



## **Inquiry into Policy Implications of an Ageing Community**

**Prepared by COTA WA**

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## COTA WA

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## CONTENTS

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1	
Contents.....	2
Executive Summary. ....	5
Submission to the Inquiry into Policy Implications of an Ageing Community.....	8
About COTA WA .....	8
1. Introduction.....	10
2.2 Concessions, social participation and mental health issues.....	14
2.3 Concessions in the Seniors Strategic Planning Framework 2012-2017 .....	16
2.4 Ways forward for concessions and age-friendly communities.....	16
3. Housing .....	17
3.1 Access to affordable housing .....	17
3.2 Homelessness.....	18
3.3 Policy coordination .....	18
3.4 Emerging issues.....	19
3.5 Appropriate housing .....	19
3.6 Housing in the Seniors Strategic Planning Framework 2012-2017 .....	21
3.7 Ways forward for housing and age-friendly communities .....	21
4. Health.....	22
3.6 Health in the Seniors Strategic Planning Framework 2012-2017 .....	25
3.7 Ways forward for health and age-friendly communities.....	25
5. Social isolation and loneliness.....	26
5.1 Social isolation in the Seniors Strategic Planning Framework 2012-2017..	28
5.2 Ways forward for social isolation and age-friendly communities .....	28
6. Employment .....	29
6.1 The exclusion of older Australians from the workforce .....	29
6.2 The importance of older Australians being welcome in the workforce .....	31
6.3 The pool of older workers: existing and potential .....	33
6.4 Barriers to the employment of older workers .....	36
6.5 Employment/recruitment/career development services for older Western Australians.....	38
6.6 Employment in the Seniors Strategic Planning Framework 2012-2017.....	45
6.7 Ways forward for employment and age-friendly communities .....	45
7. Ageing and disability .....	46

7.1 Introduction.....	46
7.2 Aims of the paper .....	47
7.3 Changing Environment in the Disability Sector.....	47
7.4 Growth in the Number of People with Disability.....	49
7.5 Diversity amongst People with Disabilities .....	50
7.6 Age as the Determinant.....	51
7.7 Interface between Disability Service and Aged Care Services .....	52
7.8 Changing Nature of Services.....	54
7.9 Health .....	54
7.10 Mental Health Services.....	56
7.11 Employment .....	56
7.12 Income Security.....	58
7.13 Transition to Retirement .....	60
7.18 Disability and ageing in the Seniors Strategic Planning Framework 2012-2017 .....	67
7.19 Ways forward in disability and ageing .....	67
8.1 Indigenous people and ageing in the Seniors Strategic Planning Framework 2012-2017 .....	68
8.2 Ways forward for Indigenous people and ageing .....	68
Conclusion.....	69

## EXECUTIVE SUMMARY

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Council on the Ageing Western Australia Inc. (COTA WA) is the state's peak non-government seniors' organisation. Established in 1959, COTA WA has many proud achievements and is widely respected for its evidence based policy work.

Western Australia has been a leader in encouraging and assisting Local Government Authorities to adopt and age-friendly communities approach based on The World Health Organisations' Active Ageing Policy Framework (2002) [http://www.who.int/ageing/publications/active\\_ageing/en/](http://www.who.int/ageing/publications/active_ageing/en/) underpinning the age friendly communities approach, which encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

Successive governments have failed to adequately plan for the ageing population – the strategic framework is not a planning document and nor does it make any commitments to specific actions to address the many issues and concerns that are arising as the population ages.

While age-friendly communities are a valuable tool in addressing some of the presenting problems, much more work needs to be done to make WA truly age-friendly.

Despite long standing evidence and a plethora of reports, the failure of successive governments to adequately plan and implement sustainable and appropriate policies to meet the needs of an ageing population in Western Australia are evident in many areas, including:

- Concessions and retirement incomes
- Housing
- Health
- Social isolation and loneliness
- Employment
- Indigenous ageing

We suggest a number of ways forward to address these issues:

### **Ways forward for concessions and age-friendly communities.**

- Lack of a funded peak seniors' organisation makes it almost impossible for the seniors sector to provide government with high quality, evidence based research and assist in policy development. This is surprising in view of the Partnership Agreement and related policies which give the not for profit sector a key role in assisting the State government. We recommend that the State Government provides adequate funding for a not for profit peak seniors' organisation.

- A comprehensive review of concessions is required to improve the efficiency, equity and targeting of seniors concessions within a comprehensive policy framework which provides long term sustainability. We recommend that Treasury, Department of Premier and Cabinet, Department for Local Government and Communities and COTA WA work together to conduct this review, and that adequate funding is provided to COTA WA to enable us to fully participate in that review.
- Ongoing research into retirement incomes and the social impact on seniors of changes to fees, charges and concessions should be commissioned.
- The costs and benefits of concessions in terms of social participation and alleviation of mental health problems amongst seniors should be documented and the findings published.
- Concessions should be targeted to assist those seniors who are most likely to become socially isolated to participate fully in community life.
- The strategic framework should be supplemented by an overall plan for ageing in Western Australia, with clear evidence based policy directions and an implementation plan that will result in well targeted, equitable, efficient and sustainable concessions for seniors.

#### **Ways forward for housing and age-friendly communities.**

- The key issue in seniors housing is that of supply of appropriate and affordable housing. This is an issue that can be dealt with neither by Local Government Authorities, nor the Department for Local Government and Communities.
- The State Government should investigate ways to finance and build the stock of housing available to seniors as a matter of urgency.
- Greater coordination of effort is required to expand the stock of age-friendly housing and housing related services for seniors. The Department of Housing should have primary responsibility for doing so.

#### **Ways forward for health and age-friendly communities.**

We concur with the **Seniors Strategic Planning Framework 2012-2017**, "What will help" in terms of promoting health and wellbeing:

- provision of information to support and inform individual life-style planning and decision making, including planning for end of life issues;
- promoting healthy eating and physical activity at all ages;
- ongoing education about the risks of smoking and harmful levels of alcohol use;
- preventive health measures to reduce the risk and impact of chronic disease and injury;

- initiatives to maintain physical functioning and protect against falls and other injuries;
- Increased investment in physical activity for seniors by the WA Government both to continue supporting Living Longer Living Stronger and develop the Active Living Coalition would be appropriate.

### **Ways forward for social isolation and age-friendly communities.**

Social isolation and loneliness in later life is predictable and can be dealt with, in many cases, if appropriate programs are provided. While there are some resources available in the community for this purpose, they could be expanded at relatively low cost. COTA WA is well placed to do so.

### **Ways forward for employment and age-friendly communities.**

In the absence of government funding for this purpose, COTA WA has applied for funding from the Ian Potter Foundation to pilot an innovative employments service for older people. We believe that such a service should be supported by the State Government.

Skills shortages will occur in various employment sectors if nothing is done to retain and recruit older workers. We commend the WA Public Sector Commission's work, 'A Guide to Managing an Ageing Workforce: Maximising the experience of mature-age workers through modern employment practices' in this area and recommend that it be promoted and extended to the Local Government (through the Integrated Planning Framework) and private sectors.

The WA Government should mirror the SA Government's commitment to increase the proportion of older South Australians who are engaged in the workforce by ten percentage points by 2020. (*South Australia's Strategic Plan* SA Department of the Premier and Cabinet 2011).

### **Ways forward in disability and ageing.**

The paper strongly recommends the need for strong advocacy to engage government of all tiers, community organizations and disability and age care organizations to make a concerted effort to improve a range of services to facilitate positive ageing for people with disability. Although the paper identifies several areas for improvement, it prioritizes the following areas as requiring immediate attention:

- community attitudes;
- interface between aged care and disability services;
- income security;
- transition to retirement; and
- access to legal assistance.

### **Ways forward for Indigenous people and ageing.**

A stronger focus on the needs of older Aboriginal people is required to overcome the disadvantage that they experience. Enhancing engagement between governments at all levels and Aboriginal people should be a priority to ensure that they can enjoy the benefits of an age-friendly community.

## About COTA WA



Council on the Ageing Western Australia Inc. is the state's peak non-government seniors' organisation. Established in 1959, COTA WA has many proud achievements and is widely respected for its evidence based policy work.

COTA WA is a member of the COTA Federation, comprising COTA's in every Australian State and Territory. We are a participant in international forums such as the International Federation on Ageing and national bodies such as the National Aged Care Alliance.

Councils on the Ageing throughout Australia support the policy principles of COTA Australia:

**Policy Principle 1**

Maximize the economic, social and political participation of older Australians and challenge ageism. COTA supports policies and programs that encourage and facilitate the inclusion of seniors in all aspects of Australian life.

**Policy Principle 2**

Promote positive views of ageing, reject ageism and challenge negative stereotypes. COTA supports initiatives that recognise the capacities and contributions of seniors and actively combat ageism. COTA 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.

**Policy Principle 3**

Promote interdependence and consciousness across generations. COTA 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.

**Policy Principle 4**

Redress disadvantage and discrimination. COTA 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 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.

**Policy Principle 5**

Protect and extend services and programs that are used and valued by older Australians. COTA 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.

## 1. Introduction

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Western Australia has been a leader in encouraging and assisting Local Government Authorities to adopt an age-friendly communities approach based on The World Health Organisations' Active Ageing Policy Framework (2002)

[http://www.who.int/ageing/publications/active\\_ageing/en/](http://www.who.int/ageing/publications/active_ageing/en/) which underpins the age friendly communities approach.

***Active ageing is the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age.***

An age-friendly city encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age.

It is a matter of acute concern that older people, and the community as a whole, now face the prospect of “big bang” policy interventions that could have been avoided had governments responded to the available evidence many years ago. Australian State and Federal Governments have failed to plan effectively for the consequences of an ageing population despite the fact that the need to do so has been known for many years. For example, the 2002 Intergenerational report [http://www.budget.gov.au/2002/03/bp5/html/02\\_BP5Overview.html#P9\\_23](http://www.budget.gov.au/2002/03/bp5/html/02_BP5Overview.html#P9_23) stated:

*Australia is well placed to meet the challenges an ageing population presents. Australia's superannuation system generates private saving for retirement, complementing an age pension system that is better targeted and more affordable than in many other industrialised countries. In addition, Australia's health system is very efficient by international standards. Furthermore, Australia's social welfare payments are well targeted and government debt is low.*

And

*Although the ageing of the Australian population is not expected to have a major impact on the Commonwealth's budget for at least another 15 years, forward planning for these developments is important, to ensure that governments will be well placed to meet emerging policy challenges in a timely and effective manner.*

However, by 2013 the Productivity Commission

<http://www.pc.gov.au/research/commission/ageing-australia> noted that:

*In 2005, the Commission reported that timely action to address the consequences of demographic change could avoid the future need for 'big bang' policy interventions later. Over eight years later, the discussion of the possible opportunities and policy challenges presented by an ageing population seems to have waned. Even with ever more information on trends, the near inevitability of significant fiscal and policy consequences of demographic change seems not to have created much genuine desire for reform.*

Despite long standing evidence and a plethora of reports, the failure of successive governments to adequately plan and implement sustainable and appropriate policies to meet the needs of an ageing population in Western Australia are evident in many areas, including:

- Concessions and retirement incomes
- Housing
- Health
- Social isolation and loneliness
- Employment
- Indigenous ageing

## 2. Concessions

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### 2.1 Concessions and retirement incomes

Concessions are an important aspect of retirement income policy and should not be seen in isolation from other aspects of retirement incomes. While measuring poverty is fraught with difficulty, on some measures, poverty amongst seniors appears to be prevalent and increasing:

*Among senior citizens, the problem is even more severe. An estimated 40 percent of Australian seniors live in poverty. This figure is especially alarming when compared to the country with the least amount of senior poverty, the Netherlands, where only 1.7 percent of senior citizens live below the poverty line. - See more at: <http://www.povertyliving.com/2013/07/poverty-in-australia-statistics-and-facts/#sthash.gbevH99Q.dpuf>*

Concessions policy epitomises the lack of a planned and co-ordinated approach to the ageing population, despite having been discussed in state government reviews and recommendations having been made to inform the development of an efficient and effective system.

The Auditor General first advised the state government to adopt a co-ordinated whole of government approach to targeting, monitoring and evaluating the social concessions systems in 1992. Between 1997 and 1999, the Ministry of the Premier and Cabinet chaired the Review of State Government Social Concessions and its report was endorsed at standing committee level but was never released or its recommendations implemented.

The Review of Administration and Management of State Government Concessions undertaken by the Social Policy Unity, Department of Premier and Cabinet; Office of State Revenue, Department of Treasury and Finance in 2008 made fifteen recommendations in relation to concessions policy development and administration. The recommendations were not implemented.

The Economic Audit Committee in its 2009 report, *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes*, noted:

*The management of payments and concessions to individuals is highly dispersed and imposes high costs on government, outsourced providers and recipients. The 114 social concession programs in place in 2007-08 were managed by 30 agencies. The confusion surrounding eligibility for payments and concessions available to individuals leads to eligible citizens missing out on receiving payments to which they are entitled. The Committee's First Report noted that existing ways of managing payments undermines financial transparency and sustainability. Many concession and rebate schemes rely on a degree of 'self-selection' with eligible individuals needing to seek information relating to the schemes and submit an application. Any major change in information availability or economic circumstances may lead to a significant increase in the number of claimants, with resultant increases in expenditure.*

And

*...demographic change associated with an ageing population is likely to increase the community's call on existing concessions, as approximately 55 per cent of payments and concessions to individuals are targeted to pensioners, seniors, and veterans.*

And recommended:

*Streamline payments and concessions to individuals to:*

- a) better target individuals most in need;*
- b) reduce administrative costs through:*
  - i) consolidating processing and administration to a single point in government;*
  - ii) exploring the aggregation of subsidies and concessions to individuals into a single transfer payment from government;*

and

*c) improve eligible users' access, including through citizen-centred information and communication technology solutions.*

Since that time the WA Concessions Web Portal has been established and has somewhat improved access and administrative issues identified in b) i of the recommendations.

Policy issues related to concessions include:

- Variations in eligibility criteria for the many and various concessions that are available, and varied eligibility criteria for similar concessions – e.g. the criteria for the concession on annual water supply charges rebates varies between the Water Corporation, Aqwest and Busselton water;
- Consumers are confused by different concessions having similar titles, e.g. “Concessional Rate of Duty on Residential Property” compared to “Residential Rate of Duty Concession”;
- Concessions have misleading titles, e.g. the “ Cost of Living Rebate” is a payment and the “Cost of Living Assistance Payment” is a rebate;
- Application processes vary widely and can be very complex, deterring eligible people from applying;
- Differing applications processes which appear to be unrelated to the value of the benefit and some low value concessions require significant proof of eligibility, while other, higher value payments, do not;
- Lack of monitoring of continuing eligibility means that some ineligible concession holders may continue to receive benefits e.g. the limitation on Seniors Card holders of working no more than 25 hours per week is not monitored;
- Lack of sustainability given the increase in the number of potential claimants as the population;
- ages;
- Disparate levels of benefit and targeting of concessions;

- Lack of an overall strategic concessions policy framework.

## 2.2 Concessions, social participation and mental health issues

The impact of concessions on facilitating social participation, reducing social isolation, and increasing mental health and wellbeing should not be ignored. The concessions that have most impact on this agenda are the drivers' licence, motor vehicle licencing and public transport. Volunteering is one of the ways in which seniors both "give back" to the community and gain a sense of personal worth and community involvement. The value to the economy of volunteering has been well researched:

*A University of Adelaide study has found that volunteering in Australia is now worth more than the mining industry, declaring the true extent of its monetary value to be more than \$200 billion a year.*

*Its economic contribution to Australian society outstrips revenue sources from mining, agriculture and the retail sector, according to Dr Lisel O'Dwyer, a Senior Research Associate in the University's School of Social Sciences*

<http://www.probonoaustralia.com.au/news/2012/08/volunteers-worth-more-australia-mining#sthash.qkp4z2BA.dpuf>

Viewed in this light, concessions that facilitate volunteering are a net benefit, not a cost, to the community, and it is vital that the concessions framework is well targeted and structured to facilitate the continuation of seniors' volunteering.

