



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**

WEDNESDAY, 25 JUNE 2003

CANBERRA

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**HOUSE OF REPRESENTATIVES  
STANDING COMMITTEE ON AGEING**

**Wednesday, 25 June 2003**

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

**Members in attendance:** Ms Corcoran, Ms Ellis, Ms Hall, Mr Mossfield, Mr Tony Smith and Dr Southcott

**Terms of reference for the inquiry:**

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

**WITNESSES**

**BRADY, Mr Peter Graeme, Director, Australian Capital Territory Office for Ageing .....541**  
**MacKINLAY, Dr Elizabeth Bernice, Chair, Australian Capital Territory Ministerial Advisory  
Council on Ageing.....541**

**Committee met at 9.30 a.m.****BRADY, Mr Peter Graeme, Director, Australian Capital Territory Office for Ageing****MacKINLAY, Dr Elizabeth Bernice, Chair, Australian Capital Territory Ministerial Advisory Council on Ageing**

**CHAIR**—I declare open this public hearing of the House of Representatives Standing Committee on Ageing as part of our inquiry into the long-term strategies for ageing. Today we will hear from the ACT government. The committee has heard in other areas of the importance of adequate housing, care facilities and social conditions for old Australians. Today's witnesses will assist the committee in understanding the measures being implemented by the government of the Australian Capital Territory to assist the aged and ageing. The ACT government has a unique perspective to offer the committee as it provides services in a unified framework which are usually divided between local government and state or territory governments in other parts of Australia.

I welcome representatives of the ACT government 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 ACT government has made a submission, submission No. 50, 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?

**Mr Brady**—First of all, thank you very much for giving us the opportunity to present to the committee. In addition to the submission we have made, I have this morning lodged a fairly recent document that was released by the government. It will help to inform the committee in its work because it is the latest population projections that have come out of the ABS 2003 census material. In the opening session I would like to go through that new work in a bit of a snapshot way and then maybe talk about the structures and some of the mechanisms that the ACT government have put in place and maybe our relationship with some of the Commonwealth initiatives. One of the key aspects of the work that we are doing is our ministerial advisory council, because they are our direct link to the ACT community. I will work from the overhead presentations.

**CHAIR**—Sure.

*Overhead transparencies were then shown—*

**Mr Brady**—These ACT population figures are to 2032. The committee's work is probably looking up to 2042, but the sorts of elements of this will be just as important. The key thing is that there is a growth rate averaging around 0.8 per cent over the next 30 years. It will continue to grow, then it will flatten out and it will likely decline after about 2050. The total increase of that population over that period is about 67,000. The key elements will be that large increase in people who are over 32, a major decrease in people under 32 and the implications that will have for the planning of facilities and services.

The largest growth area is in people over 65, which is about 57,000 people. At the moment in the ACT that is about nine per cent of the total population and it will grow to about 30 per cent of the population, which will be very important for us. The largest growth is around the 70-year-olds. We have a fair percentage of baby boomers. Although in the ACT we have a lower percentage of people over 65 at the moment, we have the quickest rate of growth because we have such a large number of baby boomers in the community. The other key element, which is about the frail aged, is the expected growth in the 85-plus group. That is looking to quadruple from about 3,000 at the moment to around 15,000. We re-emphasise this issue here of the decline by about 10,000 in the under-15s over that period.

What are the implications for the ACT? While the number of households will grow relatively significantly over that time, the size and composition of them will be very different. Probably in about the next 15 years 50 per cent of all households will be one-person households and the average will be less than two people per household. If you think about the 1970s, the planning and all the infrastructure that we have in the ACT was designed around a mum, dad and two kids and neighbourhood planning and local schools et cetera. This scenario presents a very challenging issue for the way in which we plan our city and the way we use the facilities.

With regard to our relationship with the Commonwealth, there are issues around housing affordability and Commonwealth-state housing agreements in respect of the way we can provide affordable and adaptable housing. In relation to people being encouraged both at the state level and at the national level to stay in their own homes and communities, the designs of those houses need to be adaptable because they currently are not able to do that. They would require major refurbishments.

As I said earlier, there will be a significant decline in the number of younger people over that period. That will have implications for the investment in education; that will decline. Looking at mature age employment, there is the point about whether that investment should be and how it might be diverted to retraining and reskilling older people in the work force.

There are implications for health and community care, such as an increase in mortality rates. Earlier we saw that big growth in 70-year-olds and 80-year-olds. That will have a very important impact on the health services and the types of health services that are being delivered.

I have just indicated a labour force issue. The Intergenerational Report that the Commonwealth Treasury released last year mentioned that, nationally, a decade ago about 140,000 new starts were coming into the workplace. In a decade's time that figure will be about 14,000. We will not get that population through immigration because those issues are happening in other countries faced with the same dilemma. Another issue is a decrease in fertility rates. At the moment ACT labour force participation is at a peak. You will see in those statistics I have shown you that that will continue to decline quite significantly to 2030-40. What does that mean? That is about how do we re-engage older people into the work force, and I will talk a little about some thoughts and ideas that we have.

