

COUNCIL ON THE AGEING



Budget Submission

2007-2008

to the
South Australian Government

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Summary of commitments sought

Population ageing is a key determinant of the future of South Australia and yet it is being addressed piecemeal not strategically. At the beginning of the Government's new term, COTA prepared a budget statement seeking strategic and visionary approaches from our State leaders to enabling our older citizens and enhancing South Australia's response to its population ageing. Specifically, COTA sought that:

- Ageing be dealt with as a major economic issue across the whole of government, within the State Strategic Plan, within Cabinet considerations, and as a key driver of agency activity and investment
- A high priority be given to investment in older people, with a profile akin to that currently given to early childhood development
- Leadership be shown in integrating policy, planning and service delivery across all sectors to support and develop the contributions made by older South Australians to the future of this State

COTA now seeks budgetary commitments to that investment:

1. Workforce development and employment

- 1.1 Immediately commission the Economic Development Board to implement a whole of State workforce development plan with the intention of strengthening the workforce through utilisation of a greater proportion of the population aged over 50 years
- 1.2 Fulfil existing commitments to workforce development in the health and aged care sectors as a matter of urgency
- 1.3 Introduce a Public Service program to retain and develop the skills of older workers
- 1.4 Fund the implementation of the human resource tool kit for use with older workers in small and medium enterprises
- 1.5 Appoint a Thinker in Residence with expertise in workforce development for older workers

2. Care and support for older people

2.1 *Developing community care*

- 2.1.1 As a part of improvements to community care services being made through the establishment of Domiciliary Care SA, extend the scale and options of care and support available to older South Australians irrespective of their residential setting
- 2.1.2 Negotiate with the Commonwealth Government for a 20% increase in HACC funding [matched 60:40], dedicated to resourcing aged services, to enable an adequate infrastructure for the provision of community services to be put in place

- 2.1.3 Review, with the Commonwealth Government, the formula for future growth in funding to ensure that HACC services can keep pace with the increasing number and needs of frail older South Australians
- 2.1.4 In conjunction with the establishment of Domiciliary Care SA, and in partnership with non-government services, create a neighbourhood care program that develops the potential of local communities to interact with and include their older residents on a daily basis

2.2 Health

- 2.2.1 Provide increased resources to meet real and increasing demand in the acute health care sector
- 2.2.2 Invest in early intervention, prevention and rehabilitation
- 2.2.3 Facilitate access to heated pools for rehabilitation following illness or injury, and to preventative exercise programs
- 2.2.4 Resource the proposed Health Performance Council in a manner that ensures its intended capacity and independence
- 2.2.5 Establish and resource consumer and community participation in all aspects of health policy and service delivery
- 2.2.6 Implement reform of mental health services across the whole of the mental health system
- 2.2.7 Resource reform of the delivery of mental health services across the sector to provide equitable outcomes for ill people, their families and carers, irrespective of age
- 2.2.8 Resource services to improve the health behaviours of people who care for older people
- 2.2.9 Implement programs to improve the health behaviour of older men
- 2.2.10 Resource measures that systematise support for appropriate transport, for rural and remote Aboriginal people travelling to and from health care services, including ensuring that carers and/or family members can accompany clients transferred from psychiatric and acute care, and where an Aboriginal client has specific needs that require them to be accompanied
- 2.2.11 In line with the rights contained in the Charter for South Australian Public Health System Consumers, standardise practices relating to the recognition of Anticipatory Directives in publicly funded acute health care services so that older people can be confident that their intentions will be respected

3. Housing

- 3.1 Create a planning and legislative framework that supports the implementation of the Government's direction on affordable housing policy and provision, including implementing the commitment to have 15 per cent of all new housing developments include affordable housing
- 3.2 Commit resources to the provision of affordable and accessible housing for older South Australians

4. Transport

- 4.1 Release the report of the Fitness to Drive Task Force, and resource its recommendations
- 4.2 In particular, accept the Taskforce view that the AustRoads Model Licence Re-Assessment Procedure for Older Drivers is sufficiently developed to be trialled within a jurisdiction and initiate adoption in South Australia
- 4.3 Reinststate a program like the previous Driver Assessment Rehabilitation Service to administer the implementation of the AustRoads Model Licence Re-Assessment Procedure for Older Drivers
- 4.4 Include funding for access to health services for older people in negotiations on Australian Health Care Agreements being conducted through the Council of Australian Governments
- 4.5 Develop and deliver assisted transport programs for older people to travel to and from preventative, rehabilitative and acute health services, locally and remotely