As you grow older, you face significant life changes that can put you at risk for depression. Causes and risk factors that contribute to depression in older adults and the elderly include:

- Health problems – Illness and disability; chronic or severe pain; cognitive decline; damage to body image due to surgery or disease.
- Loneliness and isolation – Living alone; a dwindling social circle due to deaths or relocation; decreased mobility due to illness or loss of driving privileges.
- Reduced sense of purpose – Feelings of purposelessness or loss of identity due to retirement or physical limitations on activities.
- Fears – Fear of death or dying; anxiety over financial problems or health issues.
- Recent bereavements – The death of friends, family members, and pets; the loss of a spouse or partner.

With public attention firmly focused on the increase in the suicide rate among people under the age of 35 in the last 20 years, few people are aware that those aged 75 years and over, particularly males, remain at very high risk. In fact, older people's access to mental health services has been falling behind the rest of the population and suicide in Australia is highest among men aged 85 and over.

<http://www.australianageingagenda.com.au/2014/01/28/sight/>

The Senate Community Affairs Reference Committee reported on their inquiry into Suicide in Australia last year with a particular focus on youth and younger adults. This continued the trend, since the 1990s, of Australian political inquiries into suicide focusing on younger age groups without regard to older people. Yet over the century of official suicide statistics in Australia, suicides have predominantly occurred in older people.

In fact, worldwide, suicide rates are highest in this age group, being approximately three times higher than in people under 25.

There are age-related reasons for mental disorders. In old age, common reasons include pain and discomfort associated with physical illnesses, loss of independence, social isolation and loneliness, and a diminishing circle of family and friends.

Concessions can play an important role in alleviating depression and suicide amongst seniors, and it is important that concessions are well targeted to meet the needs of older people at risk of mental health problems and suicide.

COTA WA notes that:

COTA's policy principles refer to redressing disadvantage. Current concessions are inequitable. Lack of means testing results in seniors with higher incomes and higher assets receiving similar benefits to low income seniors (or greater benefits). This compromises the impact of concessions in reducing disadvantage i.e. the money currently spent on concessions could be used to greater benefit in redressing disadvantage if the concessions were better targeted and programs better designed.

- Truly age-friendly communities embrace the three pillars of the Active Ageing Policy Framework, health, participation and security. While the current age-friendly communities initiative reflects these core values, much more could be done by way of a planned, coordinated and well-targeted approach to concessions to make this a reality.
- Planning for financial security in later life is a long term activity. People have made plans in light of existing concessions frameworks. Any sudden change to concessions (such as those which may occur in consequence of the Federal Government's unilateral termination of the National Partnership Agreement on Certain Concessions for Pensioner Concession Card and Seniors Card Holders from 1 July 2014) will seriously disrupt these plans. Seniors' finances are largely inflexible and sudden changes to income streams which have been anticipated and acted upon in good faith, can be catastrophic.
- Many of the current concessions are poorly targeted and poorly designed. For example, the country aged pension fuel card is unrelated to transport needs of the seniors receiving it or to their transport costs, with the same amount of money being attached to it irrespective of residence in Pinjarra or Wiluna, Bullsbrook or Kununurra where transport costs clearly differ widely.

- While concessions may be seen as reducing poverty amongst seniors, there is little evidence of the effectiveness of concessions in achieving policy outcomes (and in many cases, the policy outcomes are unclear).
- The array of concessions available and the multiplicity of funding bodies and funding arrangements lead to inefficiency and also to confusion/difficulty for claimants. While the concessions portal is a great improvement on the previous situation, many seniors are still unaware of what concessions are available and where to access them.
- Concessions can enable seniors' social participation and involvement and this can sustain volunteering rates as well as reducing the risk of social isolation, mental health problems and suicide.
- The term "concessions" is somewhat patronising and could be construed as age discrimination.

### **2.3 Concessions in the Seniors Strategic Planning Framework 2012-2017**

Economic Security and protection of rights is identified as a "pathway" in the Seniors Strategic Planning Framework 2012-2017. The document refers to the Seniors Card and the concessions available to seniors, but makes no recommendations as to policy directions. In this respect, the Framework is fundamentally flawed and inadequate given the importance of concessions and retirement incomes.

Community participation and ageing well are identified in the Seniors Strategic Planning Framework 2012-2017 as "Key Factors" and "Planning Needs". "Promoting health and wellbeing" and "Opportunities to contribute" are identified as "Pathways", but there are no clear directions, policies or practices are identified to achieve these goals.

The absence of a planned and coordinated approach to concessions reduces the potential impact of adopting of the age friendly communities work being undertaken in Western Australia.

### **2.4 Ways forward for concessions and age-friendly communities**

- Lack of a funded peak seniors' organisation makes it almost impossible for the seniors sector to provide government with high quality, evidence based research and assist in policy development. This is surprising in view of the Partnership Agreement and related policies which give the not for profit sector a key role in assisting the State government. We recommend that the State Government provides adequate funding for a not for profit peak seniors' organisation.
- A comprehensive review of concessions is required to improve the efficiency, equity and targeting of seniors concessions within a comprehensive policy framework which provides long term sustainability. We recommend that Treasury, Department of Premier and Cabinet, Department for Local Government and Communities and



COTA WA work together to conduct this review, and that adequate funding is provided to COTA WA to enable us to fully participate in that review.

- Ongoing research into retirement incomes and the social impact on seniors of changes to fees, charges and concessions should be commissioned.
- The costs and benefits of concessions in terms of social participation and alleviation of mental health problems amongst seniors should be documented and the findings published.
- Concessions should be targeted to assist those seniors who are most likely to become socially isolated to participate fully in community life.
- The strategic framework should be supplemented by an overall plan for ageing in Western Australia, with clear evidence based policy directions and an implementation plan that will result in well targeted, equitable, efficient and sustainable concessions for seniors.

### 3. Housing

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#### 3.1 Access to affordable housing

Access to affordable and appropriate housing is a key issue for older people, influencing their wellbeing, their capacity to continue to contribute and their choices about support and care as they age. Housing is a key component of the cost of living for older people, particularly for those who do not own their own homes.

The majority of older people are homeowners with around 78 per cent owning their home outright and another 6.5 per cent having a mortgage. There is some evidence from AHURI and others that home ownership is declining and the number of older people with a mortgage is increasing.

The private rental market is often the only option for older Australians as there is a critical shortage of public and social housing in Australia. Currently around 12 per cent of people over 65 are renters, with a third of them in public housing and two thirds in private rental accommodation.

As this quote from one of our members shows, private rental prices are increasingly beyond the capacity of people living on income support or low incomes:

*“My wage has not matched the housing market for rental and we are being forced into a downward spiral regards accommodation.”*

Housing stress is a cause of homelessness with the latest data on the use of specialist homelessness services showing that 36 per cent of clients cite reasons relating to housing affordability as the reason for needing to use the service.

Commonwealth Rent Assistance often means the difference between having and not having a home. However, it has not kept up with the increases in private rents,

particularly in metropolitan areas, and does not reflect the geographical difference in rents that people face. Whilst we see long term solutions for increasing the supply of affordable housing as critical, an increase in the CRA for the lowest income groups is an important measure as it would start to reduce the gap between the level of subsidy received by people in public housing and people in private rental who may have similar incomes and needs.

COTA believes this is an important measure that would move some of the more disadvantaged people out of the risk of homelessness.

### **3.2 Supply of affordable housing**

The longer term solution to housing affordability requires action on the supply of housing. Demand side actions – i.e. actions that increase demand for housing while not increasing its supply - will inevitably increase prices and reduce access to housing for lower income seniors.

The supply of social housing which provides an essential part of the housing stock by providing low income people and people who are homeless or at risk of homelessness with a pathway to secure long term accommodation must be increased. It is the long term tenure as well as the low rent which make it particularly valuable to older people so they do not have to move around, can maintain links to a community and feel confident about accessing services if they need them.

There needs to be renewed investment in social housing to increase the stock of housing for low income households. COTA supports the call from ACOSS and others for a dedicated Affordable Housing Growth Fund which could be financed by the use of a Housing Supply Bond to leverage private investment into affordable housing. This funding could only be used to expand the stock of affordable housing but be flexible enough to allow housing providers to provide mixed tenure developments.

### **3.3 Homelessness**

COTA is concerned about the increase in homelessness amongst older people, particularly older women, and the increase in older people suffering from housing stress. There was an increase of 14 per cent between 2011-12 and 2012-13 in the number of people over 55 seeking support from specialist services. This underestimates the number of people who are homeless or at risk of homelessness amongst older people as many are reluctant to use specialist services, particularly when they are homeless for the first time. In the absence of adequate Commonwealth funding to meet the growing needs of the homeless, the State Government must step in to fund homeless services.

### **3.4 Policy coordination**

The WA Department of Local Government and Communities has been strong in the area of providing age-friendly housing information publishing their age-friendly homes checklist kit and age friendly home maintenance kit. The Disability Services

Commission has published the Liveable Homes materials and the Department for Commerce has funded the Seniors Housing centre, which are all laudable achievements and contribute towards age-friendly housing in WA. Regrettably, these initiatives are somewhat uncoordinated although the State Budget announcement that DLGC will contribute \$100 000 p.a. to the Seniors Housing Centre's outsourced activities may see some greater coordination of effort. Interestingly, however, the Department of Housing has not participated in any of these activities.

### **3.5 Emerging issues**

An area for concern for COTA is the growth in the number of people opting to live in "lifestyle villages" and caravan parks. These are often seen as affordable types of retirement living as they have lower capital costs than retirement villages and do not attract the same level of management and ongoing fees. They give people the chance to downsize and to sometimes have a 'sea or tree change'. This form of accommodation can give some people the chance to move from private rental into something they can own if they have a modest superannuation lump sum that they can use for this purpose.

COTA's concerns are around the lack of consumer protections for people living in this form of accommodation. They are not covered by the retirement village legislation and are not always adequately covered by the residential tenancy legislation. The recent successful campaign against the ATO draft ruling about these not being permanent homes clearly illustrates the somewhat precarious nature of their right to remain. We will continue working with the Park Home Owners Association and other seniors' groups who are making submissions to the review of the Residential Parks (Long Stay Tenants) Act and the Caravan Parks and Camping Grounds Act that are currently in train.

Housing tenure is enormously important to seniors. Lotterywest funding under the Social Research Program has enabled COTA WA to employ University of Western Australia staff to conduct a study into all tenure types and this research will be published at the end of July. The committee will be kept informed of the findings of this important study.

### **3.6 Appropriate housing**

Too often the only affordable housing is not appropriate, either because of its design, or its geographic position and lack of proximity to necessary services.

For people to be able to age in place successfully, the house they live in needs to be appropriate to their changing needs. For this reason COTA was part of the National Dialogue on Universal Design and is currently on the Board of Liveable Housing Australia which is responsible for promoting the liveable housing design guidelines for new dwellings. The Liveable Housing standards are voluntary and take up has been slower than anticipated. For the moment COTA does not support making the standards mandatory but believes there need to be some more initiatives developed to encourage their adoption by both consumers and the building industry.

COTA also believes that housing built using government funds, either through a social housing or through schemes such as the (recently abandoned) National Rental Affordability Scheme, should have a requirement that dwellings meet at least the silver Liveable Housing standard, to ensure some degree of accessibility. The Liveable Housing standards only apply to new dwellings and so do not address the needs of the majority of older people, home owners and renters, who live in established accommodation which is clearly not suitable for them. Right sizing allows older people to accommodate their life as it changes, frees up housing stock for the broader community and can reduce the cost of ongoing service delivery. For homeowners there need to be some incentives to encourage them to 'right size' so that their accommodation better meets their later life needs.

The research report from AHURI (Judd, B., Liu, E., Easthope, H., Davy, L., & Bridge, C. (2014). Downsizing amongst older Australians. AHURI Final Report No. 214) looked at reasons why people would want to downsize and the barriers they face. The key barriers to downsizing were housing availability and affordability. The report identifies three broad areas for future policy work including improving the supply of appropriate dwellings in the right areas, removing financial disincentives and finding ways to offer support to address psychological and practical barriers. COTA would support more work in all three areas.

The pilot program to assist with downsizing introduced in the 2013-14 federal budget attempted to address one of the financial disincentives that people face by allowing them to keep some of the capital gains from downsizing without affecting their eligibility for the age pension. COTA believes that, with some adaptation, this pilot should be continued by the State Government (as it has been scrapped in the recent Federal Budget) for its full three years, be fully evaluated and then could form the basis for a broader set of initiatives to encourage right sizing.

For renters there would need to be some incentives for landlords to modify existing accommodation to make it more appropriate. This could be done by extending the home modification program or through the taxation system.

COTA WA notes that:

The World Health Organisation's Active Ageing Policy Framework specifies security, including housing security as a pillar of active ageing.

Seniors are increasingly vulnerable to housing insecurity.

The supply of appropriate, affordable housing is inadequate to meet current and future demand. Without intervention, homelessness and marginal housing amongst seniors will inevitably increase.

### **3.7 Housing in the Seniors Strategic Planning Framework 2012-2017**

Housing is flagged as an essential service in the framework, which also makes reference to the Seniors Housing Centre and other initiatives.

The age-friendly communities guidelines provided by WHO emphasise the need for consultation with seniors, and housing has been a key issue raised in those consultations. While Local Governments do not have primary responsibility for the provision of housing, there are important planning issues that have been flagged and to this extent, the age friendly communities initiative has been worthwhile.

### **3.8 Ways forward for housing and age-friendly communities**

The key issue in seniors housing is that of supply of appropriate and affordable housing. This is an issue that can be dealt with neither by Local Government Authorities, nor the Department for Local Government and Communities.

The State Government should investigate ways to finance and build the stock of housing available to seniors as a matter of urgency.

Greater coordination of effort is required to expand the stock of age-friendly housing and housing related services for seniors. The Department of Housing should have primary responsibility for doing so.

## 4. Health

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Not only are people living longer, but they are living healthier than at any time in human history. This is a cause for celebration, which should not be denigrated by the fears that the ageing population will bankrupt the community.

Recent research (*The ageing of the Australian population: triumph or disaster? A report prepared for the Monash Centre for Population and Urban Research Katharine Betts, April 2014*) suggests:

*Data on 31 OECD countries also show that there is no statistically significant association between the proportion of the population aged 65 plus and health-care expenditure as a percentage of GDP.*

And

*Medical research also shows that the physical and mental health of older people is improving and that only seven per cent of Australia's recent increase in health-care costs is due to aging.*

Department of Health and Aged Care Occasional Papers: New Series No. 7 *The Ageing Australian Population and Future Health Costs: 1996- 2051* states:

*The results show that the changing demographic composition of the Australian population will have a considerable, but arguably nevertheless manageable, effect on the projected cost of health services. The increase in the recurrent expenditure due to population increase and the ageing of the population on acute care, MBS and PBS will doubtless present significant challenges to health planners and policy makers, but the costs appear to be manageable in the sense that the projected annual rates of increase are below the average annual rates of increase of GDP recorded in Australia over lengthy periods (so that health care cost should not - by virtue of the progressive ageing of the population alone - increase as a proportion of national expenditures over the longer term).*

While medical technology and interventions certainly assist older people in living longer and better, and improvements in health care add to the costs borne by individuals and governments, medicine alone is not the key to good health. Prevention is better than cure, in many cases, and we submit that greater attention needs to be paid to prevention of ill-health over the life course, including in later life.