Another issue I place before the committee for its consideration is concessions. We have done a recent review of concessions in the ACT and, projecting the current population just 10 years out, we are talking about an additional \$14.4 million on the ACT's budget, which is pretty

significant. In essence, the current concessions bill or package is about \$90 million. That will take that up to about \$105 million—that is just leaving things as they are.

I presume the committee is aware that at the last election the Commonwealth made some promises about extending eligibility for the Commonwealth health care card. If that were accepted, that would have some pretty significant costs not only to the ACT but also to the other states and territory. That eligibility related to raising the threshold, particularly for retired couples, to an income threshold of \$80,000. When you consider that many people employed in our office, for example, are single mums earning \$30,000 and do not have access to concessions, you realise there are some real issues around that particular proposal.

The other issue is transport reciprocity. Some work has been done for some considerable time in getting a national reciprocity scheme, particularly in transport. We thought we got to the mark. Again, the Commonwealth made some commitments at the last election about funding that scheme, but it seems to be in limbo. We would be greatly appreciative of anything that this committee might be able to do to move that along.

So what is the ACT government doing to try to plan for these sorts of issues? One of the two key initiatives being undertaken is we have established an office for ageing. It is specifically focused on coordinating a whole-of-government response to issues around ageing, particularly positive or healthy ageing, which is planning for ageing. This office has been established within the Chief Minister's Department. Having it in such an important department helps to give it some substance. We also provide secretariat support for our ministerial advisory council. We manage an interdepartmental committee that is looking at the government's plan for older Canberrans. As I indicated earlier, we are undertaking a concessions review. We are also facilitating elder abuse implementation work, and we are developing some work in respect of positive ageing and imaging.

The other key initiative from an organisational point of view has been establishing the ACT Ministerial Advisory Council on Ageing. I take this opportunity to hand over to Dr MacKinlay, who is the chair of that council. She can talk about the committee and its work.

**Dr MacKinlay**—This has been an exciting time for us. We did not quite get into action in June last year; I was overseas at the time. We are a very representative group on this council. I am delighted with the background. We come from a variety of areas of skills and knowledge in ageing. We have been working to look at where we might be able to action the whole of this and plan for the ageing society. We have done quite a bit of work in planning to examine where we believed it was important for such a ministerial council to be able to serve the needs of the community best.

Initially we looked at all the issues that we thought might come onto the agenda and then we refined our work. We have set up three subgroups. Interestingly, they match quite closely the ACT government plan for older Canberrans. The target area of one of the three subgroups we have set up has been meaningful and healthy ageing. We are very concerned about the fact that growing older in this society is not the only thing; we need to look at the quality of life in ageing. So we are addressing issues to do with attitudes to older people, ageism, the potential for wellbeing in later life. That is one of our subgroups.

The second subgroup is looking at the educational and retraining needs for the employment of older Canberrans. We are very concerned about how people may be meaningfully re-employed and some of the attitudes still in the community—and I am sure you have heard this before—where we are growing older as a society and just perhaps reaching our potential as human beings at about age 55. That is the age all our structures seem to say, ‘Right; go out to rest and enjoy the rest of your lives.’ There may well be some resistance amongst some people who have planned their working lives to do that at 55 and see the kind of picture we are presenting here with the demographics which say that this will not be able to happen, that more people will have to stay on and work in some kind of gainful employment to keep our society going in the future. There are some tremendous issues about how we might action these things, how we may be a society which is friendly to all ages and not only meets the needs of older people but also keeps our society functioning well. So there are needs to look at how we implement these things.

We are concerned about issues of superannuation, that older people are not discriminated against in coming back into the work force and that they have sufficient financial reserves if they do work again, as many probably will be encouraged to do. I understand the Commonwealth is very interested in and concerned about these kinds of issues too, and I do see them as being important. We need to look at projects around re-employment and valuing the skills of older people. We need to look at the whole concept of the use of volunteers—how do we value volunteers, how do we address issues of accountability and responsibility in the work of older people and so forth. So that is one of the areas.

The third area is the planning of accommodation and transport, which we believe also are enormous issues for our community. In our work to date in that area we have been concerned that in some areas, for example looking at transport issues, people do not seem to have taken on board the particular issues that older people may have. There is a different agenda sometimes that looks broadly across a population but does not look at particular issues for ageing people—their ability to get on and off buses, their ability to get transport at the time of day they may need transport and so forth. So there are a number of issues there.

Those are our three main areas that we are involved in. Obviously we are very much supporting the work on elder abuse. We are at the stage of developing our business plan and coming to develop tasks that we think will be achievable in the short term as well as in the longer term and that we can do things that will help to raise the profile of elderly people within the community.

**CHAIR**—Thank you very much. In the section on health and community care you have said that the ACT government believes that the Commonwealth government must do much more in this area, specifically talking with respect to dental and podiatry services. Haven’t these always been traditionally, historically, areas for the state and territory governments?

**Mr Brady**—The state and territory governments have taken a major role in those areas, but over the last few years there has been a cutback in funding in those areas from the Commonwealth to the states and territories.

