COTA Australia
Policy & Position Statements

November 2012

National Policy Office
COTA Australia is the national peak seniors’ body, whose member organisations work with 500,000 older people living in Australia.

Its members are eight State and Territory-based entities – Councils on the Ageing in NSW, Victoria, Tasmania, Western Australia, South Australia, ACT, Queensland and the Northern Territory.

COTA Australia has a focus on national policy issues from the perspective of older people as citizens/consumers.

Its prime objective is to promote, improve and protect the circumstances and wellbeing of older people in Australia, of which there are over 6 million, not just its members, and particularly the vulnerable and disadvantaged. Its work draws on views of today’s senior Australians and on concerns for future generations of Australians.
Policy Principles

Members of COTA Australia adhere to five main policy principles:

1 - Maximising the social, economic and political participation of older Australians
COTA seeks to maximise opportunities for equitable social and economic participation by senior Australians, including by promoting positive approaches to the contribution of older people and the ageing of the population.

2 – Promoting positive views of ageing, rejecting ageism and challenging negative stereotypes
COTA supports initiatives that recognise the capacities and contributions of senior Australians and actively combat ageism and age discrimination. COTA Australia believes that the impact of ageism, based on negative age stereotypes, restricts the participation and inclusion of older people in all aspects of Australian life. This has adverse effects on the community and on older people.

3 – Promoting sustainable, fair and responsible policies
COTA is committed to the development of sustainable and equitable policies for senior Australians that take account of the needs of the entire community in the short and long term. It will develop policies which are fiscally and economically responsible and which fairly balance the competing needs and interests of diverse groups amongst the older population and other sectors of the community.

4 – Focusing on protecting against and redressing disadvantage
COTA believes that all people have the right to security, dignity, respect, and safety, high standards of treatment and care and to equal participation in the community regardless of their income, status, background, location or any other social or economic factor. As a result COTA Australia will have a strong focus on senior Australians who are most vulnerable or disadvantaged in terms of these criteria.

5 – Protecting and extending 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 senior Australians use and value. These include health care, employment, utilities, public transport, aged support and care services, housing and education and training. It will seek to ensure that there is an adequate ‘safety net’ of services and income support, which all senior Australians can access according to fair and equitable criteria in order to maintain an acceptable quality of life.
Policy Statements
Abuse of Older People

COTA Position
Abuse of older people is a breach of their rights and there needs to be a concerted effort to identify and eliminate instances of such abuse in Australia.

COTA believes that **preventing elder abuse in an ageing world is everybody’s business** (Toronto Declaration on the Global Prevention of Elder Abuse 2002).

COTA believes the abuse of older people can be addressed by:
- greater focus on elder abuse research and implementation of projects related to the reduction of abuse
- a standardised definition of abuse of older people that is uniform
- more accurate recording and assessment of the causes of abuse of older people, including measurement of frequency
- prevention, treatment and intervention programs that respond in an effective and efficient manner to cases of elder abuse.

Issues
Abuse of an older person is any act occurring within a relationship where there is an implication of trust, which results in harm to an older person. Abuse may be:
- physical
- sexual
- financial
- psychological
- social and/or
- neglectful behaviour

Abuse of older people can happen to anyone regardless of gender, where you live, cultural or religious background or income.

Some breaches may be criminal or civil offences, whilst others contravene legislation such as those governing **Aged Care, Guardianship and Powers of Attorney**. They can be complex due to the relationships involved, the possibility of more than one form of abuse occurring at the same time, or more than one alleged abuser.
Abuse of Older People

The patterns of abuse of older people in Australia are not well understood. COTA sees a need for abuse of older people to be better understood in the context of frequency, identification and management of risk for individuals, societal response, and also seeks to reduce the likelihood of abuse occurring.

Age Discrimination

COTA Position
COTA is opposed to age discrimination in any sphere of activity.

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

COTA believes at the national level there needs to be strong anti-age discrimination legislation and supports the inclusion of age discrimination in the consolidated Anti-Discrimination legislation as a way of ensuring age discrimination is treated in exactly the same way as other forms of discrimination.

To ensure this legislation is effective, COTA believes that:
• the Office of the Age Discrimination Commissioner in the Australian Human Rights Commission should be funded to develop and implement a broad based community awareness and education campaign to combat ageism and age discrimination; and
• it should be ensured that complainants under the legislation are not prevented from taking cases forward to due cost or other barriers.

COTA also believes that the Commonwealth government should amend the other federal laws which embody discriminatory provisions, following a review of all Commonwealth legislation.

COTA believes there needs to be a United Nations Convention on the Rights of Older People to provide a definitive, universal position that age discrimination is morally and legally unacceptable, and to provide legally binding protection with accompanying accountability mechanisms.