Research (*Physical activity as medicine: time to translate evidence into clinical practice; Br J Sports Med 2011;45:158*) shows that physical activity is one of the ways forward in preventing many of the conditions which we associate with ageing:

Sedentary lifestyle is a dangerous modern health threat. Physical inactivity is linked to almost all common health problems including cardiovascular diseases, type II diabetes, obesity/overweight, cancer, dementia and depression. Furthermore, the great value of

physical activity in the prevention and treatment of disease has been proven over recent years. Physical activity is essential for improved health as well as for longevity. The last decade has also provided strong data that counselling on physical activity in healthcare is effective.

Indeed, physical activity has been shown to be at least as effective as drugs in dealing with many conditions according to a recent study reported in the British Medical Journal which analysed controlled trials covering over 300000 people (Comparative effectiveness of exercise and drug interventions on mortality outcomes: meta epidemiological study *BMJ* 2013; 347):

*...our review collectively included 305 randomised controlled trials with 339 274 participants. Across all four conditions with evidence on the effectiveness of exercise on mortality outcomes (secondary prevention of coronary heart disease, rehabilitation of stroke, treatment of heart failure, prevention of diabetes), 14 716 participants were randomised to physical activity interventions in 57 trials. No statistically detectable differences were evident between exercise and drug interventions in the secondary prevention of coronary heart disease and pre-diabetes. Physical activity interventions were more effective than drug treatment among patients with stroke (odds ratios, exercise v anticoagulants 0.09, 95% credible intervals 0.01 to 0.70 and exercise v anti-platelets 0.10, 0.01 to 0.62). Diuretics were more effective than exercise in heart failure (exercise v diuretics 4.11, 1.17 to 24.76). Inconsistency between direct and indirect comparisons was not significant.*

We were pleased to note that WA Minister for Health, Hon Dr Kim Hames, recently noted the importance of preventative health:

At a recent (20<sup>th</sup> of January, 2014) event for Committee for Economic Development of Australia, Dr Hames said “Many people tell me ‘The costs of health are growing so enormously, if you want to reduce the costs of health, you must spend a huge increase’ Largely it is about quality of life... if we are going to live to be 82 years old as men, for example, we want to have quality of life... we want people to be fit and healthy when we get there.” I issued a media release at the time, applauding your proactive stance on active living initiatives for Seniors.

Living Longer Living Stronger is an evidence based program that encourages and supports change in the health and fitness sectors to achieve improved health, quality of life and fitness for people aged over 50 years.

The program seeks to maximise opportunities for people to engage in affordable, high quality, results orientated, strength training programs over the longer term.

The concept was developed and tested in Victoria from 1999. There are now over 110 providers working in collaboration with COTA Victoria to provide individualised training programs.

COTA Tasmania and COTA New South Wales have also run or are currently running Living Longer Living Stronger programs. COTA South Australia runs a similar program.

The Living Longer Living Stronger program optimises conditions for social engagement of participants both to foster compliance with the training program and to minimise the social isolation frequently experienced by those seniors with poor health.

The concept was introduced into Western Australia in 2004 and currently provides quality, individualised exercise programs at over 50 locations state wide from Augusta to Kalgoorlie and many places in between!

We see Living Longer Living Stronger as a perfect example of a successful programme at the forefront of this strategy. To discontinue the programme, when the costs of re-establishing the programme would be so prohibitive, would not be in the best interests of the Seniors in Western Australia, but we have recently failed to win a Department of Health tender for falls prevention which puts its continuation in some doubt.

While the benefits of progressive strength training are well known and proven by strong research evidence, we acknowledge that gyms and fitness centres are not for everyone. In response to the need for physical activity programs as a preventative health strategy for older people, we are continuing to develop new options, including Mall Walking, for seniors.

COTA WA notes that:

WHO's Active Ageing Policy Framework specifies health as a pillar of active ageing.

COTA's Policy Principle 5 refers to the importance of health programs and services to meet seniors' needs.

A considerable body of evidence has shown that physical activity is a key factor in preventing many of the conditions typically associated with ageing.

As part of its 2014 Budget the Australian Government has introduced a number of changes to current preventive health arrangements. Essential functions of the Australian National Preventive Health Agency will be transferred to the Department of Health by 30 June 2014 with a view to closing the Agency. In addition, the National Partnership Agreement on Preventive Health will be terminated.

COTA WA and the Seniors Recreation Council of WA are currently embarking on establishment of an Active Living Coalition for Older Western Australians which will mirror to some extent, the success of Canada's Active Living Coalition for Older Adults (<http://www.alcoa.ca/e/index.htm>)

The Active Living Coalition for Older Adults (ALCOA) strives to promote a society where all older Canadians are leading active lifestyles that contribute to their overall well-being.



ALCOA, in partnership with its member organizations, encourages older Canadians to maintain and enhance their well-being and independence through a lifestyle that embraces physical activity and active living.

#### **4.1 Health in the Seniors Strategic Planning Framework 2012-2017**

Ageing well and promoting health and wellbeing are noted in the framework and notes a range of programs and activities that are currently in place. Age-friendly communities embrace a range of physical activity and recreational activities provided and supported by Local Governments which are widely used by seniors.

#### **4.2 Ways forward for health and age-friendly communities**

We concur with the **Seniors Strategic Planning Framework 2012-2017**, “What will help” in terms of promoting health and wellbeing:

- provision of information to support and inform individual life-style planning and decision making, including planning for end of life issues
- promoting healthy eating and physical activity at all ages
- ongoing education about the risks of smoking and harmful levels of alcohol use
- preventive health measures to reduce the risk and impact of chronic disease and injury
- initiatives to maintain physical functioning and protect against falls and other injuries

Increased investment in physical activity for seniors by the WA Government both to continue supporting Living Longer Living Stronger and develop the Active Living Coalition would be appropriate.

## 5. Social isolation and loneliness

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In research conducted by Murdoch University for COTA WA during 2009, various “life transitions” were identified as potentially precipitating or exacerbating social isolation and its consequent negative impacts. These include:

- Bereavement
- Onset or accentuation of illness or disability
- Cessation of driving
- Retirement

We made several recommendations following publication of that research. These included:

Provide (and monitor uptake of) readily accessible information in a range of formats to seniors, so that they become aware of and can prepare to meet the challenges of “life transitions”.

- Develop, fund and provide a peer education program of information to seniors on life transitions.
- Establishment of a program to assist seniors to make the transition from being drivers to non-drivers.
- Raise awareness amongst health professionals, community care staff and other service providers, of the impact of life transitions on seniors and resource them to assist seniors to manage these changes in their lives. Home and Community Care (HACC) agencies have a key role in implementing this proposal, which fits well with the Wellness Approach to community care.
- Develop and provide a retirement planning program that will enable pre retirees to become more aware of issues that may arise in retirement and take steps to remain socially engaged and connected.
- Technology presents significant opportunities for greater participation and involvement of seniors in community life. However, there are barriers to implementation, including resistance from some seniors who are averse to technological change, unable to access technology due to cost concerns, or lacking in skills to use technology. Ongoing programs of technology training are needed to enable seniors to make the transition to a digital economy.

- Fear of crime is a factor in older people's unwillingness to get out and about and participate in wider society. Although victimisation is low, seniors fear crime and many avoid public transport for this reason.
- Many seniors are active participants in society: social isolation is not the norm. Those who are successful in maintaining and growing their social connections have much to teach us about their success, but are rarely asked for their "secrets". Research into the "secrets of success" would enable strategies to be developed to assist others who are less successful.
- People from Culturally and Linguistically Diverse and Indigenous communities have not been included in the research on social isolation. We recognise that these groups have special needs and that there is need for research to determine need and possible initiatives to reduce social isolation in CALD and Indigenous communities.
- Beyond maturity blues is a program which dispels the myths of depression and enables older people to seek help to maintain their mental health. COTA WA's successful peer education project has reached several thousand seniors, initiating attitudinal and behavioural changes that result in enhanced mental wellbeing.

All of these recommendations remain valid, and have been reinforced by the data on depression and suicide mentioned above. COTA WA, largely in the absence of government funding, has acted upon a number of them, continuing our technology training, providing safety and security seminars and workshops (courtesy of funding from the Minister for Police), continuing beyond maturity blues until December 2013 at which time beyond blue funding ceased, and maintaining our retirement education program. However, much more could be done if we were supported adequately to do so.

COTA WA notes that:

Our Policy Principles and the WHO Active Ageing Policy Framework identify social participation as a key value in the lives of seniors.

While most seniors are socially connected and age in place successfully, many do not. Marginalisation and disadvantage is a fact of life for many people who lack family and community support (the latter being increasingly prevalent due to globalisation which sees families spread over the globe).

The life transitions which may precipitate individuals into social isolation are well known and can be anticipated as part of the life course. However, few programs exist to assist people to deal with them.

## **5.1 Social isolation in the Seniors Strategic Planning Framework 2012-2017**

Community participation is identified as a Planning principle in the framework. And Being Involved is a Key Outcome. Suggested directions in the framework that facilitate community connectedness include Community and Neighbourhood Houses, Men's Sheds, volunteering and community events and festivals. While these are worthwhile and useful goals, much more could be done to assist seniors to build their social networks and cope with the challenges of the life course.

It may be argued that the age-friendly communities initiative in itself, engages seniors and that this reduces social isolation. However, it must be recognised that few socially isolated people will attend community meetings or participate in such a process. It must also be recognised that few people identify the life course events that may tip them into social isolation as pertaining to them, personally.

## **5.2 Ways forward for social isolation and age-friendly communities**

Social isolation and loneliness in later life is predictable and can be dealt with, in many cases, if appropriate programs are provided. While there are some resources available in the community for this purpose, they could be expanded at relatively low cost. COTA WA is well placed to do so.

## 6. Employment

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Older Australians face obstacles in retaining and, even more, in obtaining employment. This section examines the exclusion of older workers from the workforce and the role employment services are and might play in increasing their inclusion. The material is structured in seven parts:

1. the extent of the exclusion of older Australians from the workforce [6.1];
2. the damage if the current level of exclusion is allowed to persist [6.2];
3. the pool of older workers: current and potential [6.3];
4. barriers to the employment of older workers [6.4];
5. employment/recruitment and career development services available, or not available, to older Western Australians [6.5];
6. Employment in the Seniors Strategic Planning Framework 2012-2017 [6.6];
7. Ways forward for employment and age-friendly communities [6.7].

A word first on the question of who is an ‘older worker’. The Australian Bureau of Statistics (ABS) has set 45+ as the definition of a ‘mature worker’. That makes sense in that from age 45, the pattern of exclusion from the workplace mirrors the exclusion of older (rather than of younger) workers. On the other hand, in an era where 45-year-olds are, on average, going to live another 40 or more years, to describe them as ‘old’ is patently absurd. Fortunately, employment data does distinguish different age cohorts, typically dividing them into 5-year increments up to age 70/75. We return to a distinction between these age cohorts further in the paper.

### 6.1 The exclusion of older Australians from the workforce

The cumulative evidence is that discrimination against older workers is quite widespread. That conclusion emerges from observations that are, in themselves, suggestive rather than definitive, but coming from many different sources, they cohere into a convincing picture of exclusion. These sources include:

- data on discouraged job seekers:  
Older persons make up more than half of Australia’s ‘discouraged job seekers’ (56% in 2011). These are people who are willing and able to work but are not looking for a job because they believe they will not find one;
- data on length of un- and under-employment:  
The average duration of unemployment for persons aged 45 years and older in

2012 was 62 weeks. This compares with 34 weeks for persons aged 25–44 years, and 24 weeks for those aged 15–24 years. A similar difference is observed in the case of under-employment: 41 per cent of older workers were under-employed for more than a year, compared with 30 per cent of younger under-employed workers;

- complaints to the Australian Human Rights Commission (AHRC):  
When the AHRC reviewed ways in which the Age Discrimination Act 2004 had been used by members of the public, they found the majority (69.2%) of complaints were in the area of employment. The review gave examples of successfully conciliated outcomes, but in all six of their examples, the complainant received only an apology and/or some financial compensation. In no case was the older person employed. Some may not describe this as a successful employment outcome;
- retirement intentions:  
The ABS reported that the average age at which people intended to retire in 2011 was 62.9 years (63.5 years for men and 62.0 years for women). The data also showed that people were leaving the workforce earlier than they estimated, which the AHRC interpreted as an indication that certain factors prevent people from working as long as they would like or for as long as they imagined;
- perceptions of Australians aged 45-74 years in a 2011 survey conducted for the Consultative Forum on Mature Age Participation (n = 3,007):  
Five-in-six of the respondents who were or had been job seekers agreed that age discrimination was a problem during the job search process – most commonly citing the fact that their job application was unsuccessful despite being qualified for that role;  
  
16% of the respondents who were in the workforce said they had been directly told they are too old for the job but, interestingly, this comment was usually made by a family member or friend of the older worker – suggesting this is a society wide issue not limited to the labour market;
- perceptions of recruitment managers in a 2012 survey conducted by the Australian Human Resources Institute (AHRI):  
One-third of the recruitment managers (35%) believed their organisation was biased to some extent against employing mature age workers.
- perceptions of career development professionals in a 2010 survey conducted by the Career Development Association of Australia (their professional association):  
57.1% of the career developers believe that discrimination against older workers is very or extremely widespread and most (83.8%) believe that discriminatory attitudes of employers and other employees impede the employment of older workers;

Interestingly, the one survey which asked workers *of all ages* about discrimination in the workplace (e.g., being overlooked for promotion or professional development, ostracised by their workmates, or made to feel as if they should leave) found that young and prime-age workers are just as likely to complain about these problems as

workers over age 55. The author of that Safe Work Australia study did say, however, that the story was likely to be different for older jobseekers trying to get back into the workforce. In that case negative stereotypes abound and older jobseekers do fare differently from younger ones. The study concluded that when employers know the older worker, it's not a problem, but they are loathe to employ an older person they don't know.

A further indication that age discrimination is now considered a serious issue was the appointment of a full-time Age Discrimination Commissioner at the Australian Commission on Human Rights in 2011. Another line of evidence is the sheer number of high level reports about older workers and the importance of increasing their participation in the workforce:

Australian Human Rights Commission 2012 *Working Past Our Sixties: reforming laws and policies for the older worker*, <https://www.humanrights.gov.au/publications/working-past-our-60s-reforming-laws-and-policies-2012> ;

Australian Human Rights Commission 2012 *The Grey Army Advances: Increasing participation among older workers*, prepared by Deloitte Access Economics, <https://www.humanrights.gov.au/increasing-participation-among-older-workers-grey-army-advances2012>

Australian Law Reform Commission 2013 *Access All Ages: older workers and Commonwealth laws, Final Report* - a report requested by the Attorney-General, <http://www.alrc.gov.au/publications/access-all-ages-report120>

Advisory Panel on the Economic Potential of Senior Australians 2011, *Realising the Potential of Older Australians: turning grey into gold*, [http://www.treasury.gov.au/EPISA/content/publications/grey\\_gold/downloads/grey\\_gold.pdf](http://www.treasury.gov.au/EPISA/content/publications/grey_gold/downloads/grey_gold.pdf)

Consultative Forum on Mature Age Participation 2011, *Ageing & the Barriers to Mature Age Labour Force Participation in Australia*, prepared by National Seniors Productive Ageing Centre, <http://www.productiveageing.com.au/userfiles/file/Age%20Discrimination%20Final.pdf>

Australia Workforce and Productivity Agency 2013, *Future focus: 2013 National Workforce Development Strategy*, <http://www.awpa.gov.au/our-work/national-workforce-development-strategy/2013-workforce-development-strategy/Pages/2013%20Workforce%20Development%20Strategy.aspx>

## **6.2 The importance of older Australians being welcome in the workforce**

All the reports cited above quote the economic calculations in Treasury's series of *Intergenerational Reports* to explain why it is important to increase older workers participation in the workforce. Put starkly, the argument is: the longer older people work, the less demand on government expenditure:

The projected effect of ageing and health pressures is that spending is expected to exceed revenue by 2.75% of Gross Domestic Product (GDP) in 2050 (creating a 'fiscal gap'). Increased labour force participation by

mature age persons will potentially narrow or close this gap. For example, increasing the participation rate of persons aged 50–69 by 10% by 2050 would increase real GDP and real GDP per capita by 2.4%. [ALRC Access]

*An extra 3 percentage points on participation among workers aged 55 and over would result in a \$33 billion boost to GDP – or around 1.6% of national income. A 5 percentage point lift in participation among this group would see around \$48 billion in extra GDP – or 2.4% of national income. The latter would rank with the gains that Australia has achieved from some of the major economic reforms of times past. [AHRC Grey Army]*

*Since the publication of the first intergenerational report highlighting this issue a decade ago, industry peak bodies and associations have developed a good understanding of the implications. There is less information about the level of understanding at the enterprise level. [AWPA Future Focus]*

There is at least one caveat concerning the economic value for the community at large from increased older employment: who is going to do the unpaid care and voluntary work that older Australians do?

