



*the voice of older Australians*

# **COMPENDIUM OF POLICIES**

**(POLICY-ON-A-PAGE)**

# Policy Principles

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

## **1 – Maximise the economic, social and political participation of older Australians and challenge ageism**

COTA Over 50s supports policies and programs that encourage and facilitate the inclusion of seniors in all aspects of Australian life.

## **2 – Promote positive views of ageing, reject ageism and challenge negative stereotypes**

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

## **3 – Promote interdependence and consciousness across generations**

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

## **4 – Redress disadvantage and discrimination**

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

## **5 – Protect and extend services and programs that are used and valued by older people living in Australia**

COTA Over 50s develops policies and provides advice on maintaining and improving services and programs that seniors use and value. These include primary health care, hospitals, pharmaceuticals, employment services, utilities, public transport, residential care, housing and community care. It will seek to ensure that there is an adequate 'safety net' of services and income support, which all seniors can access according to fair and equitable criteria in order to maintain a reasonable quality of life.

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## SOCIAL INCLUSION

### KEY POINTS

- Older people participate in and contribute to our community, irrespective of whether they have 'retired', i.e. left paid employment.
- The quality of life experienced by older people is closely related to their ongoing participation in the communities in which they live and their capacity to contribute to those communities and to the perceptions they have of themselves as active participants and contributors.
- Social exclusion has several dimensions:
  - **impoverishment**—being poor in terms of both low income and deprivation.
  - **labour market exclusion**
  - **service exclusion**—lack of adequate access to key services when needed, including public transport, play facilities and youth clubs and basic services inside the home.
  - **exclusion from social relations**—covering non-participation in common activities, the quality of social networks, support available in times of crisis, disengagement from political and civic activity, and confinement resulting from fear of crime, disability and other factors.
- Support, encouragement and the provision of diverse opportunities is critical for older people who wish to participate in the work force and the wider community.
- Social Inclusion policy recognises that problems build up over years across several aspects of people's lives, and promotes action to address causes of exclusion in later life as well as the impacts of life-long exclusion.
- The following conditions and drivers that might cause exclusion in later life must be considered in any development of social inclusion policy and responses:
  - **Age-related characteristics**—the way in which older people are disproportionately affected by certain kinds of losses or restriction relating to income, health or reduced social ties arising from retirement, the impact of the onset of chronic disabling conditions, and living alone.
  - **Cumulative disadvantage**—birth cohorts becoming more unequal over time due to limited educational and work opportunities.
  - **Community characteristics**—the way in which older people who may have strong attachments to their neighbourhoods may also be vulnerable to changes associated with population turnover, economic decline and feelings of insecurity.
  - **Age-based discrimination**—the impact of ageism within economic and social policies, contributing to various forms of social exclusion in old age.

### RECOMMENDATIONS TO GOVERNMENT

1. COTA Over 50s recommends that the *Australian Government* ensure the inclusion of older people in processes, strategies and initiatives to develop policy and responses to social exclusion, and in particular via the work of the Social Inclusion Board.

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## **EMPLOYMENT AND WORKFORCE**

### **KEY POINTS**

- It is important that there be opportunities for people to change the nature and extent of their work force participation e.g. from full-time to part-time work or moving to a different type of occupation. Assistance provided to mature age people should be appropriate to their experience and maturity.
- There has been a low take-up of the tax-advantaged scheme for those who delay taking a pension for up to 5 years and remain in the workforce. COTA Over 50s supports an employment policy that encourages mature age people to work under flexible arrangements, enabling them to change the nature and extent of their labour force participation.
- COTA Over 50s notes that most workers' compensation legislation does not cover workers once they reach the age of 65.

### **RECOMMENDATIONS TO GOVERNMENT**

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

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

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## **EDUCATION AND LIFELONG LEARNING**

### **KEY POINTS**

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

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Implement a policy framework for adult learning as recommended by Adult Learning Australia,
2. Develop an explicit policy of education for older adults,
3. Extend community and internet based learning options,
4. Reduce barriers to existing education and training opportunities for older adults such as costs, time and location
5. Provide incentives for the education and training of older adults in the workplace
6. Foster the development of learning methodologies for older adults.