**CHAIR**—Are you referring to the Commonwealth Dental Scheme?

**Mr Brady**—Yes.



**CHAIR**—This scheme was announced in 1993 and was planned to run for four years and had no funding in the forward estimates from the Commonwealth government's point of view. On the issue of respite care you have also said:

The ACT Government sees respite care as a high priority and believes that it is substantially under-funded by the Commonwealth Government.

That is easy to say. I have a ministerial media release which refers to a report released yesterday on respite care which does not seem to bear out that assertion. Do you stand by that comment, that you believe it is substantially underfunded by the Commonwealth government?

**Mr Brady**—When we provided this submission, which was last year, this was the advice I had from our health department. I have not seen the material that you are referring to there.

**CHAIR**—I will read you some of it:

A report released today by the ACT Health Minister has found that providing better respite services for the people of Canberra is not only an issue of more funding but about achieving broader cultural changes, greater flexibility and more client focussed services for carers and care recipients.

I would have thought that is more balanced. It is very easy for the ACT government to say that the Commonwealth government should do more.

**Ms ELLIS**—Chair, could that information you have there be copied and supplied to us, please? I have not seen it either.

**CHAIR**—We will do that now.

**Ms HALL**—And also to the representatives of the ACT government, because it is very unfair to question somebody about something that they have no knowledge of.

**CHAIR**—It is a media release from the Minister for Health of the ACT government on respite care—yesterday.

**Ms HALL**—Yes, but they were not necessarily supplied with the media release.

**Ms ELLIS**—If you could circulate that, that would be useful.

**CHAIR**—Okay.

**Mr Brady**—I think the point that was being made there was to try to identify those areas of interest, if I can put it that way, to the Commonwealth where we can work together. Part of the presentation, which I did not conclude, shows that we work very closely with the Department of Family and Community Services and the Commonwealth office for seniors, and there is a mechanism through that process. If it appears as if it is having just a one-sided point of view, then I apologise in that regard, but we are just trying to highlight some of those key areas that we would like to have looked at in respect of our relationships with the Commonwealth.

**CHAIR**—Your submission has bouquets and brickbats, and I just wanted to question some of the brickbats.

**Ms CORCORAN**—I am not too sure whether Mr Brady has finished his presentation. The overhead transparencies suggest that Mr Brady is only halfway through his presentation.

**Mr Brady**—If I could, because it will help make that point that we are not just about having a go at the Commonwealth; there are a lot of the things that we are doing collectively and we are doing with the states as well. There are two other slides. There is one about a national healthy or positive ageing task force, which the ACT government is a part of. It was established by the Community Services Ministers' Council in 1996. It is really about trying to get a whole-of-nation look at ageing. Two to three years ago a strategic plan came out that provides the framework in respect of a whole range of issues, which Dr MacKinlay has touched on, which can come underneath issues such as mature age employment, the positive healthy ageing and around that physical planning. They are picked up in that. So our plan for older Canberrans will sit in underneath that. So there is a relationship we have with the Commonwealth and the states in that regard.

The other slide is on how, from the ACT's perspective, the mechanism sits together with the ministerial advisory council, which provides direct, unfettered advice to the Chief Minister. He has encouraged the council members to provide frank and fearless advice. We service that particular committee from a secretariat point of view. We are developing the government's plan for older Canberrans. The national strategy feeds into that. There is some of this other research and there are those other national and state plans. I wanted to emphasise the point that it is a collaborative piece of work that we are trying to do.

**CHAIR**—Thank you very much for your submission. I am sorry that I interrupted you before you had completed it. I would like to ask you about the issue of concessions. As I understand, the Commonwealth government did say they would negotiate with the states and territories to see whether they could extend concessions to areas that were state instrumentalities—state transport or whatever. In your submission you said that the Commonwealth would cover only 50 per cent of the cost of what I presume are ACT government type concessions. What sort of figure do you think would be appropriate for the Commonwealth to pay in terms of submissions for, I presume, things like public transport, electricity, water and so on?

**Mr Brady**—I think the issue comes back to the eligibility. All of the states and territories use the Commonwealth health card or the pension card to determine whether or not a person is eligible. The Commonwealth proposal was to raise that eligibility to \$50,000 for a single person and \$80,000 for a couple, and provide 50 per cent of the funding for a four-year period. We have just seen the figures, and we know we are talking about an increase from nine to 30 per cent in an ageing population. The real killer or the real issue is around the eligibility more than saying the Commonwealth will provide this assistance for state-funded services. It was for a limited period, it was a percentage payment and, as I said, that critical aspect of raising the eligibility will put an enormous cost on state and territory budgets.

**CHAIR**—So the Commonwealth seniors health card is more generous than the current concessions available to seniors in the ACT?

**Mr Brady**—In Australia.

**CHAIR**—In Australia?

**Mr Brady**—Yes.

**CHAIR**—How does the ACT government deal with low-income self-funded retirees who are not eligible for a Commonwealth health card or social security card?

