

**COMMUNITY DEVELOPMENT AND JUSTICE
STANDING COMMITTEE**

**INQUIRY INTO POLICY IMPLICATIONS OF
AN AGEING COMMUNITY**

**TRANSCRIPT OF EVIDENCE
TAKEN AT PERTH
WEDNESDAY, 25 JUNE 2014**

SESSION TWO

Members

**Ms M.M. Quirk (Chair)
Mr I.M. Britza (Deputy Chair)
Mr C.D. Hatton
Mr M.P. Murray
Dr A.D. Buti**

Hearing commenced at 10.48 am**Mr KENNETH GODFREY MARSTON****Chief Executive Officer, Council on the Ageing Western Australia Inc, examined:**

The CHAIR: Good morning, Ken, and thanks for being here this morning. On behalf of the Community Development and Justice Standing Committee I would like to thank you for your interest and your appearance before us today. As you are aware, the purpose of this hearing is to assist the committee in gathering evidence for its inquiry into the policy implications of an ageing community, and you obviously have a copy of the committee's specific terms of reference. I will begin by introducing myself and the other members of the committee. I am Margaret Quirk, the Chair; on my left is Ian Britza, the member for Morley, who is the Deputy Chair; on his left is Chris Hatton, the member for Balcatta; and on his left is Mick Murray, the member for Collie-Preston. On my right is Dr Tony Buti, the member for Armadale.

This is a committee of the Legislative Assembly. This hearing is a formal procedure of the Parliament, and therefore commands the same respect given to the proceedings in the house itself. Even though the committee is not asking witnesses to provide evidence on oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. This is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any document during your evidence, it would assist Hansard if you could provide the full title for the record. Before we proceed to the questions we have for you today, I need to ask a series of questions. Have you completed the "Details of Witness" form?

Mr Marston: Yes.

The CHAIR: Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

Mr Marston: Yes.

The CHAIR: Did you receive and read the information for witness briefing sheet provided with the "Details of Witness" form today?

Mr Marston: Yes.

The CHAIR: Do you have any questions in relation to being a witness at today's hearing?

[10.50 am]

Mr Marston: No.

The CHAIR: Thank you very much for your very comprehensive submission. Together with the information you provide today, your submission will form part of the evidence to this inquiry and may be made public. Are there any amendments you wish to make to this submission?

Mr Marston: No, there are not; I did send a second version because there was a typo in the first one. I think you have received the second one.

The CHAIR: We have a series of questions to ask you today, but before we do that do you want to provide the committee with any additional information or make an opening statement to the hearing?

Mr Marston: Not other than to thank you for the invitation. I think this is a very important inquiry, and very timely given the ageing of the population. Thank you, and I am very happy to participate.

The CHAIR: Where to start? COTA is an organisation. I think some of us know where COTA stands and what its role is, but perhaps for the purposes of the record you could maybe tell us a bit about COTA.

Mr Marston: Yes I can. It was founded in 1959 as the Old People's Welfare Council, and Council on the Ageing WA Inc, known as COTA, is the peak body for seniors in Western Australia. We have both organisational members, roughly 200 of them, and individual members. Our role is to provide policy and advocacy around seniors issues and, obviously, we provide membership services to our members, including a magazine and lots of information. We provide programs that benefit seniors, including Living Longer Living Stronger, Seniors' Housing Centre, computer training and lots of other things. Even though we are a member organisation, we seek to work on behalf of all seniors in Western Australia and certainly people will ring us and get information from us and we do not insist on membership, so we are a very open organisation. We are an apolitical organisation and, certainly, that is shown in our board membership, which comprises people like Bob Kucera, our current president, but also Rhonda Parker, a former Liberal minister for seniors.

The CHAIR: You have just mentioned housing there and, obviously, in terms of looking at age-friendly communities, that is very important. I know COTA has had quite a role in advising seniors recently in relation to housing. What do you see as the issues there?

Mr Marston: For many, seniors housing is in a state of crisis. We are seeing a lot of people coming through at the Seniors' Housing Centre who are quite desperate for housing. Homelessness is increasing and we are seeing grannies living under a bridge, unfortunately, but we are also seeing seniors in private rentals who simply cannot afford to move into new accommodation when the developers move in. We are seeing a whole range of new products and services from granny flats to retirement villages to lifestyle villages, so the situation is very complex and it is difficult for seniors to make wise decisions around housing. It is a real area of difficulty. The shortage of public and community housing is a very big concern to us.