Issues
Ageist attitudes in the community mean that older people are perceived to be less deserving or, alternatively, are incapacitated and in need of protection. Ageism is discrimination based on age and especially prejudice against the elderly. In this context, ageism is the inability or refusal to recognise the rights, needs, dignity or value of people in an older age group. More widely, ageism also denotes the devaluing of various traits of character or intelligence as ‘typical’ of the members of the older age group.
Age Discrimination

Ageism is endemic in our society. It is experienced by older people in the forms of speech by which they are addressed, evident in the media where negative and ageist stereotypes are promulgated, and in the health system where organisational and process bias tends to give older people and their illnesses a lower priority. Ageism is also apparent in access to employment, in the attitudes of employers to older workers, in access to appropriate training and professional development and, in general, in the undervaluing of the skills, experience and wisdom of older people.

Older people, like all people, are entitled to those services which are relevant to their physical, social, mental and spiritual needs and which contribute to their quality of life and general wellbeing. In COTA’s view, ageist attitudes impact negatively on not only the kinds of services which are available to older people, but also on the ways in which services are accessed and delivered. Are older people able to access and receive the services they need? How appropriate are these services, and do they provide flexibility to meet individual differences?

COTA supported the Australian Law Reform Commission’s 2012 inquiry into legislative barriers to mature age workforce participation as a first and important step in identifying legislation and regulation that encouraged discrimination. However, there are other areas of activity where there are either legislative or regulatory provisions that allow discrimination based on age and these all need to be examined and where possible eliminated or amended.

Health care is another area where this is both overt and covert age discrimination. Many doctors, hospitals and Health Departments have guidelines for a range of treatments and procedures that impose age barriers. Currently these are exempt under the Age Discrimination Act and COTA believes that these exemptions need to be reassessed.
Age Friendly Communities

Neighbourhood

COTA Position
COTA believes that older people should be able to remain living as independent citizens in our communities and neighbourhoods for as long as they can and want to.

COTA believes this can be achieved by focusing on delivering safer, stronger and healthier communities for older people by:
- ensuring an integrated and collaborative approach to planning and accessibility that address the needs of an ageing population
- consideration of appropriate housing and transport options, active lifestyle services and community designs
- ensuring access to public and commercial services and facilities is designed to allow older people, of varying levels of ability, to easily access such facilities
- appropriate neighbourhood design and housing and infrastructure provision.

Issues
In order to access both appropriate housing and the physical facilities and services needed, older people are often forced to leave those parts of our community that have been anchor points in their lives; the family home, cultural and spiritual communities, friends and colleagues.

In terms of housing, even for those who can afford housing designed for their needs, the options are largely restricted to living with other older people; for example, in retirement villages or independent living units that are segmented from the community as a whole. Furthermore, much ‘purpose built’ housing for older people does not meet Australian standards for people with limited or declining mobility.

In terms of facilities and services, older people need access to appropriate public and private transport, a built environment that allows safe access for those with reduced mobility and capability, and opportunities to participate in social, cultural, educational and volunteer activities.

For more information on age friendly communities go to: http://www.who.int/ageing/age_friendly_cities/en/index.html

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Age Friendly Communities

Information Provision

COTA Position
COTA believes that older people should have equitable and timely access to relevant information to help them to make informed decisions, increase community participation and connectedness, and subsequently improve health and well being.

COTA’s focus is on improving the accessibility of information for older Australians, specifically the way information is delivered or made available. COTA believes that:

- Information provided by Governments and commercial organisations needs to be distributed via a range of appropriate media and made available through a diverse range of outlets, specifically those patronised by older Australians.
- Best practices should be followed by Governments and commercial organisations in providing and disseminating information, promoting services and presenting written material.
- Rural and remote communities should have equitable access to information.
- Community education and access programs need to be funded and supported by Governments to assist take-up and effective use of electronic services. Programs should include a specific focus on senior Australians, on mature age workers and community organisations.
- Providers of online and e-commerce services should involve users with a range of capabilities and limitations in testing all new products and equipment before installation.
- People who are unable or unwilling to access information or services electronically, should be provided with alternative methods of access without financial penalty.

Issues
Access to accurate and timely information is empowering and obviously critical for the purposes of security, social interaction, engagement of health and other services, job seeking, independence and daily activities.

In terms of strategies for delivery of detailed information to senior Australians, COTA’s research has determined that face-to-face consultation in conjunction with take-away material is the most effective.
Age Friendly Communities

Information Provision

Hard copy published information is generally less available for cost reasons, and web-based information alone is inadequate to meet the information needs of senior Australians. Telephone information services may only be found to be effective when they are provided in an appropriate language and allow for personal interaction and questioning.