**Mr Brady**—We do it a couple of ways. Firstly, it is through the range of services that the government will provide. Secondly, it is through the seniors card program. Thirdly, one of the key elements of our current review of concessions is looking at how we can adjust the program to focus on low-funded or low-income self-funded retirees and the disadvantaged. One of the things that have unfortunately happened with concessions—and this is across the country, and I guess it is at the heart of the problem I have mentioned in respect of the Commonwealth's offer—is this eligibility issue. Successive governments have used concessions as a way to reward for other things—for example, veterans gold cards.

There are concessions for the disadvantaged and people in poverty. Is the way to reward a person who has given military service through a concessions program, or are there other mechanisms of rewarding those people? As I say, I think it has been a feature of governments of all persuasions that the concessions regimes become very difficult because of eligibility and allowing other people into that process. We should really be focusing on whether both the eligibility and the product that you are trying to deliver are really going to low-income, disadvantaged citizens.

**CHAIR**—I take your point. As politicians, we often saw people who were on much lower retirement incomes than the maximum here and were not eligible for a Commonwealth health card or the old social security card, and they felt that, taking into account the concessions they were not eligible for, they were worse off having provided either part or all of their retirement income themselves through their savings. As I understand it, that is why I presume the Commonwealth seniors health card was something a bit over what had been done in the past.

**Ms HALL**—I would like to return to the issue of respite care. Do you have any information on how many respite care beds there are in the ACT and on the waiting time for and availability of respite care beds?

**Mr Brady**—I do not have those figures with me, but I can table those for the committee, yes.

**Ms HALL**—That would be very useful. Also in relation to respite care, what support groups and support services are in place for carers?

**Mr Brady**—At the moment the ACT government is doing a review of carers and its respite care policies et cetera. That work has not been concluded. Maybe it is a bit premature to provide a response on that.

**Ms HALL**—Dr MacKinlay, would you like to comment?

**Dr MacKinlay**—No, I will just leave it at that. I think it is a bit premature to respond to that.

**Ms HALL**—Your submission was obviously made last year.

**Mr Brady**—Yes.

**Ms HALL**—In that you talk about an affordable housing task force and the fact that it was due to make recommendations in October last year. Have those recommendations been made, and are there some specific recommendations that we as a committee should be looking at?

**Dr MacKinlay**—MACA saw the recommendations and spoke with a member of the task force. We were not happy with what came forward from there because we believed that in fact they were not looking to the needs of older people. I subsequently wrote to the task force, and there has not been a response. I believe we need to push for more in that area. I had a sense that there was not an understanding of the needs of older people specifically.

**Ms HALL**—That is very interesting, isn't it?

**Mr Brady**—Yes.

**Dr MacKinlay**—Yes.

**Ms HALL**—Did it look at the issues relating to people with disabilities?

**Mr Brady**—Yes, it did.

**Ms HALL**—Quite often they are different, but quite often they are lumped together, aren't they?

**Dr MacKinlay**—Yes, and I do not think there was an understanding of the differences at all.

**Ms HALL**—The other issue I want to touch on is the ACT initiatives and identified problems in relation to employment.

**Mr Brady**—As I indicated before, a key issue in relation to mature age employment is discrimination. Employers, and that includes government as well, are discriminating in respect of promotions and once you get to 50, particularly if you are male, you are not the flavour of the month.

The other issue in respect of discrimination in a reverse way is superannuation policies, particularly issues such as the CSS encouraging you to go at 55. So there are issues about how superannuation policies could be tweaked, changed or adjusted to encourage people of that age to stay in the work force. There are areas relating to taxation—and, again, these are important areas for this committee to examine because of the Commonwealth's major role in taxation—and about how policies or current regimes could be adjusted to support or encourage people.

With regard to the figures nationally that I mentioned before, if we are talking about moving from having a decade ago 140,000 people coming into the workplace to having in a decade's

time only 14,000, that will be an enormous decline in participation rates. To encourage people back into the work force there needs to be a number of strategies. From the ACT's point of view, we are developing a mature age employment strategy. We are looking at ways in which we can develop training programs that will assist older people. They have a very different modus operandi to younger people.

**Ms HALL**—This is upgrading skills and computer literacy—that type of thing?

**Mr Brady**—Yes. Also, those of us who have teenagers will recognise that the way that they approach their work or their environment is very different to people like me as a 55-year-old. We grew up with things that were mechanical, and we were always taught to be very gentle and very careful when you put things together or fixed them and there was a logic about it. I think older people take that sort of thinking into the workplace. Older people are very reliable and very responsible, but when they move into a modern workplace where there are young people—I see my teenagers with mobile phones, PCs and whatever, and they have no fear about something breaking; they just get in and do it—they may look as though they are not confident, they are slow or whatever.

I think there needs to be some appreciation of this in the way training programs are developed so as to accommodate that. We are working with, again, the Commonwealth, with the Commonwealth department which is holding a symposium in September on mature age employment. That has been initiated by the Commonwealth department. We will be a party to that, as Elizabeth says, through our ministerial advisory council. It is a key issue that is part of that work.