The CHAIR: We may as well get rid of the elephant in the corner of the room. Obviously when we are planning for an ageing community, things like retirement income and income planning and financial counselling are all important. It seems to be coming to the fore in terms of public debate and the discussion we have had on concessions. What do you say about all that?

Mr Marston: Concessions form a really important part of retirement incomes and I will give you some figures, if I may. This is from "A guide to Australian Government payments" published by Centrelink, which shows the rate of the age pension currently. A single person currently receives a maximum of \$21 500 a year and a couple would receive a maximum of \$32 500. If we compare those figures with the Westpac ASFA retirement income standards, annually they prepare those standards, and they have a number of levels, the lowest being modest but adequate. They say the requirement for a modest but adequate income for a single person is \$23 283 this year, so that is nearly \$2 000 more than a single age pension. For a couple it is \$33 509, which is \$1 000 less than modest but adequate. I think that shows how important concessions are. If we look back at all the Treasury documents on retirement incomes, they say concessions are the top up that people receive in addition to the cash payment of the age pension. So, concessions are vitally important and particularly for those people who are solely reliant on the age pension. That is the context in terms of the importance. Also, concessions form a really important part of participation in society. We want seniors to participate and be active in the community, and in fact, to give back, which many of them do readily. So the concessions form the ability for many people to volunteer to do things to get on with their lives, and that gap I have just referred to, if it is eroded, will mean that people have less income, are less able to participate in society and are less able to access the essentials of life. You might say that fewer people are actually on the age pension, but an extraordinary portion of the population receives the age pension; something between 70 per cent and 80 per cent of all seniors receive an age pension and between 60 per cent and 70 per cent of

them receive the full age pension. That is indicative, I think, of the importance of concessions and the whole spectrum.

The CHAIR: One of the things we are obviously looking at is how age-friendly our society is and that means social participation. Does the lack of income lead to greater social exclusion and maybe some mental health outcomes?

Mr Marston: Clearly, people are constrained by income. If they cannot travel, for example, to volunteer, to visit relatives or to go to medical appointments, their participation in society is limited by that. If we add on to that the increase in fees and charges, they are really being squeezed. Social isolation is a big issue; people are stuck in their own homes, cannot get out and do things, and certainly we would not say that creates an age-friendly community.

Dr A.D. BUTI: As a result, do you think the cuts in concessions could actually be counterproductive with respect to the later problems that may develop if they cannot participate in civil society; therefore, it would be at a cost that the government has to incur to try and remedy the situation of people having certain problems as a result of not being participants in society?

Mr Marston: Absolutely, and that is not only the direct cost in terms of health care, but it is also limiting the contribution that people can make to the community. I mean, the value of more contribution in families, with babysitting, for example, is enormous, and certainly the value of volunteering is vast. So any constraint on social participation coming from lack of income is going to be a cost to government, ultimately.

The CHAIR: I think I have heard you say, but I have certainly heard WACOSS say, that the current structure of concessions and what have you maybe needs to be looked at and better targeted. My understanding was that there was some longer term review taking place. Are you involved in those discussions —

Mr Marston: Yes, we are.

The CHAIR: — or was yesterday's decision a surprise?

Mr Marston: Yesterday's decision in its specifics was a surprise. Clearly, the government had flagged the need to respond to the commonwealth cutbacks that were announced, and we knew there would be some changes, but the particular change that was made was unexpected. The bigger issue in terms of concessions is that governments at all levels have been told for many years that the current framework is inequitable, inefficient, poorly targeted and unsustainable. If you look at the figures in the budget papers, you will see the growth in concessions, and clearly that is unsustainable. So there is an issue. We welcome a review and we would like to participate fully in that to make sure that the money that is available goes to the people who need it the most. I will say that a review, in my mind, is not a simple cost-cutting exercise; it is the reallocation of resources, and there may well be people in the community who need more and we need to make sure that those who need it the most get it.

[11.00 am]

Dr A.D. BUTI: Would you be advocating means testing?