5. Grandparents

- 5.1 Consolidate access to services and support required by grandparents who have responsibilities for raising their grandchildren
- 5.2 Extend current Government efforts to enhance access to services for grandparents to include the specific needs of Indigenous grandparents caring for their grandchildren

6. Older people and the law

- 6.1 Initiate accountability processes for people exercising powers of attorney
- 6.2 Provide additional resources to enable the Public Advocate to assist clients to redress financial abuse

7. Concessions

- 7.1 Report on the review of concessions being conducted by Revenue SA and on the implementation of any findings so that older South Australians can assess the extent to which concessions available to them are fair, sustainable and defensible and retain real value for people on fixed incomes
- 7.2 COTA seeks that cross jurisdictional access to transport concessions again be raised by the South Australian Government with other jurisdictions with the intention of seeking a resolution favourable to older people.

1. Workforce development and employment

There is no greater challenge in population ageing than its impact on participation in the paid workforce. COTA has been saying this forcefully since 2000 but the message is only just starting to be heard. Its dramatic dimensions are still not widely understood. Concerns about recruiting or training skilled workers for Roxby Downs or the destroyers project will be dwarfed by the challenge of meeting workforce needs in health and community services, education and energy utilities, to name only some.

COTA urges the State Government to urgently show strong leadership in fostering older workers' contributions in the workforce.

Specifically COTA seeks that the State Government:

1.1 Immediately commission the Economic Development Board to implement a whole of State workforce development plan with the intention of strengthening the workforce through utilisation of a greater proportion of the population aged over 50 years

The impact of the loss of older workers is being felt even now with this State having the highest proportion of people over 50 years of age not in the workforce. The impact of the loss of older workers can only become more pronounced as the so-called baby boom generation retires in coming years. For example, analysis of 2001 demographic data by Hugo [2006]¹ shows that while 12% of the State's workforce are males aged 45-54 years, 30% of the State's Electricity, Gas and Water Supply Industry Workforce are males in those years leading to retirement. Likewise, in the Health and Community Services Industry, 22% of the workforce are females aged 45-54 years. This same group makes up only 10% of the overall total workforce. These are two key industry areas for the State, and both face the retirement of a major portion of their workers in the coming 10-15 years.

On the one hand we have the healthiest and best educated group of Australians ever and many older people might be expected to stay in the workforce well into their seventies, especially since many will not have retirement packages that will last into their expected lifespan of mid-eighties and nineties. On the other hand traditional paradigms of retirement, continued myths about and discrimination against older workers, financial and other incentives to retire, and barriers and disincentives to continued workforce participation all mitigate against this.

Retaining people over age 50 in the paid workforce will contribute significantly to the social and economic well being of us all. South Australia needs to be on the front foot in addressing ageing workforce issues or we will be at a severe disadvantage nationally and internationally. Given the right conditions

¹ Hugo G 2006 Presentation to COTA (SA) Strategic Planning Workshop

many people over 50 who are not in the active workforce can be attracted back to work. Clawing back some of this very early retired group is a far cheaper and more realistic approach than alternatives.

‘If Australia manages to increase participation rates of older people, the reduction in labour force growth would be mitigated, thus alleviating the economic challenges caused by the decline in working-age population.’²

In addition, the increased strength of income that will be achieved by retaining workers in full or part time capacities will result in increased consumption capacity over the thirty to forty years people may be expected to live after age 50.

Further, the skills retained and experience fostered by larger participation in the workforce will see stronger communities and reduced morbidity costs.

1.2 Fulfil existing commitments to workforce development in the health and aged care sectors as a matter of urgency

Past commitments, including in response to the Generational Health Review, have been made to address both increased levels of demand and the ageing of the health and aged care workforces. Similar commitments have again been made in the Government’s response to the Social Inclusion Board’s report on reform of the mental health sector. No resources were committed in the 2006-2007 budget. There is a lag time in the development of an appropriately trained workforce, and the lag time for the health sector is longer than for some other areas of industry. Accordingly, specific efforts to attract and retain older workers to this industry need to be resourced now.