So I guess overall we are trying to look at those issues that the Commonwealth have responsibility for or take leadership in, and that is around superannuation and taxation. We will be trying to press them in those areas to look at how those regimes can be adjusted to bring people back into the work force. At a state and territory level we will be developing training programs, in consultation or collaboration with the Department of Employment and Workplace Relations but certainly through our own training areas, that can reskill older people and bring them back into the work force.

**Ms HALL**—My final question is for the ACT Ministerial Advisory Council on Ageing. The key issues of concern that you identified were mature age employment, retraining and reskilling, which you have mentioned here. But the one I would like Dr MacKinlay to expand on is healthy and meaningful ageing—looking at the attitude to ageism and how that relates to the wellbeing of older Australians.

**Dr MacKinlay**—Actually, it is interesting because in action that has proved to be our most challenging of the three subgroups that we had. It was much easier in relation to the other two aspects to see something concrete that needed to be done and deal with that. Healthy and meaningful ageing has implications for the other two aspects as well, but it is much more nebulous because it is addressing things to do with our attitudes towards older people and it is addressing the whole issue of what it means to be growing older. Extra years of life without meaning in them are pretty useless. If all we can do as a society is increase the length of a person's life without any quality to that, then we really have not done very well.

It seems that a number of issues that come out of this relate to the higher level of suicide amongst older men. That is an often unrecognised factor in our community. We obviously are very distressed when younger people suicide, and rightly so, but there seems to be a really different attitude when this happens with older people. It certainly is a factor with older men much more so than with older women. I think there are critical issues around what it means to be older and living in our current society—around what we have to contribute to wellbeing in later life. That is one of my particular—

**Ms HALL**—How do you think the change in our sense of community and the way our communities operate fits into that? Sorry for interrupting, but if you could include that.

**Dr MacKinlay**—Yes. It is vital we consider that because in recent decades we have pushed the whole focus of autonomy of the individual and the whole process of individualisation, or individuation, if you like, of the human being and that we are individual entities, we look after ourselves and we maintain this focus right across the lifespan. I do not think that is a valuable way for us to go in our society. We need to develop the community aspects which build on interrelationships. With regard to issues relating to vulnerability in later life, we show that we can love and care for each other and provide services for each other; we are not saying, ‘You have failed because you cannot be an autonomous person.’ Our whole ethical environment says that the highest ethical principle is to be an autonomous human being. There is something missing when we go that way. There needs to be that interdependence on each other and the building of strong community.

One the issues around that—with our push to maintain more and more older people in their own homes, which we will be doing, so increasing their frailty, social isolation and spiritual isolation—is that many people do not have strategies to effectively find meaning in life and to have some satisfaction in their later lives. We do not have the skills. We need to skill people in those areas too. We need to walk through with people: ‘How do we find meaning in life; how do I find meaning when I have had a stroke; how do I find meaning when I am living alone, I do not have any friends in this place and I do not have any family; how do I find meaning in that?’ Those kinds of issues are enormous.

Also in relation to healthy and meaningful ageing is the issue of elder abuse, where we do not adequately value people in our society. Some of the ways people are abused, if you like, are very subtle and people with well-meaning intentions may find themselves involved in an abusive situation, perhaps because they do not have the strategies, there is not the community support, they do not understand what is happening and they find themselves caught up in situations that they just do not know how to deal with. So we need to develop right across the board a supportive community network—this goes past the whole economic rationalist type of perspective which has been so prevalent in recent decades—which looks at a new kind of caring community where people support each other, including the needy, the frail, the isolated.

**Mr Brady**—In support of that—in terms of what the ACT government is doing about this—a number of key pieces of work are being done. One is developing and implementing an elder abuse strategy. We have established a task force, the government has provided money in the recent budget and we are working with other states, particularly Queensland and New South Wales, that have established these regimes. We are a long way down an active ageing strategy

which is picking up some of this thinking about isolation in the community. That is about how older people can engage in all sorts of recreation or just being engaged in the community.

As Dr MacKinlay said, the other piece of work is about the images of older people. We are working with local media to try to develop forms of positive images of older people—different strategies targeting the broader community to change those tired and old images of older people.

**Ms HALL**—Do you have a specific program to address suicide in men who are 80 years plus? I know there are programs in that area in other states.

**Mr Brady**—As Dr MacKinlay said, that is a big thing that came up through the work the council did with the Office for Ageing. Yes, that will be part of the plan for older Canberrans. It is a key issue because it is one that nobody really raises. It is almost like people are saying, ‘We won’t talk about that.’ It is really critical because, as Dr MacKinlay said, it is the second highest group who suicide in our community. But we never read about it; we do not hear about it.

**Ms ELLIS**—I am conscious of the time, so I might need to be fairly quick. Can I say at the outset, Mr Chair, that when talking about concessions this committee might find it useful to refer to a report done by the House of Representatives Standing Committee on Family and Community Affairs on concessions at the federal level—it was done from a national perspective—in 1996-97, if I recall correctly, where we saw at the federal level that we very much have a role in looking at the issue of concessions nationally. That report would be useful for us to look at.