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## INFORMATION and COMMUNICATIONS TECHNOLOGIES

### KEY POINTS

- Access to accurate and timely information is empowering, so access to affordable communications technology is critical for full economic, social and educational participation.
- Affordable telephone services, a lifeline for seniors, are particularly critical for security, social interaction, access to health and other services, job searching, independence and daily activities.
- To accommodate a diversity of languages spoken, literacy and education levels, and preferences of seniors, multiple strategies are required when disseminating information and designing communication technologies and strategies.
- When providing detailed information to seniors, the most effective strategy is face-to-face consultation in conjunction with take-away material. Hard copy published information is less available for cost reasons, and web-based information alone is inadequate to meet the information needs of seniors.

### RECOMMENDATIONS TO GOVERNMENT

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

1. Ensure that information it provides is distributed in a range of media and made available through a diverse range of outlets.
2. Ensure that rural and remote communities have equitable access to information technology and services and maintain universal service obligations for telecommunications providers.
3. Ensure that line rental and call charges are affordable for pensioners and people on low incomes.
4. Fund, sponsor and partner the development of practical, innovative community education and access programs to assist take-up and effective use of electronic services.
5. Address all service and design standards to ensure that the technology environment is based on a universal life cycle perspective.
6. Ensure that the *Universal Service Obligation* for digital data access is upgraded to include higher data access rates.
7. Address the telecommunications needs of consumers in aged care facilities and other institutions, and group accommodation such as caravan parks and rooming houses. Residential aged care providers should be required to install telecommunications cabling in each resident's room and be allocated funds to upgrade existing facilities for this purpose.
8. Involve users with a range of capabilities and limitations in testing all new products and equipment before installation.
9. Provide alternative methods of access without financial penalty for those unable or unwilling to access them electronically.
10. Ensure that all building codes specify that all new dwellings must be connected to the phone network.

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## **VOLUNTEERING**

### **KEY POINTS**

- In 2000, both the volunteer rate and median hours were slightly higher for older men (except for median hours in the oldest age group—over 75 years). Currently, around 350,000 seniors actively volunteer in organisations and groups each year.
- Welfare and community organisations attract the highest levels of volunteering among seniors (51%), comprising almost half the hours devoted to these organisations (42%).
- Seniors are more likely than younger people to be involved in religious organisations (23% of volunteers aged 65 and over), health organisations (12%), and arts/culture groups (6%).
- Recent ABS figures support the value of volunteering to the community, for example, the 510,100 hours annual contribution of women over 65 equates to \$10,202,000 at a rate of only \$20 per hour.
- Many seniors can ill-afford out-of-pocket costs associated with their volunteering, e.g. petrol and transportation to and from volunteering sites.
- Recent COTA surveys have shown that increasing numbers of seniors are compelled to withdraw from volunteering because they cannot meet the costs involved.

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Promote and support the payment of legitimate out-of-pocket expenses for community volunteers.

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## **GRANDPARENTING**

### **KEY POINTS**

- There has been a rise in the numbers of grandparents taking on the role of raising their grandchildren.
- According to the Australian Bureau of Statistics, across all people aged 65 and over, five percent spent a considerable amount of time, an average of 11 hours per week, on childcare activities. Often this was informal care of grandchildren.
- Grandparents provided care in almost 70% of households that received informal care for a child aged eleven and under.
- When grandparents take on the primary care role for raising grandchildren, they frequently suffer considerable strain as they cope with often-traumatised children and their own grief and loss, and anger. The reasons may include the fact that the children's parents can no longer care for them, e.g. through death, ill health or drug or alcohol abuse.
- Taking on primary caring responsibilities can occur at a time when the grandparents still have other children at home, may themselves be working or maybe they are enjoying freedom from family responsibilities in a well-earned retirement. They suddenly face major upheaval and considerable extra costs associated with raising children, especially financial, legal and social costs, with little or no outside support.