Most of the reports acknowledge that participating in the workforce is of benefit to the individuals themselves. There is an economic argument here too: working protects older people from poverty. The AHRC paper, *Working Past 60*, notes that older Australians appear to be particularly vulnerable to poverty.

Many non-economic benefits are associated with employment. Health is a prime example but one needs to be careful here... The ALRC paper *Access All Ages* describes work as “a protective factor against physical ill-health and poor mental health”. In fact, this is not always the case. It depends on the quality of the job: a bad job can be worse than inactivity in terms of mental health. The ARC Centre of Excellence in Population Ageing Research noticed that there is no relationship between a country’s mature age workforce participation rate and the incidence of mature-age mental health issues. While Belgium has one of the lowest participation rates of 55-64 year olds in the OECD at 36%, and Sweden has one of the highest, at 76%; yet both have the same incidence of mental health problems among 55-64 year olds.

There is an important general point in that finding: the benefit to the individual of continued participation in the workforce will depend on the kind of work it is. And, as a number of Australian researchers have shown<sup>1</sup>: the jobs to which older workers often gravitate do not fall into the “quality work” category.

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<sup>1</sup> See for example the series of articles on the ageing workforce published in the online journal *The Conversation* <http://theconversation.com/topics/ageing-workforce>



## 6.3 The pool of older workers: existing and potential

### 6.3.1 The existing older workforce

The figures in Table 1 are percentage of workers in a given age cohort engaged in full- or part-time work; they come from two reports (ALRC and AHRC), both based on ABS data:

Table 1: participation in the workforce by age June 2010

age	55-59	60-64	65-69
All workers	71%	51%	24%
Men full time work	66%	44%	18%
Men in part-time work	10%	13%	
Women in full-time work	35%	18%	6%
Women in part time work	As with men, part-time work increases with age		

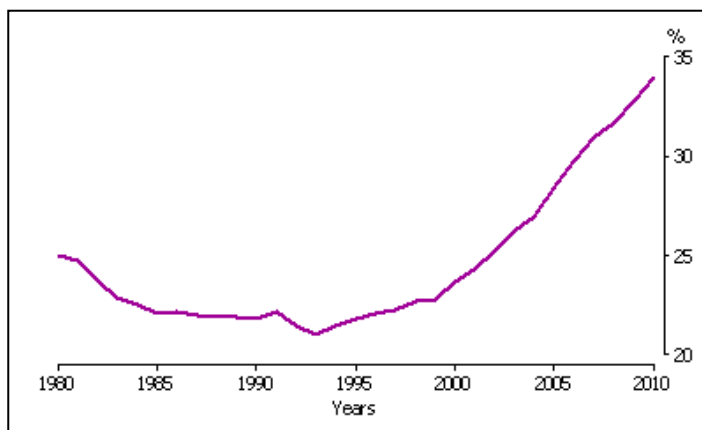
The ALRC notes that there have been significant changes in the extent to which older Australian workers participate in the workforce (Table 2). These large movements are largely attributed to changes in superannuation and other financial policies rather than natural fluctuations in the labour market with changing economic circumstances.

Table 2: participation in the workforce by age 1966 - 2011

	1966	Lowest level	2011
Men age 55-64	86%	60% (1997)	72%
Men age 65 and older	23%	8% (1993)	16%
Women age 55-64	21%	20% (mid 1980s)	55%
Women age 65 and older	4%	-	7%

Participation in the workforce of Australians over age 55 has steadily increased since its low point, as the accompanying ABS graph illustrates. There are many reasons to expect that rise to continue:

- the flow of women joining the workforce is expected to continue; these women are also likely to stay in the workforce longer because their superannuation position is often precarious (in 2011 the median superannuation for women was \$18,489);
- increases in the age at which a government pension can be access will continue to rise for both women and men till it reaches age 67 in mid-2023;
- with *healthy* life expectancies continuing to rise, people are realising that if they retire at 60, they are likely to be retired for several decades. As a consequence, attitudes to retirement are changing;
- the Fair Work Act 2009 was amended to extend the right to request flexible provisions from parents of young children to mature aged workers 55+. This is likely to suit old workers and keep them in the workforce;
- the nature of work is changing in directions that suit older workers: (i) the shift from blue collar to professional and paraprofessional work; and (ii) to part-time and flexible work arrangements – although this shift may actually disadvantage older workers.



While the broad trend is toward increased labour force participation at older ages, it is important to recognise that these trends will not include some workers, particularly: (i) people whose competency in English is poor; (ii) workers who are employed in blue-collar jobs or in poor health; and (iii) those without a post-school qualification. The industries in which older workers have been employed are another factor in on-going employability as they age, as Rafal Chomik documents in his presentation *Work till you drop? The future the Labour Force*

### **6.3.2 The pool of potential older workers**

One can start with the statistic that (in September 2009), 3.3 million Australians 55 years and over were not in the labour force. Of these, 1.6 million were aged 55 to 69 years. It is easy enough, then, to say “there is room to increase the workforce participation rates of older people” – especially if we begin to factor in those over age 69 who are increasingly participating, to some degree, in the workforce.

There are a number of ways to break this pool into more useful categories:

- according to their disadvantage;
- according to the work they did;
- according to their motivation for participating in the workplace.

Ideally, however, one wants not a list of groups but a matrix which includes information on: (i) why those people are not in the workforce (or are likely to leave the workforce); along with (ii) initial and evolving ideas about what, if anything, would enable/encourage them to participate in the paid workforce – perhaps something like the former Age Pension Work Bonus scheme which allowed pensioners to take up part-time or casual work while still retaining the pension.

The matrix sketched here is merely a starting point in any serious effort to extend workforce participation to these groups. Each cell in the matrix will necessarily be nuanced and complex. It is likely to require imaginative thinking and sustained effort (and resources) to expand the older workforce beyond the 'natural' increase noted in the preceding section.

<b><u>Not in the workforce (some of these groups will overlap)</u></b>	<b><u>What do we know about them...why are they not participating...why would they want to participate.</u></b>	<b><u>How to reach them.</u></b>	<b><u>What might be done.</u></b>
The 15% of the 1.6m who told ABS they would like to work = 240,000 individuals			
Discouraged job seekers	Willing and able to work but not looking for a job because they believe they will not find one (ABS);  It should be noted that many retired people may actually be discouraged job seekers who have called themselves 'retired' to avoid any stigma of being out of work.		
Under-employed mature age workers	See <i>Underemployment Among Mature Age Workers In Australia</i> 2013 by Jinjing Li1, Alan Duncan and Riyana Miranti <a href="http://www.natsem.canberra.edu.au/storage/BCEC%20Working%20Paper%20Series%2013_01%20Underemployment%20among%20mature%20age%20workers%20in%20Australia%20%283%29.pdf">http://www.natsem.canberra.edu.au/storage/BCEC%20Working%20Paper%20Series%2013_01%20Underemployment%20among%20mature%20age%20workers%20in%20Australia%20%283%29.pdf</a>		
Carers of spouses, older parents, grandchildren	A cohort predicted to grow		
Older women	The Diversity Council of Australia considered this group in some detail: <i>Older Women Matter: Harnessing the talents of Australia's older female workforce</i> , 2011. While older men also face exclusion from the workforce, the problem appears to be even worse for older women <a href="http://www.dca.org.au/dca-research.html">http://www.dca.org.au/dca-research.html</a>		
CALD men and women	Especially those whose competency in English is poor		
People with a disability			

Indigenous Australians			
Older workers without post-school qualification	they may be in the workforce now but are vulnerable to unemployment		
Professionals or skilled trades people near or at retirement	As an example of thinking about the prospects/ needs for different occupational groups		
Older workers in declining industries whose skills do not match the growth industries			
Older workers wanting to start a small business	Their needs might fit the New Enterprise Incentive Scheme (NIES) available through JSA for job seekers wanting to start a small business		

#### 6.4 Barriers to the employment of older workers

When national agencies whose remit is policy and advocacy address the question of older Australians' employment, their focus is inevitably, and necessarily, on the legal, regulatory and policy – the structural – barriers to participation. Recent studies have particularly focused on the dampening effects of age caps and age cut-off points whereby older workers are no longer entitled to workers compensation, income protection insurance, commercial licenses and some superannuation privileges. These caps, besides creating real disincentives for older workers, send a message more generally that older people should not be in the workforce. As the Australian Law Reform Commission, explained:

*Law reform can remove barriers to mature age workforce participation by removing specific age limits and by making discrimination on the basis of age unlawful. But law can only go so far. Achieving cultural change was singled out by stakeholders in the Inquiry as crucial for reform. It is the 'real game changer'.*

The Consultative Forum on Mature Age Participation sponsored a wide-ranging investigation of the barriers to employment older Australians face. Fourteen barriers were identified. Their list has been cited in several reports and is reproduced below, but there is an important point to be made first: these lists fail to mention what is perhaps the most severe barrier: **the dearth of appropriate employment**. Veronica Sheen from Monash University has studied what she calls 'age unfriendly trends' in the labour market – what she means by 'age unfriendly' is insecure work<sup>2</sup>:

<sup>2</sup> <http://theconversation.com/theres-no-silver-bullet-solution-to-australias-ageing-workforce-9089>

Insecure work includes casual or fixed term contracts, labour hire, and outworkers. Each serves to reduce employer liabilities for cumulative leave and redundancy entitlements, training, and opportunities for occupational progression. Despite the projections of a labour shortage associated with population ageing, it is difficult to see that this will result in a reversal of these trends without much firmer policy and regulatory interventions; however, it is expected that these firmer regulations and policies will be highly contested by employers who still have options of filling domestic labour supply shortages through technology substitution, moving activities off-shore, or importing workers with the characteristics they desire.

... It might be argued that more diverse forms of “non-standard” employment can suit older workers through reduced hours and greater flexibility. However, flexibility can be more an employer option around staffing levels than an employee choice to fit with lifestyle preferences for a transition to retirement.

The ‘traditional’ barriers listed below are those identified in the Consultative Forum survey, although the order in which these barriers were originally listed have been altered to reflect COTA WA’s focus on developing an employment service for older Western Australians – giving primacy to the obstacles such a service needs to counter or, at least, bear in mind. The original list, it should be said, was not designed with any particular priorities or logic in mind.

1. *Job search assistance.* Mature age job seekers can have trouble finding employment because of outdated job search skills, and [this] may discourage them from seeking employment.
2. *Mismatch of job skills and experience with industry demands.* Changes in the economy in recent decades, including a decline in manufacturing, means that some mature age people have skills less suited to the modern economy.
3. *Re-entry issues barriers of the Very Long-Term Unemployed (of 24 months or more in duration).* Many mature age job seekers have experienced significant difficulties in re-entering the workforce because of structural changes in the economy, among other reasons.
4. *Issues around private recruitment firm practices.* The increasing role of private recruitment agencies in job search has opened avenues for age-based discrimination to be experienced at the recruitment stage.
5. *Workplace barriers.* Improving the quality of workplaces with physically demanding occupations and inappropriate conditions can attract and retain mature age people in the workforce
6. *Flexibility of employment arrangements.* Is an important factor enabling mature age people to extend their working lives or to increase the employment participation of older Australians who face other barriers
7. *Re-training and up-skilling barriers.* The ability of mature age people lacking prior qualifications to find employment is reliant upon the availability of appropriate training opportunities, as well as their aspirations to upgrade their skills

8. *Discrimination in employment on the basis of age.* Can manifest itself both directly and indirectly in the recruitment and retention of staff. Often, age discrimination interacts with other barriers.
9. *Mental health barriers.* Evidence has demonstrated the connections between mental illness and early retirement, job loss, unemployment, or difficulties re-entering employment.
10. *Physical illness, injury and disabilities.* Have a major impact on early retirement, job loss, unemployment, and can create difficulties re-entering employment.
11. *Leisure time trade-off.* Efforts to increase employment participation of mature age Australians are challenged by a tendency for many to retire early to pursue leisure activities.
12. *Care-giving responsibilities.* Significantly impacts the ability to secure and retain employment—in particular for those with disrupted careers due to child care and other responsibilities.
13. *Superannuation.* Individual superannuation decisions, as well as government policies, can significantly impact retirement timing decisions.
14. *Tax transfer system.* In Australia there is evidence that the tax transfer system is complex and may act as a disincentive for mature age people to work.

Dismantling these barriers will need both ‘top down’ effort through advocacy/policy reform and ‘bottom up’ effort by building services which directly help older Australian workers overcome the barriers. That latter on-the-ground service provision is the subject of the fifth and final Section of this report.

## **6.5 Employment / recruitment / career development for older Western Australians**

There are three parts to this section:

- 6.5.1 A description of the employment services available to older job seekers;
- 6.5.2 Room for improvement: weaknesses in the current employment service provision;
- 6.5.3 Thinking ahead.

### **6.5.1 employment services available to older job seekers**

- (i) Commonwealth funded services:

The principal service for older job seekers – for job seekers of any age, in fact – is through Job Services Australia (JSA). JSA was established in July 2009 (replacing Job Network). It uncapped employment services and is, by any estimate, a large program. At any point in time around 900,000 people receive assistance from JSA (or from Disability Employment Services, DES) and over the course of a year, some 1.6 million Australians access JSA or DES services

Both not-for-profit and for-profit agencies can tender for JSA contracts. All contracted agencies work to the same set of performance indicators and follow set guidelines as to what services can and cannot be provided for different categories of job seekers. Job seekers are categorized according to the degree of their disadvantage (which includes age, gender, recency of work experience, vocational qualifications as well as the more generic categories of disability, homelessness, CALD, ex-offender, Indigenous Australian, etc.):

- Stream 1 job-seekers are considered the least disadvantaged; they are only entitled to assistance if unemployed for more than 3 months and that assistance is largely confined to creating an on-line resume to use with on-line job search programs;
- Stream 2 and Stream 3 job-seekers experience moderate/significant disadvantage (respectively) and are given a case manager; they receive an individual Employment Pathway Plan (EPP) which is generated according to a fairly set formula;
- Stream 4 are the most disadvantaged and, in addition to vocational services (including training), are entitled to non-vocational assistance (e.g., help with rent, addressing drug/alcohol problems – those problems are often tackled first).

Some JSA agencies specialise in working with particular client groups (e.g., ex-offenders, youth, Indigenous Australians), but none specialises in mature age workers.

DEEWR established a separate program, *Experience+*, specifically to improve the employment prospects of mature age job seekers. This program continues (through the Department of Employment established in 2013 by the incoming Abbott government) to offer job seekers over age 50 who are either:

- a Stream 1 (Limited), or Stream 1, 2 or 3 job seeker registered with [Job Services Australia](#) or
- not currently working.

Job preparation assistance: <http://employment.gov.au/experience-work-ready>.