1.3 Introduce a Public Service program to retain and develop the skills of older workers

COTA calls on Government to lead by example with its own workforce in changing human resource management practices to retain and attract older workers. COTA understands that planning is being undertaken for such a program.

COTA suggests that the program be high profile, indicating the Government’s commitment to older workers. It should include the provision of conditions that suit the range of employment, civic and community participation commitments of older people, and accommodate family responsibilities such as caring for parents or grandchildren. Continued training and re-skilling opportunities should be directed at older workers, and work environments should be designed to reduce the loss of workers as they age. Barriers and

² OECD 2005 Mature Age Labour Force Participation

disincentives in areas including Workcover and payments to superannuation funds continue to reduce employee participation beyond the traditional age of retirement age. Public sector leadership in removing these barriers will have a marked impact, and should be a priority for Government.

1.4 Fund the implementation of the human resource tool kit for use with older workers in small and medium enterprises

COTA has developed a human resources tool kit in conjunction with business. It assists small and medium enterprises [the major employers in South Australia] to attract and retain older workers. COTA seeks funding to initiate for widespread take-up of this resource.

1.5 Appoint a Thinker in Residence with expertise in workforce development for older workers

South Australia has an old population that continues to age. In 2005 people aged over 65 years made up 15.2% of the State's population, compared with 14.5% in 2000. South Australia continues to have the oldest median age of Australian States. By mid-century 31% of the population will be aged over 65 - being one third of the population makes older people a mainstream group within the citizenry, not marginal or residual³. However, State policy and planning continues to reflect a view that older South Australians are a special needs group and a burden on other South Australians. Rather, older people are becoming a major force. However, Government, business and industry continue to ignore the needs and wants of older people. As a result, the State is investing in infrastructure that will become obsolete before it reaches maturity.

Government efforts continue to focus on seeking to reverse the ageing population by means including encouraging young people to remain or return to South Australia, and by importing workers.

Thinkers in Residence are intended to 'assist South Australia to build on its climate of creativity, innovation and excellence' and to 'provide the State with strategies for future development in the arts and sciences, social policy, environmental sustainability and economic development.'⁴ This provides a key opportunity to bring experience and expertise to inform policy that will optimise the asset that is our older people. A Thinker with expertise in workforce planning and recruitment of older workers would inform the urgently needed workforce planning. Other areas of value include expertise in generativity, affordable and appropriate housing, and transport for people who do not drive a car.

³ Australian Bureau of Statistics 2004 Australian Social Trends South Australian Snapshot

⁴ www.thinkers.sa.gov.au/about

2. Care and support for older people

2.1 *Developing community care*

2.1.1 As a part of improvements to community care services being made through the establishment of Domiciliary Care SA, extend the scale and options of care and support available to older South Australians irrespective of their residential setting

COTA believes the community care system in South Australia still lags behind some other States, whereas to respond effectively to our ageing population we should be at the forefront. Care for older people has historically assumed an institutional residence. While major shifts have been made towards the provision of home and community based support and health care, there remains an infrastructure bias toward the delivery of aged care in residential settings. The establishment of Domiciliary Care SA within the State Department for Families and Communities offers an opportunity for investment in community based infrastructure in both metropolitan and rural South Australia that matches the existing residential aged care platform.

2.1.2 Negotiate with the Commonwealth Government for a 20% increase in HACC funding [matched 60:40], dedicated to resourcing aged services, to enable an adequate infrastructure for the provision of community services to be put in place

2.1.3 Review, with the Commonwealth Government, the formula for future growth in funding to ensure that HACC services can keep pace with the increasing number and needs of frail older South Australians

The responsibilities of the Commonwealth Government for funding community as well as residential based care for older people are fully recognised by COTA. Therefore COTA seeks that the State Government negotiates appropriate resources to match its own efforts in developing an adequate community service infrastructure for older South Australians.

The principal funding source for home care and support services for frail older South Australians is the Home and Community Care program.