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Fund and support a national Grand-parenting Association and state and territory based related associations.

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## **INDIGENOUS and C.A.L.D. COMMUNITIES**

### **KEY POINTS**

- Older people from indigenous and culturally and linguistically diverse communities often experience particular barriers to participation.
- The community more broadly has a responsibility to help reduce those barriers through mechanisms such as cultural sensitivity programs, language learning and a willingness to actively engage with minority group members, especially in decision-making relevant to their situations and in supporting their community leaders.
- The impact of ageist attitudes to older minority group members may be compounded by racism, by lack of English language skills, and by mainstream misunderstanding of different cultural mores.
- Older people from both mainstream and minority groups require targeted policies to enable them to contribute to and participate in the wider community.

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Develop a National Strategy for Indigenous Ageing that focuses on the particular needs and aspirations of Indigenous seniors.
2. Implement strategies to increase the social connectedness and health of Indigenous people.
3. Implement an effective national Indigenous health and aged care policy to ensure equitable access to mainstream and Indigenous specific health and aged care services.

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## HOUSING

### KEY POINTS

- The vast majority of seniors wish to age in place, remaining in their homes and chosen social environment. Older people are often forced to leave those parts of our community that have been anchor points in their lives; the family home, cultural and spiritual communities, friends and colleagues.
- The highest level of need occurs among those who have insecure tenure and older people in private rental accommodation. Public housing has now become an option available only to people in crisis. Older people who are at risk of homelessness is a significant issue.
- Much 'purpose built' housing for older people does not meet Australian standards for people with declining and limited mobility
- Planning and development systems have not in practice allowed for subdivision that can keep older people in their own homes or at least have options in their own locality.
- Design standards and assistive technologies exist that are appropriate for people of all ages and physical capacities. These standards and technologies are utilised in very few new or upgraded dwellings, including those being purpose-built for use by older people.
- It is vital that access be provided to services and facilities that allow people to live as independent citizens in our communities.

### RECOMMENDATIONS TO GOVERNMENT

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

1. Re-establish a public housing policy, and upgrade and increase public housing stock.
2. Enable seniors on the full age pension in private rental accommodation to access good quality community and public housing.
3. Ensure that all publicly owned housing stock occupied by seniors meets an acceptable standard of 'seniors friendly' design – that is, meets universal design standards.
4. Fund an educational program to assist seniors to become fully aware of the pitfalls, costs and often limited benefits of Home Equity Conversion (reverse mortgages).
5. Investigate ways to assist seniors unable to relocate for financial reasons to do so when they need to move to access health and other aged care services.
6. Expand home modification and other schemes that assist seniors to remain independent.
7. Amend the Building Code of Australia to incorporate Universal Design Principles in all housing construction.

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## TRANSPORT

### KEY POINTS

- Many seniors rely on public transportation and community transportation for participation in the social and economic life of the community as well as for access to essential services.
- Lack of access to shopping facilities and services such as banking and utility providers are other well documented inhibitors to our ongoing independence as we age.
- Most outer urban areas and rural areas are poorly served with public transport. There are few services and little integration between various modes of transport. Driving a private car is not an option for many.
- Lack of Australia wide travel concessions is a major disincentive to interstate travel by seniors.
- The use of private cars predominates in infrastructure provision. Those people, including older people, who are at home during the day, live in a network of largely empty roads that inhibit contact and interaction with others living in the area. People without private cars are faced with infrequent transportation services that operate on routes that are unlikely to go to the services and facilities needed, and unlikely to take older people to friends and relatives.
- Public transportation is designed for highly ambulatory and agile people. Older people, along with single parents, are the groups in our community most isolated from bus stops and train stations.