For older job seekers, the original *Experience+* resources were largely limited to on-line guidance on resume writing and using [www.jobsearch.gov.au](http://www.jobsearch.gov.au), although the program does offer free careers advice on the telephone. In January 2013 the program was significantly enhanced with the introduction of the *Experience+ Work Ready* initiative which offered greater job preparation assistance including training in IT, skill gap analysis, interviewing techniques and, where possible, it provides paid work placements. This program was limited to defined locations and industries, but within those bounds the program was open to all unemployed people over age 50, including (but not limited to) JSA job seekers in Streams 1 to 3. It was anticipated that the program would reach some 6,700 mature age job seekers.

The *Experience +* program was also designed to address employers' reluctance to hire older workers. It provided an incentive in the form of a Jobs Bonus (\$1,000) for each mature worker hired and retained for 13 weeks.

The Abbott government's May 2014 budget is establishing a new program, Restart, which offers employers up to \$10,000 to employ a job seeker aged over 50. The *Restart* wage subsidy program is designed to encourage continuing employment by spacing the payment in increments over 24 months. The Budget papers estimate the program will cost \$524.8 million over four years and help 32,000 mature age job seekers each year. The government also announced it would scrap the Mature Age Workers Tax Offset and the Seniors Employment Incentive Payment.

Through the Corporate Champions program (which has been maintained through the change of government in 2013), employers receive one-on-one assistance to become better at recruiting and retaining older workers.

## (ii) WA government funded services

Work Development Centres offer every Western Australian free one-on-one career guidance including the development of a career action plan, workshops, and access to a computer for job search activities.

(iii) a few independent employment service agencies specifically serve older workers:

- DOME in South Australia is a community-based not for profit employment and training organisation that effectively bridges the divide between older people wanting to work and employers who may be uncertain about hiring those older job seekers. DOME is also able to offer career development services and free or subsidized training. Its intensive support is available to people over age 40. [www.dome.org.au](http://www.dome.org.au) ;
- Adage is an on-line job board, free for mature job seekers, designed to connect job seekers with employers who “value maturity and experience”. Heidi Holmes, MD, intends that adage will evolve into a real online community through, for example, the LinkedIn group Experience Matters Mature Worker Forum. [www.adage.com.au](http://www.adage.com.au) ;
- GreyHair Alchemy, based in Brisbane and started in 2002, is a co-operative of mature professionals – the ‘Compatriots’ – who want to market their skills on a task-based or project basis as ‘interim managers’. It appeals to both the professional who doesn’t want to embrace permanent retirement and the lone consultant who would like to have an additional mechanism for seeking out work opportunities. <http://www.greyhairalchemy.com/> ;
- Silver Temp, located in the Northern Rivers region of NSW, was established in 2009 to connect business managers to its data base of (~125) mature office staff who are available to undertake administrative tasks on a casual, part-time or temporary basis. It operates as a labour hire firm and advertises that its candidates have been thoroughly vetted: they undergo a thorough interview and their references are checked. [www.silvertemp.com](http://www.silvertemp.com)
- There are several job boards targeting older job seekers: [www.olderworkers.com.au](http://www.olderworkers.com.au), for example, is free to join, it lists Australia-wide job listings from age-friendly employers looking for mature age workers, including Woolworths, CGU Insurance, Bunnings; [www.plus40.com.au](http://www.plus40.com.au) is also free to join and provides a range of on-line tools for improving job search techniques, overcoming age discrimination, etc. – as of this writing, it has no jobs listed.

### **6.5.2 room for improvement: weaknesses in current service provision**

The DEEWR 2013 Issues Paper *Employment Services – building on success* was designed to stimulate discussion about Jobs Services Australia (JSA) among job seekers, employment service providers, and employers: what works well now and what can be improved. The review is to inform the development of a new model for a public employment service to commence 1 July 2015 (current JSA contracts expire 30 June 2015).

The weaknesses identified in the current JSA provision by DEEWR and by respondents to its Issue Paper can also inform the development of an independent employment service specialising in older workers. Improvement on the current public provision needs to be made in three broad areas:

- 6.5.2.1 meeting the needs of older job seekers
- 6.5.2.2. meeting the needs of employers/recruiters
- 6.5.2.3 employment service capacity and accountability



#### 6.5.2.1 meeting the needs of older job seekers

The lack of flexibility in the JSA streaming system – with the exception of the resourced and flexible Stream 4 – is a problem which JSA agencies themselves complain about. An individual's disadvantage 'score' is generated automatically according to a set of questions which fail to probe for some of the nuanced difficulties job seekers face. This is a particular problem in Stream 1 (the least disadvantaged job seekers) where individuals would, in the agencies' experience, benefit from more tailored and earlier assistance. The *Experience+ Work Ready* program does offer intensive job preparation assistance to Stream 1 candidates, but is limited to job seekers living in selected local government areas.

One form of tailored assistance advocated in the reports on increasing the employment of older workers is proper career development. Eighty percent of the career professionals surveyed in 2010 by the Career Development Association of Australia said that older workers need to become much better at managing their own careers, at understanding what managing their career actually means. The conviction that older job seekers need intelligent personalised attention, irrespective of a pre-defined level of disadvantage, is summed up in two recommendations to DEEWR from the National Employment Services Association (NESA, the peak body of providers of employment services):

Enable genuinely flexible and tailored job seeker centred services through a reduction in service prescription;

Job seekers service eligibility should connect and maintain them to the most appropriate service to meet their actual individual needs.

The European Union undertook a peer review to identify good practice in the field of public employment services (PES). The consensus among the participating PES:

The best route towards achieving the reintegration of unemployed older workers is through competent individual action planning based upon a resource-oriented profiling, positively drawing out and marketing the skills of the older worker.

Although older job seekers are far from a homogeneous cohort, they share a few characteristics which explain why they particularly need individual attention, even if not 'disadvantaged' in the classic welfare sense:

- Coming up against ageing stereotypes and humiliating experiences in searching for a job, as well as the likelihood of experiencing long-term joblessness, means that many older workers will present with mental health issues;
- Evidence indicates that unlike younger people, older workers cannot utilise temporary jobs as stepping stones to permanent ones. For older workers the transition from a temporary job is typically to unemployment rather than to another job, temporary or permanent;
- Older workers are often affected by structural changes in the Australian economy: their experience is in declining industries, their skills out-dated. It can be a real stretch for them to acquire the technological skill and up-beat attitude favoured in many contemporary workplaces.

Quality of job outcomes is important to older workers. This is another area where the JSA model tends to fail older job seekers. "JSA's are not there to get you your dream job" is the way one person put it. Their task is to find people work as quickly as possible – efficiency is one of their KPIs – and as long as the work is reasonably suitable, the job seeker is expected to take it. It is almost the exact opposite of the career development approach recommended for older people.

Vignettes of older job seekers, which were included in the National Seniors' submission to DEEWR, make clear why individual attention is indispensable:

"I am 63yrs and have been retired for 3yrs now. I was made redundant and was quite prepared to take on more work and have not found any as yet. I worked in a state dept. (agriculture) and have 3 degrees and would quite like to try the education sector but have not been able to find anything. TAFE would probably be my best bet. It seems quite hard to find work."

"I have found that a lot of the Job Network providers look at a resume and instantly send me for driving jobs despite my preferences. Just because I have quite a few licenses does not mean that I want to go back to driving trucks again. I have learned that my job search provider receives a \$400 bonus for putting me into a job and that is their motivating factor regardless of my wishes. Every time I request access to a course to improve my skill I am told that I don't qualify or it is not suitable for me.

work skills programs. While I have a considerable range and depth of work experience, most of my qualifications are considered obsolete as they were completed more than 5 years ago. This makes it extremely difficult to get an interview let alone a job in the current market in my area.

#### 6.5.2.2 working with employers/recruiters

The DEEWR Issues Paper, in seeking to improve the public employment services system, expressed particular concern about employers' lack of engagement with the current system. It quotes a study of Australian businesses which found that only around two-thirds of employers were aware that JSA agencies existed and provide a free service to help employers find staff. Of these employers, only 7 per cent had used JSA and many of them expressed frustration both with the quality of the candidates referred to them and communication with the employment services provider. Employers criticised JSA providers for not sufficiently understanding their skill requirements.

The Australian Chamber of Commerce and Industry (ACCI) agreed with the point made in the Issues Paper that an effective employment system should meet the needs of *both* job seekers and employers. It suggests that employers' reluctance to engage with JSA agencies has a more interesting, and subtle, dimension than simply the quality of the agencies engagement with employers:

These employment services should be part of the general job market, not perceived as a service solely for the disadvantaged and disengaged... Employers and job seekers alike need to see it not as a welfare offering, but a legitimate part of the job market.

Even the language of labelling someone a 'job seeker' can seem to imply inferiority, neediness. When recruitment agencies seek people who might work for their clients (the employers), they call the prospective employees 'candidates'. The difference between a person being a 'job seeker' or a 'candidate' may be subtle, but it is not unimportant.

Increasingly, private recruitment agencies are playing a role as intermediaries between job seekers and employers. In its review into Commonwealth legal barriers to older person's employment, the Australian Law Reform Commission found troubling evidence of widespread and unlawful age discrimination by these agencies.

### 6.5.2.3 employment service provider capability and accountability

It is self-evident from the preceding sections that the twin tasks – assisting older individuals to re-enter the workforce and understanding employers' needs – requires an employment service staffed by well trained, knowledgeable and committed people. That appears not always to be the case. A number of the reports and submissions remark on the need for providers to have workforce development plans for their own staff (many do not). Others describe the unprofessional way some staff deal with older job seekers and recommend 'professionalising' the service workforce by establishing agreed knowledge, skills and competency standards, minimum qualifications, and continuous improvement metrics.

Performance management processes influence the culture and the competence of any organisation. The JSA performance management system and the outcome payment structure (which rewards quick action) have been criticised as encouraging short-term outcomes without ensuring they translate into long-term employment. While the election of the Abbott government and the splitting of DEEWR into separate departments for employment and for education may presage fresh thinking, the Issues Paper foreshadows a tightening rather than loosening of external control, stating explicitly:

From 2015, all contracted providers will be required to be accredited against a DEEWR approved standard which will include requirements for recruitment, management and professional development of staff. Providers will also be externally assessed annually against these standards.

### **6.5.3 thinking ahead**

Although chronological age is one of the least useful predictors of an older person's attitudes, ambitions or competence (and even a poor proxy for health), it may be useful here, in considering ways employment services for older Western Australians might be improved, to divide the 'older worker' into three age groups: (i) age 45 to 50-ish; (ii) 50 – 65/67; and (iii) over age 65/67. Each group is discussed in turn.

- age 45 to 50-ish:  
These are the 'mature' workers whose exclusion from the workforce resembles the pattern of exclusion experienced by older rather than younger workers. For that reason, it is completely appropriate that such mature age employment services as DOME and *Experience+* include 45 year olds in their client base. But from COTA's perspective (or from any other, for that matter) these people are not *old*. Whether a COTA service would embrace clients younger than 50 is an issue, possibly not an easy one, for COTA to consider.
- age 50 to 65/67:  
These are the latter years of a 'normal' working life where 'normal' is roughly defined as employment up to the age at which one can receive a government pension. Any new employment service for these older workers should, obviously, be designed to counter weaknesses identified in the existing system. It might be useful to think of it as a *brokerage* service to emphasise that it serves two clients equally: job seekers and employers. To serve those clients well, it would need:

- a two-way working relationship with employers, in particular with HR managers, to move beyond a simple vacancy-filling role to working with employers to enhance the employment of older workers<sup>3</sup>;
- a comprehensive process for assisting job seekers to ensure they have the skills and attributes valued in today's economy. The nature of work in Australia has undergone significant shifts since the 1990s with the dominance of technology and the move away from blue collar jobs to professional and paraprofessional work. Both suggest that training and career development will be central to providing an employment service. An effective service would maintain contact with candidates (and employers) post-employment;
- skilled and committed staff, whether paid or volunteer.

An improved employment service would aspire to leadership in the employment/recruitment field. There is a recognised need for innovation in the delivery of employment services. In the past few years the Innovation Fund contributed \$41 million to some 80 projects designed to improve employment service outcomes and 20 JSA demonstration pilots received \$4.7 million. The organisations, associations, and agencies which have looked into increasing the employment of older workers have begged for examples of best practice.

There is also a recognised need for effective but liberating performance indicators – meaning indicators that reward flexibility at the same time as they set high standards. Sound metrics and a robust monitoring system should be part of the design of any new employment service.

- age 65/67 plus:

This age is meant to suggest people who are ready to retire from their current work (they may be in their 50s) and who are not seeking a new job but, if the US – and very limited Australian – experience is any guide, who may be attracted to the idea of an 'encore career'. An encore career is not exactly a 'job' nor a business nor traditional volunteering – it feels more like "interesting purposeful work". The idea is for an older person to find new direction in a role that engages and enlivens. An employment services agency that sought to assist people to engage in an encore career would be stepping onto very new ground (at least in the Australian context). Nonetheless, the age range matches COTA's remit. If COTA does establish an employment service, investigating the potential for an encore career service might be of real value.

There is clearly scope for an innovative and capable employment service for older people in Western Australia. To provide such a service would be a challenge, but it would also make a significant contribution to the community.

COTA's policy principle 1 states:

Maximize the economic, social and political participation of older Australians and challenge ageism. COTA supports policies and programs that encourage and facilitate the inclusion of seniors in all aspects of Australian life.

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<sup>3</sup> It may be worth noting that Greg Goudie, CEO of DOME in South Australia, attributes much of DOME's success in placing older people in work to the attention they pay to cultivating and maintaining productive relationships with employers.

COTA WA notes that:

- Employment in later life is a necessary prerequisite to the accumulation of assets for retirement. Exiting the workforce prematurely in later life results in impoverishment in retirement.
- The WHO policy framework's "security" pillar includes economic/financial security.
- Currently, there is evidence of considerable age discrimination which results in older people facing exclusion from the workforce.
- The Federal Treasurers' incentives to employers to employ older people are likely to be ineffective in raising employment levels amongst seniors.
- The Western Australian Government submission to the Productivity Commission Study, *Economic Implications of an Ageing Australia* (2004)<sup>iv</sup>, projected:
  - the Western Australian population over the age of 65 would grow from 11.9% in 2009 to 20.6% in 2045
  - a shortfall in the public sector workforce between 4% and 23% by 2022
  - that health and education are the public sector industries most likely to be affected by an ageing population
  - competition for skilled staff between agencies, and with the private sector will intensify
  - future shortages in other States for particular skills could result in a significant skill drain from Western Australia

## **6.6 Employment in the Seniors Strategic Planning Framework 2012-2017**

- Workforce participation is recognised as a "Planning Need", and economic security is a "Key Pathway" but there are no strategies identified in the Seniors Strategic Planning Framework that support the employment of older people. This is a conspicuous failure in the context of developing and maintaining an age friendly community.

## **6.7 Ways forward for employment and age-friendly communities**

In the absence of government funding for this purpose, COTA WA has applied for funding from the Ian Potter Foundation to pilot an innovative employments service for older people. We believe that such a service should be supported by the State Government.

Skills shortages will occur in various employment sectors if nothing is done to retain and recruit older workers. We commend the WA Public Sector Commission's work, *A Guide to Managing an Ageing Workforce: Maximising the experience of mature-age workers through modern employment practices* in this area and recommend that it be promoted and extended to the Local Government (through the Integrated Planning Framework) and private sectors.

The WA Government should mirror the SA Government's commitment to increase the proportion of older South Australians who are engaged in the workforce by ten percentage points by 2020. (*South Australia's Strategic Plan* SA Department of the Premier and Cabinet 2011).