There has, and continues to be, significant growth in demand for community based care for older people. This increased demand reflects the ageing of the population and that increase will grow dramatically in coming decades. The most immediate increase in demand from an ageing population will reflect the predicted rapid rise in the number of Australians aged over 80, and the increased survival rate of people with severe or profound disabilities. However, current increased demand results largely from changes in the hospital system that have led to a focus on acute rather than convalescent care.

There is an urgent need, therefore, to ensure that there is an increase in the level of funding that is in line with the growing demand for community based care provided through the HACC program, and to set growth targets for future funding that anticipates population growth and realistic costs increases over the next five years.

COTA acknowledges the commitment of the State Government to full matching of Federal growth funds for the HACC program, and the ongoing commitment provided by the inclusion of matching in forward budget estimates. COTA seeks that Federal funds are matched in 2007-2008 and that the commitment to funding in each coming year of the Government's term in office is again reflected in budget forward estimates. This is essential for sound medium to longer-term planning and development of cross-portfolio and cross-agency partnerships.

Alternative models for tendering for the provision of HACC services to Indigenous and Culturally and Linguistically Diverse community members are being trialled. COTA welcomes measures such as these that ease the way for providers to deliver services to older South Australians.

2.1.4 In conjunction with the establishment of Domiciliary Care SA, and in partnership with non-government services, create a neighbourhood care program that develops the potential of local communities to interact with and include their older residents on a daily basis

COTA has been keen for some time to see the development of a Home Safety and Security Audit Program specifically for older South Australians. This concept is similar to the popular Energy Audits. The Program would provide a home inspection and advice service, probably delivered by trained and accredited volunteer peer educators supported by the emergency services (police, fire, ambulance). It would link older people with neighbours and others in their local area, drawing on the experience of elder friendly and community safety projects. It would also optimise services such as Telecross that assist people to live independently in their communities. Resourcing is sought for such a program.

Furthermore, COTA seeks Government action on:

- Support for installation of safety and security hardware [eg smoke detectors], on a needs basis that includes younger old people rather than the current aged based eligibility for such support
- Increased awareness and behavioural change relating to the use of heaters and cooking appliances, and smoking

2.2 Health

2.2.1 Provide increased resources to meet real and increasing demand in the acute health care sector

COTA acknowledges the funding increase of \$640 million, identified in the 2006-2007 State Government budget statement, to be provided over 4 years. This funding provides up front resources that reflect the actual costs incurred in the acute care sector and which previously have been treated as overspending. Nevertheless, funding is still below the level required to meet demand. Overall, huge efficiencies have been made in the public health system but demand will continue to generate expenditure beyond current funding and real increases in funding will be required.

2.2.2 Invest more in early intervention, prevention and rehabilitation

In addition to further funding for the acute sector, investment must be increased in primary and rehabilitative care that can begin to impact on levels of demand for acute care. Government rhetoric recognises that investment early in the pathways of poor health and disease, and in chronic disease management and rehabilitation, reduces the burden on acute health services.

Despite this, funding that keeps older people out of hospital, such as for falls prevention programs, has been cut. Other programs have taken too long to get on the ground.

Resourcing these types of approaches to improving the health of older people need to be begun now and not delayed until later in the Government's electoral term when there will be less time for measures to have an impact.

2.2.3 Facilitate access to heated pools for rehabilitation following illness or injury, and to preventative exercise programs

Older people can markedly improve their fitness levels through pool based exercise. Pools also have a key role in physiotherapy and rehabilitation services following falls and strokes. Many swimming pools that are suited to the needs of older people have been closed as running costs have increased. Coordination of the availability of pools to older people in metropolitan and rural settings, and affordable transport to get to those pools will have far reaching economic impact by reducing the burden on acute health care services.

2.2.4 Resource the proposed Health Performance Council in a manner that ensures its intended capacity and independence

The Government has announced its intention to legislate to remove rural and other hospital boards and to create a Health Performance Council. If such a body is to have the capacity and capabilities proposed by Government it will need to be well resourced and have budget and governance processes that reflect its intended independence.