Mr Marston: I think means testing is reasonable in the current context. I think targeting money towards people who need it implies some form of means testing, and that is difficult given the complex interaction of assets, income, people's situation in terms of a fixed income and the fact that people have often planned for many years in anticipation, in good faith, that they will receive these concessions, which are now being eroded to some extent.

The CHAIR: Even some self-funded retirees would be verging on the pension so that they are in a position where you have got a low interest rate environment and they may be living longer than they expected to, so it is even very hard with the means testing not to create some disadvantage anyway.

Mr Marston: Yes, that is a possibility, but we have to recognise there are constraints. The bucket is not endless, so we need to make sure that those people who need it get it. I am a bit resistant to the term “self-funded retiree” frankly. I think we should talk about all seniors and look at income levels. I do not like to discriminate, and certainly that term evokes those who are deserving and those who are not, and that is a little bit undesirable.

Mr M.P. MURRAY: Just to step back a little bit, I get confused along the way about the difference between aged care and seniors’ care. We have these two words that are used over and over again. To me I see them as rolled into one. Why do we have this line, I suppose, about seniors’ care?

Mr Marston: The language of all this is complex and confusing. Even the names of the concessions do not make any sense at all. When we talk about aged care, we are talking about residential aged care, and that is nursing homes to most of us, and we are talking about community care—so, the delivery of services to enable people to live in their own homes, so a raft of services under things like home and community care and other programs—as distinct from people normally participating in society. We are distinguishing here between the delivery of care services when we talk about aged care and services which enable people to live normal lives in the community. Does that help?

Mr M.P. MURRAY: Not really, because I still see the overlaps that are there. Someone can be living a normal life, helping other people, but still need help themselves.

Mr Marston: Yes.

Mr M.P. MURRAY: This is this blurry bit. When we talk about funding not going far enough when you go into—I will use my example in my community—aged care, they do not take low-care people anymore because the funding is not high enough, so we have empty beds when people are desperate for low care. Those people who are still in their houses then become seniors’ care. I agree there should be an overarching look at the differences between what we call it and how we do it so that everyone fits into the model. At the moment, some people just do not fit into other parts.

The CHAIR: There is also artificial division between the commonwealth and the state that adds to that, does it not?

Mr Marston: Absolutely, yes. Of course, some of that comes from the Aged Care Act, which is a federal act, originally from 1986 and since revised a number of times. The terminology is incredibly complicated and difficult to understand.

Mr I.M. BRITZA: Ken, have you been able to compare other states and cities with any of our seniors or age-friendly initiatives in our state?

Mr Marston: Yes. We are part of a national network of COTAs. Something I did not mention at the beginning is that there is a COTA in every state and territory. COTA Victoria has been very strong on age-friendly communities and have a project that was funded by the Lord Mayor of Melbourne, I believe, in rolling age-friendly communities out into some of the Melbourne local government authorities. We are also part of international networks. Of course, age-friendly communities originate with the World Health Organization, so it is internationally known. If your question is “How well are we doing in comparison with other people?”, I think we are doing very well. Age-friendly communities were taken up strongly by the WA government; it funded a number of local governments to roll this out. I think we are seen as a leader in Australia around age friendliness.

Mr I.M. BRITZA: Not until we started this did I ever hear the term “age-friendly city”. Can you give me a little bit of history about that as far as you know, and is the term correct or is it appropriate?

Mr Marston: Let us start there. The term is useful in that it does have the underpinning of the World Health Organization and a whole set of policy work that has been done over a lot of years.

So, going back to, I think, 2002, the active ageing policy framework established three pillars of active ageing, which were health, security and participation. Some good policy work was done in around about 2002 onwards, and age friendliness really came out of that. Alexandre Kalache, who has been here on a number of occasions, has been one of the great advocates of age friendliness. So it is a valuable mechanism to encourage communities and governments to do more in terms of recognising the needs of the ageing population, but it is not everything; there are many things that do not fall within the purview of age friendliness. We would be well aware—you would be even more aware than I am—that local governments cannot do everything, and aged-friendly communities are rolled out through local governments, so there are limitations. If state government and federal government policy is not well coordinated and well planned, age friendliness has gaps, and housing would be one of those, to go back to that point. Local government has little influence, other than in planning regulations around the availability of housing. That would be much more in the purview of state and federal governments. Age friendly is a great thing to do. WA has been a leader and continues to be a leader, but there are other things that we need to be thinking about.