## 7. Ageing and disability

### **EXPLORING BARRIERS AND IMPEDIMENTS PEOPLE WITH DISABILITIES ENCOUNTER AS THEY AGE AND THE IMPROVEMENTS REQUIRED TO ADDRESS THEM (with thanks to The Centre for Cerebral Palsy, whose staff prepared this section of our submission.)**

#### **7.1 Introduction**

Ageing with a disability is a comparatively new phenomenon, particularly for people with certain types of disabilities – cerebral palsy for instance. Advances in neonatal care, improvements in medical services and allied health services, technological advances, community support and general improvements in living standards have also contributed to people with disabilities living longer. People with severe physical and intellectual disabilities who are living longer and outliving their parents is not a phenomenon that governments and other services have had to deal with until recently. Gaps in the delivery of services to older people with disabilities suggest that they have not yet risen effectively to this challenge.

In 2000, the Australian Institute of Health and Welfare published a major report on disability and ageing which identified that ageing can be seen as a complex interaction between the following:

- Biological Ageing: Physical changes that affect health and reduce physical functioning,
- Psychological Ageing: Changes in mental functioning, such as memory, learning, personality and emotional coping; and
- Social Ageing: Changing roles and relationships with family, friends and the broader community and social structure.

A report by the Australian Institute of Health & Welfare in 2000 identified that people with disability generally experience the same changes and health problems associated with ageing as the rest of the population. However, a number of factors make access to supports and services more difficult for them. They are:

- ‘Premature ageing caused by some kinds of disability,
- Many people with a lifelong disability heavily rely on the support of others. This can unintentionally result in exclusion from community based services and activities,
- People with inappropriate or intrusive behaviours may not be welcomed in general community-based services and activities,
- People with a disability who are prematurely experiencing the features of ageing may not be, or may not be perceived as being compatible with present client groups in community-based services and activities,
- Community-based services and activities are not designed to provide a five-day structured program and full-time access is not an option,

- The location of community-based services and activities may make them inaccessible to some people with a disability,
- Personal financial constraints of people with disability may limit access to services,
- The resources required to meet the emerging needs of older people with an early onset disability are diverse and complex,
- People ageing with disability may be excluded from specific services by program restrictions/requirements due to limited funding sources to provide specialist supports,
- Some people have difficulty in accessing appropriate services because of the regional division of administrative responsibilities; and
- There may be limited trained staff to support older adults with intellectual disability.'

Although this Report was completed in 2000, this paper will demonstrate that these issues persist today despite improvements to many aspects of the provision of supports and services to people with disabilities who are ageing.

## **7.2 Aims of the paper**

This paper attempts to demonstrate that:

- People with disabilities who are ageing encounter challenges in a variety of areas which prevent them from enjoying a good quality of life;
- There is a lethargy on the part of government agencies about being responsible for the services required by this cohort of people, often leaving many of them in a state of limbo;
- Age as the sole determinant of aged care services discriminates against people with disability who may age prior to their chronological age;
- While improvements to services in the disability sector have resulted in a better quality of life for people with disabilities, services for people who are ageing with disability have not kept pace with the need for them; and
- Within the areas of concern, to highlight those areas which require urgent attention as a matter of priority.

## **7.3 Changing Environment in the Disability Sector**

Although the general thrust of the changes and the philosophical underpinnings of the changes in the disability sector are well known, and are welcomed by service users, policymakers, administrators and service providers, there is uncertainty regarding specifics and structure, not only among individual service providers, but also within agencies specifically providing disability services. A cloud of uncertainty appears to hang over the sector, despite cautious optimism felt throughout the sector.

In July 2008 the Government ratified the UN convention on the rights of persons with disability. The convention aims to promote, protect and ensure the full and equal enjoyment of human rights and fundamental freedoms by all persons with disabilities and promote respect for their inherent dignity. This not only means improving outcomes provided by specialist disability services but also ensuring that mainstream services are responsive to the needs of people with disabilities. As a means to achieve these ends COAG endorsed the National Disability Strategy.

In February 2011, for the first time in Australia's history all Australian governments committed to a unified, national approach to improving the lives of people with disabilities through the development and launch of the National Disability Strategy. It focuses on six outcomes areas, namely that people with disability:

- live in accessible and well-designed communities with opportunity for full inclusion in social, economic, sporting and cultural life;
- have their rights promoted, upheld and promoted;
- their families and carers have economic security, enabling them to plan for the future and exercise choice and control over their lives;
- their families and carers have access to a range of supports to assist them to live independently and actively engage in their communities;
- achieve their full potential through their participation in an inclusive high quality education system that is responsive to their needs. People with disability have opportunities to continue learning throughout their lives; and
- attain highest possible health and wellbeing outcomes throughout their lives.

The NDIS is the major vehicle through which change in the sector will occur, and although it is still being trialled through implementing launch sites, its philosophical underpinnings regarding services and the manner in which they are chosen and delivered, have been in existence for some time. The NDIS will move away from a service centric model to one in which people with disability have more choice and control, the right to choose the services they need, the service provider they want, including portability of funds and the right to manage their own funds. Despite overwhelming support for the fundamentals underpinning the NDIS amongst the entire sector, many service providers are apprehensive about the impact of service users being able to manage their own funds. Concerns range from issues relating to tax, insurance and workers' compensation to fraud, wastage and the ability of service users to choose the most appropriate services, particularly in the area of health and therapy needs.

Person centred planning is the tool upon which individualised options are based. Elements of person centred planning are that the person is at the centre and is consulted throughout the planning process, enabling the individual, together with family members and friends, to choose who to involve in the process; to choose the setting and timings of services reflecting what is important to the person, their capacities and the support they require; there is shared understanding amongst all people involved that the person is the expert and that the plan results in action about life, not just services. It reflects what is possible rather than what is available. There will be a strong expectation from users for contemporary and innovative services.



Many service providers are undertaking a range of changes to their organization's modus operandi to be better prepared to deliver individualized options and person centred services in an environment that has the hallmarks of becoming intensely competitive. Some services are more advanced in this respect than others, and also more innovative. There is a general sense that for organizations' long term viability and sustainability, substantial and meaningful changes to service methodology, organizational systems and processes and system structure are urgently required.

#### **7.4 Growth in the Number of People with Disability**

Just under one in five Australians (18.5% or 4.0 million persons) reported having a disability in 2009. A further 21% had a long-term health condition that did not restrict their everyday activities. Of those with a disability, 87% had a specific limitation or restriction; that is, an impairment restricting their ability to perform communication, mobility or self-care activities, or a restriction associated with schooling or employment.

The Australian Bureau of Statistics (ABS) estimates that Australia's population, which is approximately 23 million, will grow to between 30.9 million and 42.5 million in 2056. A combination of low levels of fertility and mortality rates over a sustained period of time, and increasing life expectancy at birth has resulted in major changes to the age composition of Australia's population. In 2007 people aged 65 years and over made up 13 per cent of Australia's population, however in 2056 this figure is projected to increase to approximately 25 per cent. The rate of increase in this age group is estimated to peak in the next ten years as the majority of baby boomers reach retirement age. Between 1997 and 2051 the number of people aged 75 and over is estimated to increase by about 3.5 times. At the same time the number of people aged 85 and over is estimated to increase 5.3 times from 216,000 in 1997 to about 1.1 million in 2051. The proportion of this category as part of all people aged 65 and over will increase from 9.6 per cent in 1997 to 19 per cent in 2051.

The increased tendency to develop conditions that cause disability is demonstrated by the proportions of people with disabilities in particular age groups. People aged 4 years and under, between 15-24 years and those between 25-34 years had 3.4 per cent, 6.6per cent and 8.6 per cent of disability respectively. By comparison 40 per cent of the 65-69 age cohort and 88 percent of those over 90 years had a disability.

While the under 65 years of age cohort with profound or severe limitation is expected to grow by 14 per cent between 2006 and 2026, during the same period the increase in people 65 years and over with a profound or severe core activity limitation disability is expected to be a massive 85 per cent.

With population ageing there will be fewer tax payers to fund care. Currently, there are 16.3 people of working age (aged 15 to 64 years) for every person aged over 80. By 2050, there will be 5.5 people of working age for every person aged over 80. This will create a heavy strain on the funding of the growth and expansion of aged care services.

## 7.5 Diversity amongst People with Disabilities

In recent years there has been a recognition amongst service providers that they need to cater to the cultural, ethnic or religious diversity of their clients. However, there is a tendency amongst service providers to treat each of these groups as a collective or community, with little or no recognition that there is much diversity within each group. For example, even now some service providers do not recognize that Aboriginal people do not comprise a community, instead that their identities are drawn from their kinship and language groups and their country. The inherent diversities are often responsible for divergent needs.

Aboriginal and Torres Strait Islander Australians experience higher rates of disability and long-term health conditions than do other Australians. Nationally, 50% of Aboriginal and Torres Strait Islander people aged 15 years and over had a disability or long-term health condition in 2008. Around one in twelve (8%) had a profound/severe core activity limitation. In non-remote areas, Aboriginal and Torres Strait Islander adults were one and a half times as likely as non-Indigenous adults to have a disability or long-term health condition, and more than twice as likely to have a profound/severe core activity limitation. At the same time, 36% of people with a disability had problems accessing services, such as doctors or hospitals.

The Australian Bureau of Statistics also shows that migrant groups with older populations such as those from Southern Europe have a higher proportion of people with disabilities than those born in Australia and New Zealand.

It is equally important to recognize the diversity that exists among people with disabilities. In addition to the cultural and religious diversities, the level and type of disability is another factor of diversity. There are five categories of disability, namely, intellectual disability; physical disabilities (developmental and acquired); acquired brain injury; sensory disabilities; and progressive neurological conditions. At times there is a tendency among service providers to use an artificial norm for defining people with disability. This is disruptive to most service users as many of them would fall outside this supposed norm. For instance, there is a broad spectrum of people who have cerebral palsy, those who can go about their daily business, including being employed with little support, to those who have challenging communication, mobility and cognitive needs and require considerable support.

The diversity of people with disability clearly demonstrates the need for individualized services to be the main platform for the delivery of services and supports to people with disability. Flexibility in and the range of available services are two key components of supports and services to people with disabilities.

## 7.6 Age as the Determinant

It has been well established for some time that people with longstanding disabilities may experience 'premature ageing' well before the age of 65. However, Australia continues to use chronological age as the factor determining the suitability of people for services and supports. As a result, disability services and aged care services continue to remain distinct, each one catering to a distinct cohort based on age. Researchers have argued that older adults with an early onset disability are falling between disability services and generic aged care services.

Although the life expectancy of people with disabilities has increased, it still falls short of that for people without disabilities, being 15 years less. The severity of the disability can also impact on life expectancy. For example while the life expectancy of people with a mild intellectual disability was 74 years the median life expectancy of those with a severe disability was 56 years. Further, people with intellectual disabilities, Down Syndrome and acquired brain injuries are at a higher risk of Alzheimer's disease at an earlier age than usual.

People with disabilities experiencing early onset ageing can be perceived as too 'old' and unsuitable by disability services but too 'young' and/or unsuitable by the aged care services that focus on the needs of the frail aged.

Existing types of residential aged care facilities are not likely to meet the needs of ageing people with an early onset disability who are younger and likely to be more physically able than most frail older people with whom they have to share residential aged care facilities due to lack of options. It is also the case that various day and leisure activities developed for older people in the general community, may not offer the structure, supervision or continuity required by many people with an early onset of disability.

To make age the determinant in an ageing population would cause more and more people to wrestle the system and go without required services at least in the short to medium term. An artificial age barrier also provides an 'out' for service providers to decline services to clients in the need of care, making them someone else's problem. It is also the case that when age is used as the major criterion families can be split by being clients of two different sectors. Staff working in these agencies must be trained and empowered to adopt a flexible approach to service provision to enhance opportunities for clients' individualized goals and needs to be met.

Researchers have strongly argued that functional abilities rather than age should be determining the suitability of services and supports. For example, the Centre for CP is aware of situations when clients have fallen through cracks in the system, missing out on the care they require because an artificial age boundary has been reached within the aged care system. With the advent of the NDIS, concerns have been raised whether it is appropriate to have 65 as the cut off point for entry. By both systems bound by age, the integration between the systems required to benefit clients is restricted.

## 7.7 Interface between Disability Service and Aged Care Services

Thus far state governments across Australia have been primarily responsible for the provision of disability services through each government's disability services agency. This is likely to change with the introduction of the NDIS when the Federal government assumes responsibility for the administration of disability services.

Aged care services are primarily provided by the Federal Department of Health and Ageing although state governments do have their own agency relating to seniors. The state governments contribute to a key program through which aged care is provided, namely, Home and Community Care (HACC) which is specified in the aged care Act. One of the federal agency's key priorities is to 'support older Australians with a national healthy and ageing system responsive to their needs, and improved governance arrangements and reforms.'

Although the two systems are set up to cater to two distinct groups, while the aged care systems caters primarily to people who have acquired a disability because of natural ageing, the system also supports many older and indeed younger people who have acquired a disability prior to the required 65 years of age.

Both systems have recently been reviewed and have resulted in both of them adopting similar service philosophies, policy directions and service delivery mechanisms:

- Both systems value and preserve the dignity of the person;
- Both systems exploit any scope for rehabilitation;
- Both sectors emphasize tailored packages selected by the service user;
- Both sectors have recognized the importance of family support and informed carers and have developed programs to support their development;
- Both sectors are transitioning from a provider centric model to a service user centred model;
- Both systems are transitioning from block funding based on submissions to unit cost funding.

However there are also differences between the two systems. While the disability system focuses on emancipation and choice and on independent support arrangements including integration in the community, employment and rich social relations, the aged care system aims to minimize the rate of loss of autonomy of the person and preserve their links to home, family support and social networks. Living independently of family, employment opportunities and home ownership is not a major part of its philosophy. The rights based systems underpinning the disability systems is less visible in the aged care system. Although both have moved away from traditional institutionalization, emphasizing home or community based care and services, institutionalisation in the aged care system remains more common. Moreover, due to people in the aged care system having the means to do so, co-contributions to the cost of care is feasible, whereas limitations relating to employment for people with disabilities who acquired it at a younger age, co-contributions are not feasible.

These differences contribute to the two systems working separately without too much integration between the two. In addition there are other drawbacks:

- This is particularly pertinent in the case of older clients with disabilities when they need to exit the disability sector and access services through the aged care sector after age 60. For instance, if the accommodation needs of a person with disability changes and they need nursing care, currently they need to exit the disability sector and enter the aged care sector.
- When people in the disability sector transfer to aged care services they encounter loss of entitlement related to funding, particularly in terms of allowances such as mobility allowance and incentive allowance, despite the need for it remaining unchanged. For example they lose \$ 87 or \$ 121.80 per fortnight even though their need remains unchanged.
- It is generally known that disability services are traditionally not well equipped to manage the conditions and symptoms of ageing any more than aged care can meet the specific disability services, as a result clients are forced to fit in with available services rather than services being tailored to meet client needs.
- Clients have stated that the process of transferring between one sector and the other is neither transparent nor easily manoeuvrable.
- Each system, namely disabilities and aged care, appears to have different histories, traditions and customs, administrations, funding bases and operating cultures which make it difficult for clients to navigate across them.

It is interesting to note that legislation regarding disability services and aged care is distinct. The Aged Care Act acknowledges the need to provide aged care services to people with special needs including people from Aboriginal and Torres Strait Islander communities, people from non-English speaking backgrounds, people who live in rural areas; and people who are financially and socially disadvantaged. Amendments to the Act's Allocation Principles also recognized the following groups as special needs groups: veterans, homeless, and care leavers.

Equally, there was no specific reference to older Australians with disabilities in the Productivity Commission's report 'Caring for Older Australians'. This report clearly stated that issues relating to the intersection between the aged care and disability sectors will be dealt with in the Commissions' Disability Care and Support inquiry which led to the acceptance of the NDIS. This distinctiveness also makes it harder for the two sectors to work more closely, despite the urgent need for them to do so.

While the debate regarding the involvement of people over 65 years in the NDIS continues, the NDIS enables people who participate in the NDIS to continue participating in the NDIS after the age of 65, if they wish to continue doing so. People participating in the NDIS can also opt out of the latter and join the aged care sector. Nevertheless, many of the issues discussed above continue to exist because of the largely distinct operational philosophies, funding sources, staff training and the different histories and traditions of each sector.