### RECOMMENDATIONS TO GOVERNMENT

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

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

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## HEALTHY AGEING

### KEY POINTS

- The health of individuals and societies is directly related to social inclusion/exclusion.
- Healthy Ageing involves the three components of health, participation and security. It requires inclusive communities that foster and value the participation of all people, 'age friendly' environments, and positive attitudes and behaviours that prevent disease and promote well-being.
- There is a strong correlation between socio-economic status, wellbeing and health status across all age groups, no less for seniors. Underemployment and unemployment also result in a lack of wellbeing and deteriorating health status.
- To effectively meet the needs of seniors, health services should have the capacity to provide a diverse array of flexible supports and care that are responsive to individual need, underpinned by the principles of healthy ageing.
- Empowering individuals by adopting a healthy ageing paradigm supports the efficiency and sensitivity of health services by:
  - reducing demand
  - enhancing accountability and diversity
  - ensuring that the recipient's needs for independence, participation, care, self-fulfillment and dignity are acknowledged by service providers.
- Healthy Ageing for Indigenous people must be given high priority. Aboriginal Australians and Torres Strait Islanders have a shorter life expectancy than other Australians with many dying from preventable diseases. Available evidence from the Australian Institute of Health and Welfare (AIHW) suggests that Indigenous seniors continue to suffer a greater burden of ill health than other Australians.

### RECOMMENDATIONS TO GOVERNMENT

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

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

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## HEALTH COSTS and FUNDING

### KEY POINTS

- Seniors need more government assistance with the costs of and access to healthcare.
- All Australians should have access to high quality, affordable healthcare, medication and pharmaceuticals.
- Funding imperatives can distort **access to hospital care**. Private hospitals may accept the most profitable patients while public hospitals shorten hospital stays.
- Less than one third of acute care beds in Australia are in the private system. Public hospitals take on most of the acute care, which is more expensive to provide.
- A network of integrated health services should have the capacity to provide a diverse array of flexible supports and care that are responsive to individual need and underpinned by the principles of healthy ageing.
- Medicare underpins Australia's health system. The government encourages seniors to maintain a private health insurance policy and offers them a higher rebate.
- Access to bulk billing went through a period of decline during the last ten years, and has not yet returned to the 80% enjoyed in 1996-97.
- Lack of access to bulk billing creates serious hardship for low-income people with complex and chronic conditions.

### RECOMMENDATIONS TO GOVERNMENT

COTA Over 50s that the *Australian Government*:

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

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## **INTEGRATED HEALTH SERVICES**

### **KEY POINTS**

- An efficient and effective health system should provide a network of integrated health services. Patients need to be part of an Enhanced Primary Care Plan with their GP who can then refer them to an allied health professional. Seniors on low incomes and who have only basic levels of health insurance often cannot afford to access these services.
- The incidence of chronic conditions and the need for allied health services is recognised to be highest amongst those seniors least able to afford such an expense. Lack of access to such services can mean an increase in the use of pharmaceuticals. This is a false economy if underlying conditions remain untreated and are allowed to deteriorate until they require more expensive and radical treatments.
- Barriers to effective hospital discharge planning represent a complex problem with the current Australian health system. Many seniors need convalescent care and support after episodes of acute care.
- Lack of appropriate sub-acute facilities, e.g. rehabilitation and convalescent care, may result in delayed discharge, placement in an inappropriate setting or a return home without necessary support services.
- Post discharge community care services are often inadequate and poorly planned. General Practitioners are not an integral part of most discharge planning.

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Adopt a healthy ageing paradigm to underpin the efficiency and sensitivity of health services.
2. Increase seniors' access to allied health services through the extension of Medicare Items and the extension of coordinated care and multipurpose services.
3. Implement co-ordinated care practices throughout the health system, including:
  - individualised care planning
  - a more organised approach to prevention, early intervention and treatment
  - pooling of funds
  - linking of medical services with community services.
4. Fund an extension of the successful components of the Co-ordinated Care Trials and the Enhanced Primary Care projects.
5. Develop, implement and monitor in conjunction with the States/Territories, a national framework for discharge planning and provision of post acute and convalescent services or facilities, including those in the community.
6. Increase funding to States/Territories to help overcome the problems of early discharge and provide more convalescent care of older patients.
7. Ensure that adequate support services in discharge, post-acute, convalescence and rehabilitation back-up acute hospital service facilities are provided.

