourned at 3.53 p.m.