## 7.8 Changing Nature of Services

With the population ageing and the increase in the number of older people with disabilities, the likelihood is that there would be a change in the nature of services being required.

The needs of people who have early onset disability and experience early ageing are likely to be different to those who experience a disability as a result of the ageing process. Both groups will experience a range of biological, psychological and social needs. While the needs of both groups in some aspects would be similar, in other aspects their needs can be vastly different.

It would be imperative for clients to transfer between the various types of services due to their changing circumstances. The balance between specialist services and generic services, or between employment support and day activity services, or those between physical support services and emotional support services, or between acute care versus more generalized forms of care, would need to be carefully assessed.

In terms of specific services, the availability of a variety of accommodation options, an increase in the available mental health services as well as improvements in the quality of these services, and services relating to the transition from work to retirement is critical. If person-centered care options are to become a reality it is necessary to ensure that specially designed housing to accommodate a variety of equipment and supports vital for people with disability be made available. Universal design has not come into its own as yet. To enable buildings, products and environments that everyone can use safely and effectively, the principles of universal design need to be applied to both private and public housing as well as to the surrounding community.

It is clear that determining the balance in the nature of services required will not be easy, particularly because the client group is not homogeneous. They are diverse not only in age, sex, location and ethnicity but also in their disabilities and the level of support required, all of which contribute to the range of services required.

## 7.9 Health

The NSW Law and Justice Foundation states that compared to older people in general, for older people with a disability, access to health and legal services presents an even greater challenge. People With Disabilities (NSW) Inc. commented on the particular vulnerability of older people with disabilities.

Those who are older and have a disability are those that are the most vulnerable and real barriers do exist, especially for those who live in boarding homes or nursing homes, as the majority of them will have a disability. If you are old and don't have a disability, there will still be barriers to your legal access, but not as great as those for people with a disability.

The principle of substantive equality recognizes that to cater to the needs of a diverse population, service providers must be prepared to be flexible in the services they provide to address need. A major concern for all vulnerable groups is that the need for different services is often interpreted by service providers and the community as a form of separateness, with mainstream agencies tending to refer them to agencies with specific mandates such as Aboriginal Affairs, Multicultural Affairs and disability services.

Referring to the provision of health services to people with disabilities by the mainstream health services, a WHO report states that people with disabilities were more than twice as likely to report finding health care provider skills inadequate to meet their needs, four times more likely to report being treated badly and nearly three times more likely to report being denied care. Equally, all people who are ageing can be treated with little respect by hospital staff. The situation relating to people ageing with disabilities can be worse. An identified source of health related consumer issues for older people is the poor quality of communication between health service providers and older people. Attitudinal stereotypes, cohort factors and lack of access to information all contribute to such difficulties.

An additional concern for people with severe disabilities is that many hospital staff do not have the skills to assist them in many areas of care including manual handling, feeding etc. Hospital staff also do not have adequate time to spend with people with disabilities and often do not take the trouble to determine what the person with disabilities requires. For instance where a person with disabilities has complex communication skills, staff may not take the trouble to find out their needs from the service users perspective. They are mostly provided services decided for them by hospital staff. With an ageing population, more and more ageing people with disabilities would need hospitalization. The provision of supports in hospital remains a grey area and needs to be urgently clarified.

Although considerable improvements have been made to facilities to enable people with disabilities to access health facilities, there are still areas that need improvement to enable universal access, inaccessible medical equipment, and inadequate bathroom facilities being two areas for improvement. For example, women with mobility difficulties are often unable to access breast and cervical cancer screening because examination tables are not height-adjustable and mammography equipment only accommodates women who are able to stand.

Older people tend to display certain characteristics, such as their reluctance to question, complain and challenge authority, which can act as barriers to accessing quality health care and in enforcing basic patient rights. These barriers have significant implications for the effectiveness of current complaint and legal mechanisms, where the onus on enforcing rights is placed on the individual.

## 7.10 Mental Health Services

It is clear from the principles proposed by the NDIS that it will not fund mental health services including psychological services. The health system and the health and community services systems are responsible for the provision of these services. Ideally, these systems should be responsible for these services.

However the reality is that these systems are overstretched and are struggling to cater to the needs of people with mental illness. A review of the WA sector by Professor Bryant Stokes in November 2012 found that mental health services were fragmented and lacked adequate staff and resources. – He found that staffing levels were about 50 per cent less than what they should be. Following the review, the Director General of Health in WA admitted the state's mental health system cannot keep pace with demand and that the sheer weight of demand on mental health workers has been too much to handle. He stated that the '(the mental health system) had unprecedented demand for mental health services in this state over a number of years now...we have simply not kept pace.'

A survey of adults with cerebral palsy in Australia reported that, although many respondents noted increased depression, fatigue, frustration, anxiety and anger as they aged, only 16% had seen a psychologist in the past year and 11% had seen a rehabilitation specialist. Some respondents also commented that generic services are difficult to access.

There is anecdotal evidence to suggest that service users being referred to mainstream mental health service providers are frustrated by the services they receive from them. Their main concern is that most mainstream service providers lack the training required to provide services to people with disabilities. In particular, there is a tendency to show little respect, if any, for people with a high level of disability and to be bewildered by the behaviour of people with disabilities who show no obvious signs of their disabilities. Training of mainstream staff is a key issue to enable them to provide a quality service to people with disabilities.

## 7.11 Employment

Employment is recognized as an important aspect of social inclusion. This benefit of employment is particularly important for people with disabilities who tend to have fewer social interactions outside of work than people without disabilities. As with everyone else, economic independence enables people with disabilities to have more choice, be independent and participate in various aspects of community life. The importance of employment is included in the United Nations Convention on the Rights of Persons with Disabilities. It is also important to enable people to save for old age. Inadequate savings means a loss of financial stability and independence which can cause many restrictions and impact adversely on participation and community engagement.



A few years ago the Australian Human Rights and Equal Opportunity Commissioner stated that employment is the one area in which the Disability Discrimination Act (DDA) had made the least progress. He said that the issues identified when the DDA was first introduced continue to be relevant, namely:

- Discriminatory attitudes or lack of awareness leading to direct discrimination;
- Existing rules and procedures having disadvantageous effects on people with disabilities;
- Physical barriers in premises or equipment;
- Barriers in information and communication.

These views were reiterated by the Federal Department of Education, Employment and Workplace Relations stating that ‘...many people with disabilities want to work but experience barriers such as poorly coordinated support, inadequate education and training opportunities, outmoded community attitudes and the fear of losing eligibility for crucial benefits.’

Historical data also indicates that there has been little improvement in labour force outcomes for people with disabilities between 1993 and 2009. The participation rate which was 55 per cent in 1993 was 54 per cent in 2009. Conversely, over the same period, the participation rate for working age people without disabilities increased from 77 per cent in 1993 to 83 per cent in 2009. A person’s level of disability contributed to their employment status with only 17 per cent of people with a profound level of core activity limitation participating in the labour force. About 40 per cent of people with disability who were employed were in part time employment.

Due to Australia’s population profile, the Federal Government is seeking to increase the workforce participation rate and is targeting people currently outside the workforce, including people on the Disability Support Pension.

The government is taking measures to support and encourage people with disabilities to find employment. For example, people on the disability pension are now able to use employment services without triggering an automatic review of their pension, removing the cap on access to disability employment services which has previously left some people waiting up to a year to access these services – 10,000 more people each year will now be referred to employment services. The Federal Government is investing \$85 million in new employment services to support the employment of people with disabilities.

At the same time, The Government has signalled the need for Australian Disability Enterprises (ADEs) to develop to respond to choice and individual needs. The Government expects individualized funding to open up opportunities for new service providers to enter the market and is supporting ADEs to develop to enable them to compete in a market driven environment. While it is not expected to have an immediate impact on ADEs, they are encouraged to consider the impact of current consumers taking their business elsewhere if new services entering the market are perceived to be more responsive to service user needs.

Betty Freidan demonstrated in 1993 in *The Fountain of Age*, that popular culture depicts older people as economically dependent, constantly in poor health and simply boring. People with disabilities were thought to have these characteristics, whatever their age. They are primarily seen as recipients of care. Some work has been done by governments and community groups to change this image with some success, but by and large this image continues to exist. It is imperative to exploit every opportunity to change this image to representing older people generally and older with disabilities particularly as people making positive contributions to society, including working, and paying taxes.

In recent years workplaces have placed a strong emphasis on diversity. However, the concept of diversity being strongly advocated seems to be largely confined to Aboriginality, ethnicity and religion and only marginally related to disability or age. Given the Federal Government's push for more employment for older people and people with disabilities, the concept of diversity in workplaces needs to be made broader which a genuine effort towards the employment of older people and older people with disabilities. If this is done, work environments which are particularly inflexible to people with disabilities will change and become more flexible.

There is ample opportunity in both situations to advocate for community development projects to boost employment and skills development for older people with disability so they have the necessary skills to engage more fully with the community through employment and at retirement.

## **7.12 Income Security**

It is generally acknowledged that older people with an early onset of disability have a considerably lower participation in the workforce than their counterparts without disabilities, (with 65.3 per cent of the disabled population not in the labour force), which reduces their possibility for savings and building superannuation. The extra cost of disability incurred throughout their lives together with increased dependence on government pensions (such as the Disability Support Pension) as the major source of income also reduces their financial capacity. Women ageing with a disability are seen as particularly vulnerable, as they are less likely to participate in the labour force, are less likely to work full time and even today are likely to earn less than men.

The NSW Industry Group on People Ageing with Disability stated that 'Many people with disability suffer poverty as a consequence of unemployment, reliance on inadequate welfare support, and the high costs of living associated with the expenditure involved in the purchase of support services. People with disability who are ageing frequently are unable to generate the savings necessary to meet costs for auxiliary services needed as a consequence of ageing.' ABS statistics show that of people with disabilities aged 15-64, 54 per cent were participating in the labour force, compared with 83 per cent of the non-disabled population. The participation of women with disabilities was well below that of men, being 49 per cent as opposed to 60 per cent for men.

People with disabilities mostly find employment through one of two ways. Open employment through Disability Employment Services which offer a range of services to support your individual needs, including:

- help to prepare for work, including training in specific job skills
- job-search support, such as résumé development, training in interview skills, and help in looking for suitable jobs
- support when initially placed into a job, including on-the-job training and co-worker and employer support
- ongoing support in a job if required
- the purchase of vocational training and other employment-related assistance
- access to help with workplace modifications; support services; and Auslan interpreting in the workplace.

Many of those employed through Disability Services Employment are employed at the lower levels of employment, and due to their disability which can prevent them achieving the level of productivity required may not earn the full award rate. Many of them earn between 50 -70 per cent of the award rate.

People on the disability Support Pension and with a profound disability usually find employment through Australian Disability Enterprises (ADE). As presented in other sections of this paper, people with disabilities achieve many benefits through their employment in ADEs. However, the major drawback in working in an ADE is that employment does not provide employees with financial stability. Disability employees in ADEs are paid an assessed hourly wage on top of the Disability Support Pension. The hourly wage is a proportion of the minimum wage and at the ADE attached to TCCP it varies between \$ 3 and \$ 11. The superannuation is paid on the assessed hourly wage. Two examples at the opposite ends of the payment spectrum puts this into context.

Employee 1: works 25 hours and is paid an assessed wage of \$2.31 which is approximately 14 per cent of the minimum wage. Her earned wage for the year is \$3011 which equates to a superannuation contribution of \$10 per fortnight and \$271 annually. She has worked for 32 years at the ADE which means that at a maximum, total superannuation payments will be \$8671 for that entire period.

Employee 2: works 36.7 hours per week and is paid an assessed hourly wage of \$6.20 which is approximately 39 per cent of the minimum wage. His earned wage on top of the DSP annually is \$13,439 which equates to a superannuation contribution of \$41 per fortnight and \$1062 annually. He has worked for 34 years and during that time, the maximum total superannuation payments will be \$36,115. It is important to note that if these employees earn more than the minimum wage they lose 50 cents in the dollar of their DSPs. Example 2 loses \$154 per fortnight from the DSP.

Unless these clients have family inheritances, their ability to secure financial independence is extremely limited. Without financial independence, their ability to choose the lifestyle of choice is restricted.

A considerable difference will be made to the lives of people with disabilities who are ageing if the 9 per cent superannuation guarantee is calculated on the actual earnings as well as the DSP for all on supported employees. This will also ensure that all supported employees are eligible for superannuation and not only those that received a wage of \$450 or more per month. The Australia Tax Office states that 'Generally, (employers) have to pay super for an employee if they're between 18 and 69 years old (inclusive) and you pay them \$450 or more (before tax) in salary or wages in a month. It doesn't matter whether the employee is full time, part time or casual.' Although some ADEs have always paid superannuation even to those that did not earn \$ 450 a month, it is left to ADEs to make this decision.

### **7.13 Transition to Retirement**

Increased life expectancy for men and women in Australia and the age structure of the population as a whole has meant that retirement has become a more substantial as well as a more active part of people's lives. However this trend does not appear to be transitioning as smoothly and as effectively to the lives of people with disabilities for whom employment holds a multi-faceted benefit. For many people with disabilities, employment not only provides a means of income but is also responsible for providing a social environment and an important support structure.

Despite their advancing age, older employees attached to ADEs and their families find the whole notion of retirement a novel idea. This 'even though they may have slowed down at work, had declined health and productivity and/or no longer enjoyed being at work...(many of them) are confused and distressed about ceasing work.'

People with disability who had already retired clearly missed working, missed their friends and wanted to return to work. For people with intellectual disability, retirement was an area of confusion. Overall, most people with disability had only a limited understanding of retirement and what it would entail in terms of how it will impact on their lives.

A pilot study undertaken by the City of South Perth on the transitions to retirement for people with disabilities found that the services provided by service providers were patchy and uncoordinated. They included the following type of activities;

- 'Development of support plans for clients;
- Referral to community support services and social activities;
- Ensuring pensions and funding are in place; including financial counselling to assist with managing outcomes;
- Continuing to work with their clients regardless of age and work status, adapting activities to suit changing needs;
- Reviewing or developing their processes for these, considering transitions to retirement was a new approach;
- Consulting with clients about opportunities;
- Maintaining ongoing relationships and contacts from pre-retirement; and
- Providing respite for parent carers which in turn give opportunities for people to learn what they need to cope without them.'

The study also found that the following factors were either important or very important to people with disabilities to have a smooth transition to retirement and have active involvement in the community:

- Appropriate and interesting activities in which to participate;
- Individual preference and interests;
- Gradual transition from work to retirement; and
- Capacity to incorporate carers or have assistance of others to participate.

The South Perth Study found that taking time to plan for retirement was the most important factor in ensuring a smooth transition. It was estimated that 5-10 years was required for people to find local community groups that were to their liking and to build friendships and relationships. Parting with work mates and severing relationships were seen as the most difficult aspects of retirement. Therefore forming friendships and being comfortable in the chosen activity and community organization is seen as important to successful transition.

Three case studies of people employed in an ADE are presented below and makes these issues a practical reality for people with disabilities.

#### *7.13.1 Case Study 1*

Supported Employee with a physical and an intellectual disability at an Australian Disability Enterprise (ADE) decided to retire when he was 55 years of age after being a supported employee for 38 years. He believed that he was entitled to \$30,000.00 from Government at retirement despite being advised otherwise by ADE. Although he had worked at the ADE for 38 years his superannuation was small because the actual wages he received over above the disability pension was between \$ 4000 and \$ 5000 per year and superannuation is only paid on the top-up payment when they were eligible. Contact was made by ADE on his behalf with government departments for additional support to enable him to enjoy his retirement. However, no additional support was available to him. Compounding the issues he confronted was that he was a diabetic who regularly suffered from hypoglycaemia. Once he was found by a person known to him in a coma on the side of a road. Being with the ADE for 38 years his entire social involvement was and continues to be with it.