I want to go quickly back, if I may, to this vexed issue of respite that we all seem to be talking about. Now that I have seen the press release that was referred to by the chair, I want to comment that I commend the ACT for putting money up front in the current budget to try to begin to address the issue. I just wanted to get your views on a couple of comments. The first one is that, when we look at aged care per se around the nation now, there is an incredibly strong and justified push for more care at home for ACAT-assessed people as an alternative to facility accommodation. Given that, and given that it is a federal responsibility and a federal policy, it seems to me inevitable that there is a federal responsibility to ensure that respite facilities are available to basically support from the base level up people who are participating in the CACPs, the care at home packages for the ageing.

I just wanted to get your comment on that, if I may, and also on another aspect of respite that I think is very important. Inevitably, as with ageing, it does cross over into disability because we have an enormous number—in fact, an alarming number—of ageing and aged people, in the majority of cases now widowed or widowered, who are caring for adult children with disabilities who also require respite. I would imagine through the Commonwealth State Territory Disability Agreement there would be a natural flow of Commonwealth responsibility with the states—not solely, but with the states—to begin to address this better than we are nationally. Everybody says everywhere we go that we have to collectively wear the responsibility—that we are not doing it well enough—to support those sorts of people through that path of Commonwealth responsibility as well. I want to emphasise that it is not just the Commonwealth; it is a joint thing. Could you give a response, as briefly as you can because of time, as to how you feel about both of those comments in relation to respite?

**Mr Brady**—I can only support what you are saying, and I think the other point in looking at those population projections and the issues around disabilities is that, if you look at that material, it shows there will be a growth in the number of people in our community who will be disabled partly through ageing—because of that ageing situation. I think the ACT government agrees that this is an area of collaboration. We recognise that the states and territories have a strong role in this, but it really is a dual piece of work that we need to do. The Commonwealth government has been encouraging, as you say, people staying in their own homes. But there are issues in respect of maintenance of quarter acre blocks and the dwellings themselves being inappropriate in relation to narrow hallways, bath fittings and all of those things. Clearly they are issues at the state level and the local government level. We need to have the right guidelines to have housing that is adaptable. I am drifting a little bit but, for example, just in the ACT, and I know that this is in other areas, the availability of appropriate accommodation that is adaptable for people who are retiring is very limited.

**Ms ELLIS**—I would like to get onto that subject, if I can, in a second.

**Mr Brady**—I agree with what you are saying.

**Ms ELLIS**—I just wanted us to make the point in relation to respite that there is an inevitable Commonwealth connection—

**Mr Brady**—Yes.

**Ms ELLIS**—Given that we are, not by coercion but by encouragement of programming, suggesting more older people who are assessed for facility care actually spend their time in their house and not in a facility.

**Mr Brady**—That is right.

**Ms ELLIS**—Overwhelmingly in the majority of cases they will not do that on their own, so respite is required.

**Mr Brady**—Yes.

**Dr MacKinlay**—Can I just make one point there, too. In addition to the care of the quarter acre block, we run into big problems with the loneliness of those people even though we give them all the physical programs that there are—

**Ms ELLIS**—I agree with you absolutely.

**Dr MacKinlay**—And we need to really actively look at ways of dealing with this issue.

**Ms ELLIS**—I have another very quick question on respite. We all know that when an aged care facility is built one or two beds are usually put aside for respite. I think we need to consider carefully to what degree they are adequately funded in a bed-by-bed funding arrangement. We will not go into the details here today necessarily unless you wish to, but I believe the way they are funded is problematic for many facility operators.



The other very big issue in relation to respite is the actual provision of, for want of a better term, bulk respite places; in other words, a respite facility. Given that in the ACT we have one at Rivett, Burrangiri, the ability for people to access respite there on a non-predicted emergency basis is very difficult. Logically, people need to say, 'We can have grandma in Burrangiri June of next year while we go on holiday,' so they book it up. So there is a dramatic need for appropriate access to respite care by people with an emergency illness in their family; would you agree?

**Dr MacKinlay**—Absolutely.

**Mr Brady**—Absolutely; and there is also the point you touched on a second ago that not only have older people gone through the process of raising their own families but now they are finding themselves in the situation which you talked about in relation to disabled siblings. There are age and grandparenting aspects in relation to that as well now. Not only is there the need for respite care for those children, but lengthening of ageing and the increase in mortality rates et cetera are causing that sort of dilemma.

**Ms ELLIS**—The other really big issue I wanted to touch on relates to planning. I am looking at the summary because I cannot find quickly the comments in here. We have spoken to shire councils and local planning authorities in other parts of the country. Everywhere we go we hear about the difficulties that emerge occasionally with the arrangements regarding the granting of bed licences or aged care places per se—bed licences I am referring to specifically—and the local planning regime that is in place.

Here in Canberra we have PALM, Planning and Land Management, as the bureaucracy involved. To what degree is your office, Mr Brady, working with PALM to overcome what you would understand and we all know are the very apparent problems of where is the horse and where is the cart in planning for aged care places? Keeping in mind that the Commonwealth has a rule of two years from granting of licence to supply of bed, can you explain to us how this is being done now in the ACT and what we need to do to do it better, because I assume we need to do it better?