2.2.5 Establish and resource consumer and community participation in all aspects of health policy and service delivery

The loss of regional health boards has removed a real means of community participation in the public health system. Nevertheless, the Government has committed itself to increase consumer and community participation in the health system. To achieve this commitment, COTA seeks the implementation, with appropriate resources, of initiatives that integrate participation into health service structures and approaches. An example of such an initiative is the Southern Adelaide Health Service Community and Consumer Participation Framework.

2.2.6 Implement reform of mental health services across the whole of the mental health system

The consultations with service providers, consumer and peak groups that informed the Action Plan put to Government by the Social Inclusion Board clearly identified the need for the delivery of services for people with mental illnesses to be reformed as an integrated system. However, the commitment by Government to date resources only the public sector of that system [ie government providers and those not-for-profit services contracted by government]. Furthermore, despite the plan indicating that increased community based care was the key to optimal care, the focus for resourcing is on extending residential care options, a necessary but not sufficient investment.

2.2.7 Resource reform of the delivery of mental health services across the sector to provide equitable outcomes for ill people, their families and carers, irrespective of age

The Action Plan put to Government by the Social Inclusion Board identifies the mental health needs of older people as being poorly served, with the differing needs of older people not being served by mental health systems. Specifically, programs and treatment that are provided on age criteria, rather than being centred on the needs of the person, mean that older people are often excluded from care on the basis of their age. Despite the Action Plan having identified the lack of access to services for older people, proposals reinforce existing structures by focussing on residential based care and Commonwealth funding. Approaches that provide care for the increasing numbers of older people living in the community with mental illnesses, depression and dementia should be resourced by the State, as they should be for people of other ages.

2.2.8 Resource services to improve the health behaviours of people who care for older people

Research has demonstrated that the quality of life of dementia sufferers is as significantly improved by treating depression among their carers as by their own medication. Many carers of older people are themselves elderly, and may have poor health and reduced capacities as well as managing the demands of care. The combined responsibility of care and the burden of their own reducing capacities limit the likelihood of older carers being able to attend to their own health needs. Resourcing services for carers to maintain and improve their own health, including their mental health and wellbeing, will significantly reduce the burden on tertiary health services both by improving their own health and that of the people they care for.

2.2.9 Implement programs to improve the health behaviour of older men

Men aged in their 80s have the highest rate of suicide of any demographic cohort. Furthermore, there is considerable evidence of the limited preventative health behaviour among men and that they are less likely than women to seek health care early, both for physical and mental illnesses. The cost burden of such behaviour could be markedly reduced by investment in improved health behaviour among older men.

2.2.10 Resource measures that systematise support for appropriate transport, for rural and remote Aboriginal people travelling to and from health care services, including ensuring that carers and/or family members can accompany clients transferred from psychiatric and acute care, and where an Aboriginal client has specific needs that require them to be accompanied

Patient assisted travel programs provide some assistance for travel for acute health care by Indigenous and other South Australians. However, COTA is aware that because the service does not systematically provide these services at the point of health care delivery, there continue to be cases in which people are not able to access appropriate transport assistance. The particular health care needs of rural and remote Aboriginal people seem to result in an ongoing need for advocacy for individuals rather than health services being in a position to action appropriate transport support. Furthermore, the need for accompanied travel is not well met, with studies such as the Better Medication Management for Aboriginal People with Mental Health Disorders and their Carers⁵, recommend that transport be provided to enable Aboriginal people to be accompanied when travelling for health care.

Lack of transport for health care is a major barrier to the good health of all older South Australians, including Aboriginal South Australians. Changed practices that connect transport policy and resources to the well being and health of South Australians, rather than reflecting infrastructure investment, are overdue. This matter is referred to at section 4. Transport.

⁵ Kowanko I, de Crespigny C, and Murray H, 2003. Flinders University School of Midwifery and the Aboriginal Drug and Alcohol Council [SA] Inc

2.2.11 In line with the rights contained in the Charter for South Australian Public Health System Consumers, standardise practices relating to the recognition of Anticipatory Directives in publicly funded acute health care services so that older people can be confident that their intentions will be respected

Older people increasingly consider what care and treatment decisions they would want made on their behalf if they are unable to make such decisions for themselves. This is a matter in which education and information pertinent to legal requirements could be usefully increased for older people and their families.