The individual keeps in regular contact with the ADE, seeking assistance as required. The ADE is not funded to provide this support but continues to support him because other avenues of support are not accessible to him.

#### *7.13.2 Case Study 2*

Supported employee with very high physical support needs decided to retire from an Australian Disability Enterprise (ADE) due to failing health. The person was keen to transfer to an Alternative to Employment (ATE) service for 3 days a week and then retire from work. Applications were submitted for state funding to attend an ATE several times over an 18 month period and were declined on each occasion. Support to make the transition from work to retirement was not available to him.

The individual was forced to retire from employment because of ill health and passed away 2 weeks later, never having an opportunity to enjoy any aspect of retirement. He kept working for as long as he possibly could, even though his preference after 41 years of work was to retire before he eventually did and enjoy his retirement.

### 7.13.3 Case Study 3

After working at an Australian Disability Enterprise for 40 years a supported employee was thinking of retiring for a number of years. At age 65 feeling physically drained due to decreasing mobility the individual retired from the ADE.

He had participated in an organisationally funded retirement program trial on its own initiative 12 months prior to retiring. During this trial the individual identified participation in a lawn bowls club to be his preferred activity after retirement. A visit was organised to a club when he realised that he could not access many of the facilities. As a result he lost interest in lawn bowls. This was an important decision for the individual as he had built his retirement dreams around participating in a lawn bowls club including attending functions.

The trial retirement program then provided him the opportunity to change his focus to public speaking. His focus was to tell people about being a person with a disability in the community. With the support of the ADE and TCCP the individual did get opportunities to speak about being a person with a disability and how best to support people with disabilities by becoming involved in the TCCP orientation program.

From this experience and with support from the ADE he was nominated and successful in obtaining a seat on a Government Disability Council and provides orientation training to a larger service provider.

These three case studies show the issues which ageing people with disabilities confront when they wish to retire. They are:

- Reluctance to retire even when they are physically and emotionally ready to do so;
- The lack of financial independence which is critical;
- Despair and anxiety they confront;
- Lack of correct and appropriate information;
- Limited opportunities to participate in community activities;
- The need to trial activities prior to deciding whether they are appropriate for them.

A pilot study on the transition to retirement commissioned by the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) found that if the idea of retirement is introduced early and education and support to plan for retirement is provided, workers are receptive to the idea of retirement.

The pilot found that although ADEs have a role in lifelong planning for retirement they may not be the most appropriate organization to assist employees to transition to retirement because of the substantial dedicated staff hours and resources required to do so. They also may not have the skills and knowledge required to make the linkages between employment and post work activities. The pilot found that personalized lifestyle planning undertaken early is critical for people with disabilities to understand the challenges they face in retirement and to engage with available opportunities.

While recognizing the role ADEs played in lifelong planning for retirement, the study found that the most effective approach was for the appointment of a transition coordinator, using a case management approach, which sees the whole person rather than seeing the person only in their work role, to liaise between the individual with disability, their family and community services. The evaluation found that while ADEs had trusted relationships with their employees and had an important role to play in allaying their fears, and recognition when employees are slowing down and are ready for retirement, they may lack the skills required to bridge the gap between employment and post-work activities.

The evaluation of the pilot study found that person centred planning should be utilized to identify retirement issues and possible community options for retirement. The planning model should be simple to assist the service user to understand the opportunities in life after work. The evaluation also found that linkage activities using a community development approach will be appropriate to engage and educate community services and give the employee an opportunity to try out and experience the activity.

### **7.14 Community Participation**

Although community attitudes towards people with disabilities have changed in recent years there is still much to be done before community participation for them is the norm. Their involvement with community members outside the time spent on specific activities is limited. Interestingly, research shows that people with disabilities who are ageing are even isolated from other older Australians despite many of them experiencing late onset disabilities.

The FaHCSIA study previously referred to found that community groups varied greatly in their engagement with people with disabilities. While most of them were open to having people with disabilities, only some of them had taken steps to encourage the participation of people with disabilities. Community groups' capacity to include older people with disabilities in their activities improved with education. Seniors' groups were also receptive to the needs of seniors with disabilities; however their engagement was primarily with people who had acquired a disability as the result of ageing. The study found the following barriers to the participation of seniors with disabilities in community group activities:

- Lack of aids or adaptation;
- Complex and/or inappropriate activities;
- Attitudes of current users;
- Insufficient knowledge and experience of staff/volunteers;
- Group/service not being widely known;
- Means and cost of transport, including the cost of parking.

A survey was conducted among 162 community-based organisations that assist older adults or people with intellectual disability in Queensland, regarding the types of programs offered to older adults with intellectual disability. The results showed that only 36% of the organisations had provided assistance to at least one older adult with intellectual disability in the past 12 months. Older women's groups were reluctant to include people with early onset disabilities in their organisations because of being nervous that their inclusion would make it harder to present a positive image. These groups see a distinction between with early onset disabilities and those with late onset disabilities being far more willing to include the latter in their organisations.

The NSW Law and Justice Foundation identified some important differences between people who had a lifelong disability and those that acquire a disability in old age. Some of the distinct needs of older people with a long-standing disability are:

- they are more likely to have low levels of functional ability, which is often the main reason they require care
- they are less likely to use community services and facilities or participate in community activities without assistance
- they are more likely to have low levels of education
- they are more likely to live in residential care and less likely to live alone or live with their families
- they are less likely to have good social networks outside the family or their place of residence
- many have difficulty expressing their needs or may require assistance to identify their needs
- they are less likely to use community services and facilities or participate in community activities without assistance.

Post-employment supports, or the lack of them, are a major issue for people in supported employment who retire from the workforce. This is a trigger for depression, deterioration of health and wellbeing in the general community and it is even more so for people who retire after a lifetime in supported employment. Their disability gives them an added layer of vulnerability and in their isolation, loneliness and vulnerability they are often targets of abuse and crime.

The FAHCSIA evaluation on transition to retirement found that both community education and community development can be effective approaches to working with community organizations. These approaches are particularly necessary because the long term segregation of older people in supported employment or ADE programs, their visibility in the community has been lacking.

### **7.15 Support for carers**

One in eight Australians provide care to those needing assistance due to disability, old age or chronic illness. In 2005 carers were estimated to have provided 1.2 billion hours of care. The projection is that carers over 65 years of age will increase by an estimated 110 per cent between 2001 and 2031. Projected figures also show that by 2031 carers aged over 65 would comprise 56 per cent of all carers.

In economic terms, Access Economic estimated that if all hours of informal care were replaced with services purchased from formal care providers and provided in the home, the replacement value would be \$30.5 billion. In contrast, the Government's expenditure on aged care in and Home and Community Care was less than a third of that total. The \$ 30.5 billion does not factor in the personal costs to the individual carers such as the burden of pain and suffering associated with depression, musculoskeletal injuries and other problems. A Report by the Australian Institute of Health and Welfare states that carers are twice as likely as the general public to have poor health, are less likely to be employed, and experience financial hardship during most of their lives. Recognising the role of informal carers Government have for some time provided them some support through welfare support payments and service provision although levels of support remains comparatively lower than for other streams of care.



It is estimated that over the next thirty years, there will be a declining ratio of carers to the number of older people needing care. The number of carers is projected to rise by 57 per cent while the number of people needing care will rise by 160 per cent, constituting a massive imbalance. Planning ahead to manage this inevitable crisis is critical in the long term. It would be particularly important to give significant consideration to the nature and extent of supplementary support and services required to sustain the care situation due to the substantial commitment and costs that care giving carries. It cannot be assumed in policy making that informal care from family and friends will be available for people needing care in the same manner as it has been to date.

## **7.16 Access to Legal Services**

The New South Wales, Law and Justice Foundation states that compared to older people in general, for older people with a disability, access to health and legal services presents an even greater challenge. People With Disabilities (NSW) Inc. commented on the particular vulnerability of older people with disabilities:

Those who are older and have a disability are those that are the most vulnerable and real barriers do exist, especially for those who live in boarding homes or nursing homes, as the majority of them will have a disability. If you are old and don't have a disability, there will still be barriers to your legal access, but not as great as those for people with a disability.

In its research the Foundation found that older Australians with a disability had a lack of awareness of their legal rights, a lack of confidence in enforcing those rights, a reluctance to take legal action, and a perception that the law is disempowering and cannot solve their problems. In addition they identified the following general barriers relating to the ability to access legal information and advice:

- technological barriers, particularly for telephone and web based services
- a lack of awareness of where to obtain legal information and assistance
- a lack of appropriately communicated legal information
- the high cost of legal services
- a lack of interest by some legal practitioners in older clients
- potential conflict of interests when legal practitioners for older people are arranged by family members.

The Foundation identified many areas in which older people with disabilities would require legal assistance. For example, in the area of accommodation the following areas were identified:

- inadequate security of tenure;
- complex and confusing contractual and financial arrangements, particularly concerning the transfer of the persons property to the nursing home/facility, the return of bond money, and complex fee structures;
- abuse and neglect within the nursing home/residential aged care facility;
- inadequate access by residents to medical and care records.

There is a wide range of issues with which older people with disabilities may require legal assistance, with little access to these services.

## 7.17 Recommendation

The paper strongly recommends the need for strong advocacy to engage government of all tiers, community organizations and disability and age care organizations to make a concerted effort to improve a range of services to facilitate positive ageing for people with disability. Although the paper identifies several areas for improvement, it prioritizes the following areas as requiring immediate attention:

- community attitudes.
- interface between aged care and disability services;
- income security;
- transition to retirement; and
- access to legal assistance

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## **7.18 Disability and ageing in the Seniors Strategic Planning Framework 2012-2017**

Economic Security and protection of rights is identified as a “pathway” in the Seniors Strategic Planning Framework 2012-2017. The document refers to the Seniors Card and the concessions available to seniors, but makes no recommendations as to policy directions. In this respect, the Framework is fundamentally flawed and inadequate given the importance of concessions and retirement incomes.

Community participation and ageing well are identified in the Seniors Strategic Planning Framework 2012-2017 as “Key Factors” and “Planning Needs”. “Promoting health and wellbeing” and “Opportunities to contribute” are identified as “Pathways”, but there are no clear directions, policies or practices are identified to achieve these goals.

The absence of a planned and coordinated approach to concessions reduces the potential impact of adopting of the age friendly communities work being undertaken in Western Australia.

## **7.19 Ways forward in disability and ageing**

The paper strongly recommends the need for strong advocacy to engage government of all tiers, community organizations and disability and age care organizations to make a concerted effort to improve a range of services to facilitate positive ageing for people with disability. Although the paper identifies several areas for improvement, it prioritizes the following areas as requiring immediate attention:

- community attitudes.
- interface between aged care and disability services;
- income security;
- transition to retirement; and
- access to legal assistance

## 8. Indigenous ageing

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Indigenous ageing is largely neglected, despite the fact that Aboriginal seniors are playing a vitally important role in their communities; As the Australian Institute of Health and Welfare notes (Australian Institute of Health and Welfare 2011. Older Aboriginal and Torres Strait Islander people. Cat. no. IHW 44. Canberra: AIHW.):

*The number of older Indigenous people (50 years and over) is growing, but they represent a relatively small proportion of the total Indigenous population (12%) compared with the share of 50+ year olds in the non-Indigenous population (31%) Due to their poorer health status and higher levels of socioeconomic disadvantage, the healthcare and support needs of older Indigenous Australians differ from those of other Australians, and they use these services at both higher rates and younger ages. In 2008, around 16% of older Indigenous Australians had severe core activity limitations meaning that they required help with self-care, mobility or communications. Cardiovascular disease is the leading cause of disease burden in this population group, followed by malignant neoplasms, diabetes, chronic respiratory disease and nervous system and sense disorders. Dementia is emerging as a problem for Indigenous people at comparatively young ages (under 75 years), probably due to the high rates of chronic disease and other risk factors they experience, but relatively few access government support programs, particularly in remote communities*

COTA WA notes that:

Indigenous seniors have special needs in terms of all the variables that we have discussed in this submission and continue to be the most disadvantaged people in the Western Australian community.

Inclusion is an important aspect of an age-friendly community.

We are not convinced that the age-friendly communities work undertaken to date has been effective in engaging with older Aboriginal people nor their communities.

### **8.1 Indigenous people and ageing in the Seniors Strategic Planning Framework 2012-2017**

The framework is silent on this issue

### **8.2 Ways forward for Indigenous people and ageing**

A stronger focus on the needs of older Aboriginal people is required to overcome the disadvantage that they experience. Enhancing engagement between governments at all levels and Aboriginal people should be a priority to ensure that they can enjoy the benefits of an age-friendly community.

## Conclusion

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We have painted an extensive picture above in response to the Committee's Inquiry in which, I believe; we have shown that while the Age Friendly WA Initiative has some strengths, there is still much to be done to meet the needs of the ageing population in Western Australia. Despite the fact that the ageing population phenomenon has been widely researched and documented for many years, successive government shave failed to plan adequately for its impacts. This oversight has serious implications for the future of Western Australia.

Recent Federal budget changes have brought concessions to the forefront of public attention, but the fact that the current concessions framework is inequitable, inefficient and unsustainable has been evident for a long time. Planning for retirement is a long term proposition, and seniors have made plans based on current information. Dramatic changes to the structure of concessions cannot be easily accommodated by people on low and fixed incomes, but that is what they may have to cope with if the decisions made by the Federal Government are sustained and the State Government does not fill the gap created by the scrapping of the agreement between the State and Federal Government that underpins them. The Age Pension falls well below the Westpac/ASFA standards for a "modest but adequate income in retirement", so the impact of reduced concessions is potentially disastrous for some seniors.

Housing is in a state of crisis, with increasing numbers of seniors unable to access affordable and appropriate housing. Supply side measures are required to address the shortfall. Market forces will not fill the gap, and government support is required to mitigate this growing crisis.

Health is a major concern for all older people. Preventative strategies, particularly increasing physical activity, can address many health conditions traditionally, and mistakenly, attributed to ageing. This is a win-win situation both for seniors and the government in that health costs can be reduced if people live not only longer, but healthier. Greater support for preventative health measures amongst seniors would be appropriate.

Social isolation and loneliness remain prevalent amongst seniors. There are many factors that lead to these outcomes, most of which are predictable. Age-friendly communities may increase community connectedness and encourage participation and involvement in community life, and to this extent, the age-friendly WA initiative is supported. However, more needs to be done to prevent social isolation and loneliness.

Employment for older people is a major area of concern, with too many older people becoming long term unemployed, depleting their savings and ending up as impoverished full age pensioners. Reducing later life unemployment and creating opportunities for re-entry to the workforce requires innovative approaches such as we propose through the COTA Employment Service. Workforce planning is required across the board to mitigate the effects of population ageing and the reduced numbers

of young people entering the workforce. More needs to be done than is suggested in the strategic framework.

Ageing amongst Indigenous people has been neglected and this may result in compounding disadvantage amongst the Aboriginal community.

A wide range of other issues relating to ageing has not been covered in this paper, including the needs of carers, people from Culturally and Linguistically Diverse Backgrounds, rural and regional seniors, and the very important issue of age discrimination. Unfortunately, our resources do not permit us to address those issues. The Committee is seeking to inquire into:

1. The effectiveness of the Seniors Strategic Planning Framework 2012-2017 in guiding policies and programs to create age-friendly communities throughout the State; and
2. The extent to which age-friendly communities have been established in WA.

Our conclusion is that:

1. Successive governments have failed to adequately plan for the ageing population – the strategic framework is not a planning document and nor does it make any commitments to specific actions to address the many issues and concerns that are arising as the population ages.
2. While age-friendly communities are a valuable tool in addressing some of the presenting problems, much more work needs to be done to make WA truly age-friendly.