Mr C.D. HATTON: Do you think there is a problem with the disparity between local councils or local government in how they handle the age-friendly concept? Do you think some do it better than others?

Mr Marston: I think to some extent that diversity is a strength not a weakness. I think it is important that we do things differently in different places, and local governments are well placed to do that. Yes, there will always be variations in the quality of the product, because of staffing differences, knowledge bases—there are all sorts of reasons why it would vary. But as long as we stick to a set of principles which are clearly established within the framework, that is less of a problem. So diversity is good.

Mr C.D. HATTON: Ken, can I ask you about workforce participation and your views on employment for an ageing population?

Mr Marston: Yes. There is an enormous amount of age discrimination, which is preventing older workers from participating in the workforce. A person in their 50s or 60s has little chance of ever getting back into the workforce if they lose their job, and much of that is purely discriminatory. Clearly, older workers have knowledge, skills and experience, and consistently employers overlook them. It has been well documented by the Age Discrimination Commissioner, the Human Rights Commission has noted that and it has been well covered in the literature. The result of that is that people become impoverished in later life. If you lose your job in your 50s and do not get another job, you are on Newstart—Newstart is barely sufficient to live on—and your recourse is the hardship provisions of the superannuation act or whatever it is, so people draw on their super in their 50s and 60s and end up with nothing as a senior, and that is devastating. In addition to that, the impact that it has in terms of mental health is also devastating. People feel unwanted, undervalued. They desperately want to use their skills and experience and they are simply rejected by employers.

[11.10 am]

Mr C.D. HATTON: There is obviously a problem in that area, and it has been around for a while. Do you believe that the supply and demand in the workforce out there regulates itself or there should be more government intervention and input into a solution?

Mr Marston: I think there is a need for government intervention. I think it is an area of market failure. Markets do some good things; they do not do everything. You have difficulty overcoming entrenched attitudes amongst employers. People will tell you that old dogs cannot learn new tricks—not true. Older people can learn until the day they die. If people have valuable skills—perhaps they do not have a skill that they can apply any more as a baggage handler, for example, but they have competencies in other areas that can be transferred. Sometimes they need assistance to make the bridge between what they used to do and what they are doing in a new occupation. People are certainly capable of doing that, and we need to assist people to make that transition.

Mr M.P. MURRAY: As a follow on from that, do you see any problems with the workers' compensation system? I understand you cannot get it after 70 and you have to take out other insurance policies over and above, which then makes the employer say, "This is just too hard and I'd rather get someone else under that age group." Do you have any reports on that?

Mr Marston: I am not aware of that. The Workers' Compensation and Injury Management Act 1981 was amended, I think, two years ago, when Minister Buswell took out the age discriminatory provisions. In the WA act there is no longer any discriminatory provision; it was all taken out, and we welcomed that. I actually worked on that for 10 years and we got that changed. I am not aware of any current constraints; in fact, I would have thought that insurers would be breaching age discrimination law if they discriminated against workers over 70. I would love to hear if they are doing that; however, there are still discriminatory provisions in the commonwealth legislation, which covers commonwealth employees in WA. That legislation is full of discrimination, and certainly we would be urging the commonwealth government to amend that.

Dr A.D. BUTI: In regard to workers' compensation, you talk about age discrimination. If you are over 50 and you have also had a workers' compensation claim, you can forget it, you have no hope of a job.

Mr Marston: Yes. The other issue in there, of course, is that not everyone is capable of doing heavy manual work until pension age. So, a person who has worked on a jackhammer or has been a roof tiler who has been crawling through ceilings, we cannot realistically expect them to continue working, even until they are 65, never mind 70.

Dr A.D. BUTI: In regard to the push to increase the retirement age, do you think there needs to be some recognition of occupations; and, if so, how would you actually work that into a variation of the retirement age?

Mr Marston: I do not have any problem with increasing the retirement age, as long as we recognise that some people simply need to get out of the workforce, and we look after them. It is not only the manual workers; it is the senior people who have worked under a lot of stress for a long time—they need to get out. We need to look after people; that would be my answer. We need to tailor assistance to need, not set an arbitrary age at which people can get a pension or whatever. The gap between Newstart and the age pension is alarming; it is another \$50 a week less. Why would we do that to an older person who simply cannot stay in the workforce anymore?