There is evidence that both oral and written directives about care and medical treatment are acceptable to older people and their families. However, people have a clear preference for written, signed and witnessed directives where such directives included instructions about the removal of life sustaining medical intervention or treatment.

While policies exist for the use of such directives [eg the Charter for South Australian Public Health System Consumers], in practice they are frequently not honoured. Practices that support use of such directives by medical staff in acute settings need to be jointly developed and trialled.

3. Housing

3.1 Create a planning and legislative framework that supports the implementation of the Government's direction on affordable housing policy and provision, including implementing the commitment to have 15 per cent of all new housing developments include affordable housing

Traditionally many older people have relied on the provision of social housing to allow them to continue to live independently in the community. Changed government policies have significantly reduced this option, and housing stress is now once again becoming a matter of real concern among older people.

The State Housing Plan intends to address such housing stress. COTA awaits a comprehensive and systematic approach to the implementation of the intentions of the plan.

3.2 Commit resources to the provision of affordable and accessible housing for older South Australians

Currently around 80% of older Australians own their own home, and the cohort approaching retirement will continue to have high levels of home ownership. This investment does not, however, mean that older people will not experience housing stress. Owning a house on a limited income for long periods is a liability and many older people no longer in the workforce experience difficulties maintaining and retaining their own home. At present, options for freeing capital in home ownership is a relatively short term,

expensive and potentially risky option. Neither does ownership guarantee the capacity to trade the property for accommodation suited to changing needs as people age. Older people who rent from private or not-for-profit providers have no capacity to limit their housing costs and often face high costs for other living expenses such as energy and utility costs. Without the option of social housing, either for low income people throughout their life, or for older people no longer in the workforce, other means of providing affordable housing need to be implemented now before a crisis in housing need emerges among older people.

4. Transport

Appropriate transport is essential for maintaining a person's general well being, independence and inclusion in society. Safe transport options that preserve dignity, maximise independence and provide access to the range of activities that allow older people to contribute to their community are essential. Loss of capacity to drive, either as a result of inaffordability of retaining a vehicle, or through declining capacity to drive safely, is listed by older people as a point in their lives that ranks close to changes such as losing a partner or ceasing to be able to live independently. This reflects the reliance of our community on private cars for transport.

Many aspects that limit access to transport by older people reflect the current divisions in government approaches to health resourcing and transport provision.

Among practical disadvantages for older people arising from disjointed policy and service delivery is driver assessment and capacity to continue to drive a vehicle. Difficulties for older people, their families and professionals arising from the current regime for determining fitness to drive were analysed in detail by the Fitness to Drive Taskforce and endorsed by the Road Safety Advisory Council in November 2005. To date the Government has chosen not to progress those recommendations.

As a first step to improving the well being of older South Australians, COTA seeks that Government:

- 4.1 Release the report of the Fitness to Drive Task Force, and resource its recommendations**
- 4.2 In particular, accept the Taskforce view that the AustRoads Model Licence Re-Assessment Procedure for Older Drivers is sufficiently developed to be trialled within a jurisdiction and initiate adoption in South Australia**
- 4.3 Reinstate a program like the previous Driver Assessment Rehabilitation Service to administer the implementation of the AustRoads Model Licence Re-Assessment Procedure for Older Drivers**

Access to appropriate transport is inextricably linked to older people's capacity to get the health care they need. There is a considerable body of overseas research and understanding in Australia that the current lack of transport is a barrier to good health. The Australian House of Representatives Standing Committee on Health and Ageing recently concluded that appropriate transport for older people to access health care are 'not optional but essential'.⁶

Older people cannot get to or from both local and distant health services. It is difficult for people who do not drive themselves to get to General Practitioners, to allied health services, and to diagnostic services and pathology services for one-off tests and for management of chronic disease. Older people fail to use routine and preventative health care services because they cannot afford or even find transport. Older people do not go to dentists because they cannot get transport.

A current government funded project in the Adelaide metropolitan area that is intended to improve older people's oral health by providing earlier preventative care is having difficulty recruiting older people into the trial – a key reason given by older people offered a dental appointment is that will not be able to get to the clinic.

Many older people defer seeking medical assistance and then become so ill that they are transported by ambulance to an acute care facility, a cost that would be offset by investment in transport to health care early in the illness.