**Mr Brady**—I think there are two issues there: first, the availability of land in appropriate places; and, secondly, once you have the land, the design of the facility and the issues around that, such as the siting of it. I guess I should say firstly that, yes, we are working with our planning authority, but I am a planner by background and I think there is still an issue, and it is across the nation—Dr MacKinlay raised this as well—in respect of an appreciation of what the change, the shift, in the needs and demands of older people means for a planning regime. It is a shift from that sort of 1970s thinking.

In respect of land, we are working with and trying to push the idea of having a land bank in the ACT so that in relation to timing we do not get into saying, 'This is a good site here, but there is some issue around the Territory plan, there is a planning constraint,' that they can have land in place and a land regime so that there is a land bank. That is the first thing we are attempting to do in working with the planning authority.

A second issue is age. In some cases the Commonwealth is quite specific about its guidelines in respect of nursing homes and those issues. In relation to aged care units which self-funded retirees may want to get into, there are some suggestions about whether 55 is too young or 60 or

65 is the right age. So there is an age issue. We are having a discussion and debate about that with our planning organisation.

**Ms ELLIS**—I am aware of that.

**Mr Brady**—It makes it difficult for some private operators to establish residential accommodation in the ACT. The other issue is in respect of the physical design, as I mentioned a little earlier. I do not think we are putting on the market housing that is both adaptable and appropriate for older people. One of the members of our council moved to South Australia because basically the choice you have here is a four-bedroom house on a quarter acre block or a two-storey townhouse. There really is not that range of housing where you can make choices.

**Ms ELLIS**—Adaptable housing is another issue we have had some discussion about in general terms on this committee. It happens to be a bit of a pet project of mine. If you do not mind, I want to come back to this issue because it is a really urgent and continuing conundrum. Let us say organisation A comes to the federal government and says, 'We want 40 bed licences. We're going to build a new aged care facility.' When it does that, should it already have the land—you are a planner—or should it have its eye on a block of land, or should it buy a block of land that is not zoned for aged care and then have the battle? This is probably the most frustrating conundrum, or one of them, in planning for aged care facilities. I want to talk about them. It seems to us, and we have heard it elsewhere, that there are many variations of how this can be done, most of which can frustrate the two-year time frame for the provision of the facilities. I want to know whether you believe your office is or should be negotiating quite closely with PALM to try to overcome that problem, because I believe it exists in the ACT at the moment.

**Mr Brady**—The short answer is yes, and, yes, we should be part of that regime and we have actually been putting our foot in the door to be part of that regime. I can only agree with what you are saying. Ten or 15 years ago—dare I say it—the old National Capital Development Authority had a three-year rolling program. It was the same situation then in negotiating with the Commonwealth. As you said, there is this issue of applying and the amount of time taken et cetera. When you get it, the client may have identified a piece of land that appears appropriate but the land use policies are not appropriate and they have to go through all this land use policy change. That is why I was talking about a land bank. There needs to be a land bank so that there is land available, the policy is in place and there are no inhibitions in respect of availability. Those negotiations between the Commonwealth and the client could then be done in a much more effective way.

**Ms ELLIS**—In relation to adaptable housing, what programs does the ACT Office for Ageing have—in discussions at a very close range with the MBA, the HIA, the architects of the world in working towards what I think should happen, and that is a change to building codes in Australia nationally—to emphasise adaptable housing? What are you doing about that?

**Mr Brady**—This particular Commonwealth strategy talks about a key thing called inclusive communities or age-friendly communities, which picks up exactly what you are talking about. It is about adaptability of housing, the connection between transport and housing, and—the other part of it—having appropriate planning. It makes a commitment that the Commonwealth and the states will work together from a national and state point of view. The premise is that state and

territory governments set those policies. Local government does not do that. Local government basically has a map with colours on it. But the key principles that overarch that are state aged care policies or aged housing policies.

In relation to this national body, as Director of the ACT Office for Ageing I have taken the initiative of saying we would like to drive a national forum within which we bring in the good—because there are some good developments—the bad and the ugly across the country. We are told that in South Australia and Queensland some good work is going on. So we are driving from here, little old ACT, this particular key result area to get a national forum that will bring together planners, including transport planners, and architects. We have already had part of that process. We have done some initial work with the national MBA, the HIA and the architects institute.

I have a passion for this particular area because it hooks together this issue about isolation and engaging people in the community. Looking at just the ACT, an older person may have a house on a quarter acre block in Campbell, Braddon or somewhere like that, but it is probably lousy from a solar perspective and all of that sort of thing. If they want to move from that, the alternative is going down to Conder and getting a two-storey townhouse there.

**Ms ELLIS**—Or in Deakin. A two-storey townhouse designed for the aged—can you believe it!

**Mr Brady**—This is right across the country. Some good work is going on, but I think the challenge is—and this is why I mentioned and come back to this need for collaboration—in working with both the Commonwealth and the states to change that, because I think that really is the hub. Across Australia we have planners who are locked into a 1970s model. They are locked into planning for households with a mum, dad and two kids. As I said, across Australia 50 per cent of households will become one-person households. That will have an enormous impact with regard to hostels, aged care facilities and transport needs. It is not simply a matter of just saying, 'We have a bus system.' How do people actually get on and off buses? What is the mechanism to do that?