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## **MENTAL HEALTH and PALLIATIVE CARE**

### **KEY POINTS**

- Mental Health is recognised by the World Health Organisation (WHO) as crucial to the overall wellbeing of individuals, societies and countries. Mental Health and Dementia have gained recognition as National Health Priorities.
- Many seniors suffer from depression and mental illness, often misdiagnosed as old age or dementia. Under the Mental Health Strategy there is a specific plan for young people, but no comprehensive plan for older people.
- Commonwealth, State and Territory governments, palliative care service providers and community based organisations collaborated in developing a *National Framework for Palliative Care Service Development* (2000) under the Australian Health Care Agreements.
- There is a large unmet need for palliative care in public hospitals, in aged care facilities and in the community and a shortage of palliative care nurses.

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Develop and fund a national mental health strategy for seniors.
2. Increase provision of high quality palliative care so that it is available for all people with terminal illnesses.
3. Ensure that palliative care is available at home, in residential aged care or in hospices.

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## PHARAMACEUTICALS, AIDS & EQUIPMENT, HEARING

### KEY POINTS

- The Pharmaceutical Benefits Scheme (PBS) that provides access to affordable education is a critical part of the health care system. Currently, the PBS is threatened by funding pressures, and inappropriate listing and de-listing of drugs. Education is an important mechanism for restraining inappropriate growth in PBS expenditure.
- Affordable aids and equipment are vital to ensure quality of life and continuing independence for seniors with disabilities or chronic conditions. Lack of appropriate aids and equipment can lead to increased disability and illness, e.g. falls, injuries to carers. State based schemes such as *Program of Aids for Disabled People* are systemically under-funded and there are long waiting lists for assistance.
- The Commonwealth Hearing Services Program provides hearing assessment, hearing rehabilitation and selection and fitting of hearing aids, free of charge to eligible people.

### RECOMMENDATIONS TO GOVERNMENT

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

1. Provide funds for better and increased drugs education for doctors, consumers and pharmacists to restrain inappropriate growth in PBS expenditure.
2. Expand the Quality Use of Medicines program.
3. Close loopholes in the Medicines Australia Code of Practice and enforce strict controls on the direct and indirect advertising and selling of pharmaceuticals.
4. Ensure stronger price negotiation with pharmaceutical companies, particularly where sales exceed estimates.
5. Provide greater transparency for the reasons for de-listing drugs from the PBS.
6. Provide a consumer impact statement prior to delisting any PBS drug. Provide rebates through Medicare for hearing assessments conducted by an audiologist without a referral from a general practitioner. Entitle Commonwealth Seniors Health Card holders to use National Hearing Services. Provide pensioners with the same entitlements offered to veterans.

COTA Over 50s recommends that *Private Health Funds*:

7. Cover hearing assessments, hearing devices and audiologists' rehabilitation services.
8. Provide means tested financial assistance to disabled seniors for purchase of aids such as walking frames, chairs and wheelchairs.
9. Provide free of charge, hypodermic syringes with medically prescribed injectable drugs.
10. Ensure that private health funds cover the costs of aids for long-term medical conditions such as support stockings and gloves.