Assistance is available disparately for people to travel for acute and specialist care from rural and remote areas, and in some cases for people living within metropolitan areas. Specific transport is provided for veterans and for people with disabilities to travel locally. Various programs offer taxi subsidies, access to public transport, and community transport options for older people and their carers.

Recent work by the National Aged Care Alliance⁷ documents the shortcomings of existing programs and assistance for older people seeking transport to get to and from health care services, as well as the increased demand for such transport that is resulting from changes to health care policy and service delivery.

The Alliance proposes that:

- Resources for transport be factored into the delivery of all components of the health care system to older people including primary health care, rehabilitative care, community care and acute care services. Additional health sector funding will be required to provide this transport. Existing

⁶ House of Representatives Standing Committee on Health and Ageing Inquiry Into Long Term Strategies to Address the Ageing of the Australian Population over the next 40 years, March 2005

⁷ www.naca.asn.au

transport programs, services and subsidies may be reviewed or resources reallocated; however, there are not currently resources within health systems that can provide transport services to meet the needs of older people accessing health care

- Public and community transport services, and programs provided through the private sector, require reorganisation so that transport is available for people to get to health care; ie. to meet the needs of the large and growing proportion of our population that is older, as well as servicing the needs of people who travel to work and to school

Recognising the responsibilities of the Federal Government, the Alliance proposes that the mechanism by which transport for older peoples' health care be achieved is through Australian Health Care Agreements.

COTA supports this proposal and seeks that the South Australian Government work with the Federal Government to:

4.4 Include funding for access to health services for older people in negotiations on Australian Health Care Agreements being conducted through the Council of Australian Governments

The establishment of Domiciliary Care SA offers an opportunity for the development of infrastructure for community care. COTA seeks collaboration between transport, health and community services portfolios to take up that opportunity and to:

4.5 Develop and deliver assisted transport programs for older people to travel to and from preventative, rehabilitative and acute health services, locally and remotely

5. Grandparents

COTA receives frequent contact from grandparents with full time or significant care responsibilities for their grandchildren. These people find it difficult to navigate the myriad requirements to access the support and services they need for their grandchildren. Organisations such as Helping Hand that provide support for grandparents report similar disarray in the provision of information and ready access for grandparents to services, and report growing demand from grandparents who care for their grandchildren.

Estimates are that 70% of grandparents with full time care of their grandchildren do so as a result of alcohol and drug use by the children's parents. Further, research shows that grandparents with care responsibilities

for their grandchildren for more than 30 hours a week suffer significantly depleted mental well being. These characteristics compound the difficulties for grandparents in accessing appropriate support.

Consolidate access to services and support required by grandparents who have responsibilities for raising their grandchildren

COTA acknowledges the funding provided to Grandparents for Grandchildren. COTA is aware that the Department for Families and Communities is currently undertaking work that will assist grandparents to navigate and gain access to the support and services required for their grandchildren. COTA supports this work and seeks that it be adequately funded for delivery in the 2007-2008 budget. This work should assist both grandparents with custody of children and those with less formalised or yet to be formalised but significant care responsibilities.

Extend current Government efforts to enhance access to services for grandparents to include the specific needs of Indigenous grandparents caring for their grandchildren

Indigenous grandparents are even less likely than non-indigenous people to have formally recognised status as carers of their grandchildren. The high morbidity and mortality rates in the Indigenous population increases the likelihood of grandparents assuming care of grandchildren. COTA seeks an extension of the current Government efforts to assist grandparents to access support and services for grandchildren in their responsibility to include specific programs for Indigenous grandparents.

Through its Policy Council, COTA is aware that indigenous grandparents play a significant role in care and support of young people that reduces and counteracts influences that lead to anti-social and criminal behaviour. It can be expected that the current consultations being undertaken by the Social Inclusion Commissioner will also report to Government on the significance of the role of indigenous grandparents in raising young people.

6 Older people and the law

6.1 Initiate accountability processes for people exercising powers of attorney

At an extremely well attended forum in South Australia during Elder Abuse Prevention Week in 2006 there was discussion between carers, service providers, advocates and government agencies about the complexities relating to financial abuse of older people by family members and other carers. Carers indicated that they would welcome structures that supported them to exercise the powers to act on another's behalf.