**Ms ELLIS**—I am going to have to let my colleagues ask questions, but could you take this question on notice: do you have available and, if so, could you supply us with the current waiting lists or pressured waiting periods for access to nursing home facility, hostel level and community aged care packages in the ACT? If you could get that and send that, I would be appreciative; thank you. Sorry I took up so much time.

**Ms CORCORAN**—I want to take up the conversation you have just had about adaptable housing and ask what is happening in relation to adaptable commercial premises. I know in my electorate, for instance, there are some public halls I would love to have public meetings in but I just cannot because I know that will disenfranchise a number of older people.

**Ms ELLIS**—The more senior folk.

**Ms CORCORAN**—The more senior people. I am talking about public halls, shops, offices. Is any thought being given to extending this idea about adaptability into public commercial areas?

**Mr Brady**—Yes. It is about all of those forms. I think it is about analysing the needs and demands of a community of that age. We are going to have the most articulate frail aged community we have had. They will probably have more money generally than people of that age group in the past, and they will be quite demanding. In the 1960s they did some pretty radical things. So we really do need to get on our game in those areas. But, yes, it is not just the houses; it is the facilities around there—the juxtaposition of those, the design of those.

**Ms CORCORAN**—And they are being built now.

**Mr Brady**—Some are being built. Some are being done, as I say, very well. But it is how we learn from that, how we can draw on those experiences. The best way to do that is to look at other states where that is happening—I think we have a mechanism to do that through the national forum—and at how we can then use that.

**Mr MOSSFIELD**—You commented on fairness in the workplace, that unemployment of those over 50 is common, that there are insufficient employment opportunities for older people and that mature age people who lose their jobs are most likely to join the ranks of the unemployed. Is that a common problem in the ACT?

**Mr Brady**—It has an element in the ACT as well. We have a larger Public Service work force, so that element is probably not as predominant here as it is in, say, some other areas. The ACTU and the Business Council of Australia have recently done a piece of work. I do not know whether you have seen that particular study.

**CHAIR**—Yes.

**Mr Brady**—They released it fairly recently, and they talk about this discrimination that we are talking about. It is sort of like a covert discrimination where the advertisement will be, ‘We will encourage you if you are under 30 and you are of a particular gender.’ So it was the sort of discrimination that was happening to women in the 1960s and 1970s in the workplace, and it is about breaking down those barriers. Yes, it does exist, and that is why we are attempting to work with our Public Sector Management Group in respect of recognising the ability and the skills of older people in the work force.

**Mr MOSSFIELD**—Have there been heavy retrenchments in the ACT government employment area which would create this group of unemployed senior people?

**Mr Brady**—There have not been heavy retrenchments. Probably the key time that that may have happened in Canberra was around 1996 when we lost about 7,000 jobs. They were probably more in the Commonwealth Public Service than in the ACT Public Service, but that job loss had an enormous impact on the ACT and the ACT economy. My understanding is that a fair proportion of those people would have been in the older age group of the community.

**Ms ELLIS**—Yes.

**Mr MOSSFIELD**—So that would be the group that now is having difficulty finding employment?

**Mr Brady**—That is right.

**Mr MOSSFIELD**—Are there any figures on the number of unemployed mature age people in the ACT?

**Mr Brady**—We do have figures. I do not have them to hand, but I can provide those to the committee.

**Mr MOSSFIELD**—Before we can come up with some solutions, we need to know the numbers, the circumstances in which they found themselves unemployed and what areas they are looking for employment in.

**Mr Brady**—I do not think I am overgeneralising by saying—and certainly the Department of Employment and Workplace Relations has these figures; again, this is off the top of my head—a person might be unemployed for a number of years when they are young but, once they become employed, they are stable in the work force. That is not the case for older people. They have these long terms of seeking employment which tend to go on. Again, some considerable work has been done by DEWR in this regard across Australia, and certainly we could do an extrapolation from the ACT perspective.

**Mr MOSSFIELD**—As you pointed out in your submission, a lot of people are saying there are a lot of unemployed people but nobody is coming up with any solutions.

**Mr Brady**—I think that solution is those key things and, as I said, I think they were identified in the ACTU-BCA report. They identified discrimination, which is what you just touched on. They talked about superannuation and about trying to change that, and about the other one around taxation.

**CHAIR**—There is a division. You will have to excuse us, I am sorry.

**Ms HALL**—Before we leave, can I ask a quick question. You were talking to Annette about planning. Do you think that could be addressed in some way by every application for high-care and low-care beds being accompanied by a certificate stating that applicants have the land and that the land is suitable for that kind of development? Do you think that is one way to address it?

**Mr Brady**—I think that would be a good suggestion.

**CHAIR**—I thank the witnesses who have appeared before the committee today.

Resolved (on motion by **Ms Hall**, seconded by **Ms Ellis**):

That this committee authorises publication, including publication on the parliamentary database, of the proof transcript of the evidence given before it at public hearing this day.

**Committee adjourned at 10.41 a.m.**