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## DENTAL HEALTH SERVICES

### KEY POINTS

- Dental health care is a national health issue and is a fundamental necessity for an individual's healthy ageing.
- The state-funded programs have not filled the gap left by the federal program, which was abolished in 1996.
- Many seniors are now missing out on dental care with public dental hospitals and clinics either not accepting any new cases or reporting waiting lists of well over 12 months.
- Low-income people receive no Commonwealth-funded assistance to maintain their oral health. The financial and health costs of poor and neglected oral health are well documented<sup>1</sup>.
- The Econotech report ***Economic Analysis of Dental Health for Older Australians*** (September 2007) provides a detailed discussion of key issues. It is located at:

[http://cotaover50s.org.au/e107\\_files/COTA\\_documents/publications/reports/economic\\_analysis\\_dental\\_health.pdf](http://cotaover50s.org.au/e107_files/COTA_documents/publications/reports/economic_analysis_dental_health.pdf) .

### RECOMMENDATIONS TO GOVERNMENT

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

1. Develop and fund a national dental and oral health plan, specifically for older Australians, both in the community and in aged care facilities. The national plan should:
  - Focus on preventative dental services.
  - Ensure that treatment is appropriate and timely.
  - Enable the public dental service to contract private dentists or services.
  - Ensure that people in rural and remote areas have access to public dental services.
  - Ensure that people with special needs including those in residential aged care have access to public dental services.
  - Be funded through Medicare or an alternative comprehensive program.
2. Provide catch-up funding to clear the back-log of waiting lists for state public dental health services.

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<sup>1</sup> Econotech , *Economic Analysis of Dental Health for Older Australians Report*, for COTA Over 50s & ADIA September 2007

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## AGED CARE

### KEY POINTS

- Government funding and intervention in the development, monitoring and delivery of aged care is essential in ensuring an aged care system which meets the needs and promotes the dignity, respect and rights of older people.
- Quality aged care includes person centred care that focuses on dignity and respect for the older person; environments and facilities that are of high standard and ensure the safety and needs of the older person are met; the development, implementation, monitoring and review of standards of care delivered by a trained and qualified workforce.
- Aged care should be planned to ensure equity across people on low incomes, people in regional and remote areas, CALD communities, Indigenous communities.
- Funding and models of aged care should ensure the long-term viability and development of high quality services and accommodation.
- Aged care should maximise autonomy, independence and participation of older people incorporating an active service model and working in partnership with family and friends of the service user.

### RECOMMENDATIONS TO GOVERNMENT

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

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

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## CARING RESPONSIBILITIES

### KEY POINTS

- The amount of care and support provided for older people by family members, including those who are themselves old, is more than that provided by the formal aged care sector.
- Indigenous older people, and people whose children are ill and/or have alcohol and other drug addictions, are particularly likely to have high levels of responsibility for care of their grandchildren.
- Many of the people providing this care are of workforce age and their care responsibilities reduce their capacity to provide for themselves in later years.
- The HREOC report *It's About Time: Women, Men, Work and Family* (2007) contains a number of recommendations relating to the care of older people and of people providing care for older people.

### RECOMMENDATIONS TO GOVERNMENT

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

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

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## AGE DISCRIMINATION

### KEY POINTS

- There is a low level of uniformity and enforceability of Federal and State age discrimination legislation across Australia, and no designated Commissioner for Age Discrimination. This means that individuals may be treated very differently in law, depending on where they live.
- The *Federal Workplace Relations Act 1996* prohibits age discrimination in termination of employment. Numerous exemptions undermine the effectiveness of the Act. There is a provision for exemption on the grounds of 'cannot meet the inherent requirements of the particular employment because of age'. This has a substantial impact on the ability of older people to achieve a strong level of social inclusion and community participation.
- Under the *Safety, Rehabilitation and Compensation Act (1988)*, a worker is no longer entitled to weekly compensation payments for incapacity to work due to injury if the injury occurred after their 64th birthday. Furthermore, workers who were injured before they turned 64 are not entitled to incapacity to work payments after their 65th birthday. Similar discriminatory restrictions apply to workers aged 63 and over.
- There is a lack of uniformity of Powers of Attorney across Australia, with widely differing requirements for signing, registration and execution of Powers of Attorney. An Enduring Power of Attorney created in one State is not automatically valid in every other State.
- After the age of 70 years, women no longer receive reminder letters for their mammograms from Breast Screen. These letters are only sent to women over 50 because younger women have denser breast tissue which often prevents accurate diagnosis. Younger women can access BreastScreen for a free mammogram if there are concerns.