The press of 8 January 2007 reported increased demand on the services of the Public Advocate as a result of family members misusing or abusing the resources of older relatives⁸. Evidence is that, in Australia, financial abuse is the most common form of abuse of older people.

People are encouraged to make decisions about granting Powers of Attorney well ahead of anticipated need in order to avoid the challenges of getting such powers following incapacitation. However, once a directive is made, it is not easy to retract that power should circumstances change. Even the simple act of retrieving the documentation can limit a person's capacity to effectively remove the power of another to act on their behalf.

The donation of power to act on one's own behalf is intended to cover the event that one loses the capacity to be accountable for their decisions. However, current legislative regimes provide that power to another person without any structure for accountability. It is appropriate that, where a person is granted power of attorney, some form of reporting should occur. This is clearly administratively fraught. Nevertheless, the principle of accountability should be implemented. It may be possible for people exercising such powers to report against such indicators as real property held and annual bank balances, with major variations being monitored. The requirement for such reporting in itself will have a deterrent effect.

6.2 Provide additional resources to enable the Public Advocate to assist clients to redress financial abuse

The Public Advocate reports increased case loads for intervening where family members have committed theft, fraud, or other financial abuse against a person in their care. As demonstrated to the House of Representatives Inquiry into Older People and the Law, such cases represent only a minority of occurrences of abuse. Resources to meet the demand for redress where financial abuse has taken place, as well as resources for prevention of such abuse, are urgently required to protect the most vulnerable in our community.

7 Concessions

COTA is repeatedly contacted about the inconsistencies and inequities within the system of concessions that is the responsibility of the State Government. Older people and their families continue to find that they are excluded from assistance despite their fixed incomes, while people on higher incomes receive Government assistance in the form of State concessions.

COTA again seeks the development by the State Government of a rational, fair, sustainable and defensible concessions policy which addresses both

⁸ The Advertiser 8/1/07 page 2 Families ripping off aged to buy drinks and drugs

maintenance of the real value of concessions and longer term issues of equity and sustainability, utilising an Essential Services Index to maintain the real value of such concessions to people on fixed incomes.

Following our 2006-2007 Budget Statement COTA was advised that Revenue SA is reviewing concessions with input from the Department of Families and Communities. However, it is COTA's understanding that the scope of that review relates to processing of concessions, not to policy and the maintenance of real value for people on fixed incomes.

7.1 Report on the review of concessions being conducted by Revenue SA and on the implementation of any findings so that older South Australians can assess the extent to which concessions available to them are fair, sustainable and defensible and retain real value for people on fixed incomes

COTA calls for the Government to report on that review and the implementation of its findings so that older South Australians can assess the extent to which concessions available to them meet the criteria above.

7.2 COTA seeks that cross jurisdictional access to transport concessions again be raised by the South Australian Government with other jurisdictions with the intention of seeking a resolution favourable to older people.

COTA continues to receive regular representations to lobby for transport concessions to be available to older people irrespective of the jurisdiction in which they are travelling. COTA seeks that this matter again be raised with other jurisdictions with the intention of seeking a resolution favourable to older people.

Council on the Ageing [COTA SA]

COTA SA is recognised as a strong and effective organisation which provides significant leadership on ageing issues at state and national levels. COTA also delivers a range of programs and services.

COTA is South Australia's peak seniors' organisation with an individual membership of around 20,000 and over 250 seniors' organisations members with a combined membership of more than 60,000. In addition COTA SA has 80 associate members who are aged care providers, local government bodies, health units and other service and educational institutions. COTA's membership networks and programs are state-wide.

COTA SA was incorporated in 1957. Since then COTA has established a wide range of aged sector organisations. Currently its key roles are:

- Policy and advocacy - centrally engaged in every major aged related State Government policy over the last 20 years
- Programs and services - COTA manages a range of services and programs delivered within South Australia and in other states
- Representation - seniors' interests are represented by COTA in a wide range of State and Commonwealth government forums, non-government bodies, consumer advisory groups, research bodies.

COTA has contributed significantly to the support and development of the non-government ageing sector across South Australia and nationally.