The CHAIR: Ken, your submission mentions that ageing in Indigenous communities is virtually ignored. What should be happening?

Mr Marston: I think that a lot of work needs to be done in that area. Somewhat to my shame, having worked in Indigenous communities for many years prior to working in ageing, COTA has never done anything in recent years around Indigenous ageing. You might say why? The answer is because we cannot do it well; we cannot do it properly. We know that it is a difficult task. We know that there are things that need to be done, but it is fairly resource intensive to start properly consulting and talking to Aboriginal people. It worries me a lot that Aboriginal people are not fully engaged in the age-friendly communities process. Now, some of the local governments, I am sure, have made attempts to talk to local Aboriginal people, but there has never been a concerted effort to say what age friendliness really means for Indigenous people. I think we could do better in that area. When we talk about ageing Aboriginal people, we have to recognise that because of their social disadvantage and health issues we need to start younger than 60 —

Mr M.P. MURRAY: That is what I was going to add, because they die at a much younger age as well, and when you look at the census and what age they go out, it is many years younger than white Australians. How would that be recognised? At the moment we do broad brush; it does not pick up everyone. Saying to an Aboriginal person that they can work until they are 70, they would just laugh because they will not get there and will not pick up the pension anyway.

Mr Marston: That is correct. Aboriginal disadvantage is obviously profound and we need to work a lot harder to do things in that area. We have never had the resources to do it; we would love to do it and it is an area that needs a lot more attention to do it properly. In terms of the commonwealth, it takes the over-45 age group for Aboriginal people for the delivery of aged-care services, so they do recognise that there is a lower age at which that kicks in. We need to recognise the really important contribution that Aboriginal elders make to that community. They have so many responsibilities in terms of helping younger people, and we need to give them support.

The CHAIR: The other side, if you like, of the age-friendly coin is the inability of some aged and seniors to participate further because of health concerns, whether physical or mental health, and certainly in terms of expenditure by older people, health takes up a lot of their expenditure. What would you say in terms of those issues?

Mr Marston: Health becomes the most important issue the day after retirement. When we talk to pre-retirees, it is about money: Will I have enough? How big is the superannuation pot? What will I get? The day after retirement, they recognise that health is the most valuable thing they have. We are living in this amazing era of increased longevity and increased wellness, but there are people with disabilities and people with chronic conditions. Preventive health is vitally important, and that is why I put the emphasis on that in the paper you have seen. We run Living Longer Living Stronger. We are getting into more walking, which is interesting and attracts quite a lot of seniors. We know that physical activity can overcome many of the things that we associate with ageing. We can actually get better at whatever age. Encouraging physical activity is a very high priority for us and a little bit of prevention is worth a whole lot of cure. Certainly, seniors want to be physically active; it is a matter of providing avenues for them to do that. Living Longer Living Stronger in gyms appeals to some people. Going to a gym does not appeal to everybody, but we have made major inroads into that industry, and seniors are the fastest growing cohort in gyms and fitness centres, which is fantastic. It also gives us a great link to local government and to age-friendly communities. A lot of local governments are doing a great job; they have the rec centres and the staff, and we can help them with some training to keep that up and make the gyms and fitness centres age friendly through some interesting things, including turning off the horrible music that they often play in gyms and playing something that is a bit more acceptable to our generation, but also creating a social outlet so seniors can go to the gym, do their exercise and socialise afterwards. It is the whole context to that that works well. I think we could do much more around preventative health than we are currently doing.

[11.20 am]

The CHAIR: Are mental health facilities underdone? Do people think that as you get older, you are grumpy because you are old, not because they have a mental illness?

Mr Marston: They are very much underdone. I think the highest rate of suicide in Australia is men over 85—and who cares? Okay, we do not notice, they are just old blokes. There is discrimination in that area. There is a lack of psychology services targeted at older people that runs right across the board; counselling and psychology, even relationship counselling tends to be targeted at young people. Few older people would recognise that relationship counselling might be important in later life. But if you look at the statistics of breakdown of relationships in later life, it is a fact that they are needed, but those services are not readily available.