### RECOMMENDATIONS TO GOVERNMENT

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

1. Develop and implement an education campaign to ensure and support the implementation of the Age Discrimination Act in the community.
2. Evaluate and review the implementation of the Age Discrimination Act with a report to Parliament within five years of its enactment.
3. Amend other federal laws which embody discriminatory provisions, following a review of all Commonwealth legislation.
4. Ensure that complainants under the Commonwealth Age Discrimination Act are not prevented from taking cases forward due to cost or other barriers.
5. BreastScreen send reminder letters for breast cancer screening to women irrespective of the fact they are over 70 years of age.
6. Rehabilitation services be equally available to all patients who could benefit from them, regardless of age.

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## ELDER ABUSE

### KEY POINTS

- Abuse of an older person is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be physical, sexual, financial, psychological, social and/or neglectful behaviour.
- Abuse of older people has been well documented and can happen to anyone regardless of gender, where you live, cultural or religious background or income.
- Abuse involves a breach of a person's rights. Some of these breaches may be criminal or civil offences, whilst others contravene legislation such as those governing Aged Care,
- Guardianship and Powers of Attorney can be complex due to the relationships involved, the possibility of more than one form of abuse occurring at the same time, or more than one alleged abuser.
- A major area of concern is that of **financial abuse**. This is the illegal or improper use or mismanagement of a person's money, property or resources. Examples of financial abuse include:
  - forging or forcing an older person's signature;
  - abusing joint signatory authority; misusing ATMs and credit cards;
  - cashing an older person's cheque or pension without permission or authorization;
  - getting an older person to sign or change a will, deed, contract or power of attorney through deception, coercion or undue influence.

### RECOMMENDATIONS TO GOVERNMENT

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

1. Promote greater focus on elder abuse research and implementation of projects related to the reduction of abuse.
2. Establish a standardised definition of elder abuse and mandatory-reporting requirements that are uniform and effective.
3. More accurately record and assess the causes of elder abuse and measurement of frequency.
4. Develop prevention, treatment and intervention programs that respond in an effective and efficient manner to cases of elder abuse.
5. Improve access to independent financial advice.
6. Provide for national regulation of mortgage brokers.
7. Improve advertising regulations.

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## **PENSION & RETIREMENT INCOMES**

### **KEY POINTS**

- There are significant income inequalities amongst seniors.
- Most retired Australians are on a low income - for 75% a pension is their principal source of income - 48% of retired people are among the poorest 30% of Australians.
- Today's older people and those close to retirement have not had the benefits of the Superannuation Guarantee. Women in particular, experience the effects of interrupted work on saving for retirement.
- Recent changes in superannuation and income tax have increased benefits to older people on middle and higher incomes . Meanwhile those whose sole or primary source of income is the pension continue to struggle.
- Many manage in ways that adversely affect their health, and well-being and limit their social connectedness and community activities.
- Community standards say a modest lifestyle needs close to \$372 single and \$520 couple. (Westpac ASFA Index)
- We are looking for a "fair go" across all age groups in the community including people on Disability Support Pensions.

### **RECOMMENDATIONS TO GOVERNMENT**

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

1. Establish a "Cost of Living in Retirement" benchmark that is kept up-to-date with the real cost of living a healthy life as an active member of the community.
2. Guarantee that, for each person, the combination of income from private sources (savings, superannuation, etc) and government sources (pension, supplements, etc) ensures a decent standard of living.
3. Until the new "Cost of Living in Retirement" is implemented, set the age pension at 35% of Total Male Average Weekly Earnings. Implementing two-thirds parity between the single and couple rate, the single rate would be \$375.30 per week (June 2008) and the couple \$562.95 per week.