The CHAIR: Moves have been made federally about financial counselling which effectively lower the probity requirements for financial counsellors. Did the Council of the Ageing Western Australia get involved in any of that nationally?

Mr Marston: Are we talking about financial advisers or financial counsellors?

The CHAIR: Financial advisers.

Mr Marston: Yes; we have been involved in that nationally, very much encouraging the current government to maintain the previous government's position. There is difficulty around the independence of financial advice. Few people recognise when they go to a financial adviser, despite the fine print, that he or she has a financial interest in the outcome in terms of trailing commissions, and may gain considerably by selling a particular set of products or a particular product. If you go along to your bank, for example, the financial adviser will sell you financial products that come from that bank. It is not independent advice that people are receiving. The outcome of that is that the trailing commissions are paid throughout the life of the financial product, which may be the life of that person, so conceivably some 40 years of payments will be received by the financial adviser at the end of the day. Unfortunately, it is difficult to get independent financial advice. The issue about trailing commissions has not been legislated against. It is, frankly, a barrier to people when they are told that to get that sort of advice they will have to stump up \$1 000 or \$2 000, because they do not recognise that \$1 000 or \$2 000 spent today will save them \$50 000 over their lifetime. There is room for community education around that so that people are have the financial literacy and they recognise that a bit of money spent today getting independent advice will save them a lot of money in the long run. Yes, we have been advocating nationally for that.

The CHAIR: Returning to the aged friendly communities and the strategic framework, have any parts been successfully implemented?

Mr Marston: Yes, but unfortunately it is a strategic framework, not a plan. This document "An age-friendly WA: The Seniors Strategic Planning Framework" sets the whole thing out. It is very nice and highlights the key issues and a lot of stuff. It refers to a lot of the stuff what will help, but there is no commitment to actually do anything. We would like to see a much stronger planning framework that makes a commitment to do something; it is not simply a matter of identifying some dot points and saying, "Well, it would be nice if we did these things". Some commitment to actually doing them would be nice.

The CHAIR: I always worried when it is a multi-agency thing. At the end of the day, who will crack the whip and say to health or whoever else, have you done this, have you done that. It is a bit amorphous in that regard.

Mr Marston: You are highlighting one of the major concerns, which is cross-government coordination. Being older brings a lot of things into play—we are talking about health, housing, recreation; you name it, older people are doing it, yet we do not have a coordinated response to that. We have a Minister for Seniors and Volunteering and a Minister for Health who takes some control of aged care, but we do not have anybody who takes an overarching approach nor do we have anyone who is responsible for the overall planning of this.

The CHAIR: From what I have discerned, there is no big policy arm in the Office for Seniors Interests and Volunteering that is driving all of this. I do not know what your experience is.

Mr Marston: That is also my understanding. There are few policy people in the Department of Local Government and Communities. Historically, the Office of Seniors was very large, very grand; indeed, it had something like 50 FTEs 12 years ago. They are down to very few now.

The CHAIR: We are all stumped because your submission is so good! Do have any other comments you would like to make, Ken?

Mr Marston: We have seen the failure of governments at all levels to plan for the ageing population. It has been well documented that this population bulge was going to occur. Some of the longevity issues might have come as a bit of a surprise; people are living much longer and much healthier than anybody really predicted. But the population growth among seniors has been well recognised. But we have been beset by ad hoc decisions by governments at all levels over many years—a bit of this, a bit of that. That is simply not good enough. I am constantly surprised by the fact that this has not been picked up as an across-government issue that could really do something.

It is not simply a matter of these people costing us a lot of money. There is huge potential among the ageing population. The work that was done by the panel of the Economic Potential of Older Australians highlighted a lot of that. Professor Gill Lewin from Silver Chain was part of that. They said, “Look, here are people who are raring to go; they want to do things. They want to give back; they want to participate. They have skills and experience. Why aren’t you using them?” I do not know why we are not using them!

Mr C.D. HATTON: Ken, earlier you said that WA is doing pretty well and is seen as a leader, yet you have also said that we are failing at all levels. I understand that across-government participation is a solution to it. Can you explain why you said we do it fairly well, yet we are not doing it well?

Mr Marston: Separating the age-friendly communities initiative and what is in here, the initiative is good. It is based on local government. Local governments are relatively close to people and people have a chance to have input into that and participate. There is some capacity for change, but it is not the whole picture. There is much more. There are areas that are not local government issues, and it is there that we are failing. I am looking at the levels of government, the overall coordination, the need for input in areas that are simply not local government, including employment, which is a big one. While local government has some input into health, more can be done in that area and certainly Indigenous. There are areas where we could do a lot more to have a much more planned and thorough approach to ageing.

Mr C.D. HATTON: Thanks, that explains it. I want to ask two questions. The first is about the provision for Indigenous ageing. From your knowledge, if we go to Broome to look at what is available for Indigenous people there with ACAT assessments and with HACC and living at home capability or aged care facilities, would it be different for the Indigenous in the regions from what it is for the Indigenous in the metropolitan area?

Mr Marston: Yes.

Mr C.D. HATTON: Quite markedly different?

Mr Marston: Very much.

Mr C.D. HATTON: I thought so. Can you explain that briefly?

[11.30 am]

Mr Marston: Different people have different expectations, so there are variations within the Indigenous community itself and people’s identification and expectations of life in Broome would be different from the expectations of Aboriginal people living in the city. Access to services is much more difficult in the country than it is in the metropolitan area, although some services in the country might be better. Aboriginal Medical Services, for example, can be very strong in regional areas and while they have some strengths in the metropolitan area, perhaps less important than they are in most regional centres. I would also caution against the fly-in approach and hear a bit about what is going on. I know that is somewhat inevitable, but there is a need for real engagement and real conversations with Aboriginal people. Having worked in remote communities and seen a procession of people fly in—politicians, consultants, government people and the men in white socks, used to be the expression.

The CHAIR: There is a great Jodie Broun painting where they are meeting with the minister; they are all sitting around, everyone has flown in and they fly off again?

Mr Marston: Yes; I have seen some extraordinary things happen with that. I know people are often trying their best but there is considerable resentment in the Aboriginal communities that there is not a proper ongoing conversation. Those people hear the words that are spoken and fly out and we never hear from them again. They come and make us some promises which never seem to come good so there are real barriers to getting good information at the grassroots.

Mr C.D. HATTON: Ken, are there any other places in the world, cities or other that you believe are good models for aging communities?

Mr Marston: It is certainly worth looking at what is going on in Victoria and Melbourne. They would be the leader in Australia and we have a COTA person who would love to meet you if you do go to Melbourne. Canada is very strong in social policy and has done some good things around age-friendly, including age-friendly business, which is an area I have not talked about today. Age-friendly business is a growing area that we can look into. Toronto is good—the headquarters of the International Federation on Ageing. Dr Jane Barratt, who is from WA, would be happy to talk to you about age friendliness in Toronto. Hong Kong is very strong. I think Grace Chan runs an organisation in Hong Kong. UK, probably London, but it is always hard to compare London with anywhere, is it not? London is in a category of its own but there are some good things happening in greater London.

The CHAIR: One final thing I forgot; it is not your area of expertise, obviously, but the impact of dementia and the increasing number of people with dementia that we will see; how do you think this factors into these broader policy deliberations?

Mr Marston: It is a huge area. If you look at the Access Economics report, the work done by Alzheimer's is to some extent associated with the ageing population, but not entirely. Early onset dementia is around. It is going to be a very big problem and will be not only a financial burden with large social consequences around the growth of Alzheimer's and dementia. Alzheimer's Australia WA is doing a good job in terms of service provision and we are very happy to work with them. Again, going to preventive health, even though we cannot cure Alzheimer's, we can mitigate some of the effects of Alzheimer's through physical activity and brain training, so there are things we can do to mitigate the effects for some people. But there is quite literally a tidal wave of Alzheimer's and dementia which will come through and that will be a major area. Certainly, investment in research would be one area that we advocate for but it is not my expertise. I am sure you are going to talk to Rhonda Parker.

The CHAIR: Yes, in fact we already have. Thank you very much, Ken. Your submission is excellent. We know you have had a bit on your plate recently so to produce something of that calibre is just amazing.

Thank you for your evidence before the committee today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered. Should you wish to provide additional information or elaborate on particular points, please include a supplementary submission for the committee's consideration when you return your corrected transcript of evidence. Thank you very much, Ken.

Mr Marston: Thank you very much all of you.

Hearing concluded at 11.35 am