Many senior Australians are disadvantaged by lack of Internet access. According to the Australian Bureau of Statistics data on *Household Use of the Internet 2008-2009*, only 29% of people over the age of 65 have access to the internet at home, a significantly lower percentage than the 58% of 55-64 year olds who do. But even this group of older Australians is at a disadvantage in comparison to all other reported age groups from 15 to 54 years where household internet access ranges from 74% to 89%.

To accommodate a diversity of languages spoken, literacy and education levels, and preferences of senior Australians, multiple strategies are required when disseminating information.
Age Friendly Communities

Communication Technologies

COTA Position
COTA believes that older people should have access to relevant communication technologies, with a focus on affordability and function, to increase their level of social and community participation and connectedness.

COTA believes that:

- Universal Service Obligations must be maintained for telecommunications service providers, especially for older people living in rural and remote communities
- under the Universal Service Obligation the definition of ‘standard telephone service’ should be widened to ‘standard telecommunications service’.
- the Universal Service Obligation for digital data access should be upgraded to include higher data access rates
- the Universal Service Obligations should ensure that internet security arrangements are provided in a user friendly manner, accessible and understandable to users
- line rental and call charges must be affordable for pensioners and people on low incomes
- the telecommunications needs of consumers in aged care facilities and other institutions, and group accommodation such as caravan parks and rooming houses must be addressed. Residential aged care providers should be required to install telecommunications cabling in each resident's room and be allocated funds to upgrade existing facilities for this purpose
- all building codes should specify that all new dwellings must be connected to the phone network and the internet.

Issues
Access to affordable communications technology and service is critical for full economic, social and educational participation. Affordable telephone services, a lifeline for senior Australians, are particularly critical for security, social interaction, access to health and other services, job searching, independence and daily activities.

As the universal service provider, Telstra has an obligation to ensure that standard telephone services and payphones are accessible to all people in Australia on an equitable basis, wherever they reside.

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Aids and Equipment

COTA Position
Access to appropriate aids and equipment is a key factor in assisting people to age in their home and community rather than having to move into residential care.

COTA believes that:
• there needs to be a national approach that ensures the equitable supply and funding of aids and equipment for older Australians.
• all aids and equipment schemes should provide a better range of consumables and aids that truly supports the needs of older Australians
• providing means tested financial assistance for the purchase of essential mobility aids such as walking frames, chairs and wheelchairs
• providing free of charge consumables, such as hypodermic syringes with medically prescribed injectable drugs
• ensuring that private health funds cover the costs of aids for long-term medical conditions such as support stockings and gloves.

Issues
Currently the States and Territories are each responsible for administration of specific schemes for the provision of most aids and equipment. The schemes vary in eligibility, coverage and available services.

Some schemes, such as the Continence Aids Payments Scheme (which replaced the Continence Aids Assistance Scheme) are funded by the Commonwealth government. The State based schemes are systemically under-funded and in many jurisdictions there are long waiting lists for assistance.

Affordable aids and equipment are vital to ensure quality of life and continuing independence for older Australians and people with disabilities or chronic conditions. Lack of appropriate aids and equipment can lead to increased disability and illness, e.g. falls, injuries to carers and to premature moves to residential care.

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Climate Change

COTA Position
COTA’s position is that all Australian governments should consider climate change issues and policy responses in the context of an ageing population to ensure a safe, secure, equitable and sustainable future.

COTA believes that:
- Older people need to be included in all initiatives to ensure that their specific needs are addressed.
- There should be a national Older People and Climate Change Task Force established to develop a national policy framework that sets out cross sector interventions and policies to improve the quality of life of older people.
- There should be investment in community health and support organisations to work at grass roots level in communities to rollout energy efficiency schemes.

Issues
The impacts of climate change and the costs of action and adaptation are unevenly distributed, with low income earners and disadvantaged groups, including older people, likely to be affected first and most severely. The effects of climate change on older people on low or fixed incomes, who are disadvantaged socially, or who have health issues, will be significant because they have less capacity to adapt to the effects of extreme weather conditions including:
- higher temperatures and longer, more significant heat waves
- increased costs for essential goods and services
- damage to housing and the built environment.

Implementation strategies should focus on the most vulnerable and disadvantaged.

Addressing the thermal efficiency of older people’s homes is of primary importance to ensure the highest possible level of energy efficiency. Older people in rental accommodation are particularly vulnerable and there is an urgent need for the introduction of minimum rental thermal standards as well as upgrading Government owned social housing to these standards. Regulatory frameworks should be complemented by accessible incentive programs targeted to provide access to energy and water efficiency for vulnerable groups.

Energy efficiency programs and rebates should be efficiently coordinated between Federal, State and local government – a ‘one stop shop’ access point or coordinating service would
assist low income and vulnerable households to access these resources. Programs also need to be long term, consistent and easy to access to ensure that they reach low income and vulnerable households.

The Stockholm Environment Institute (SEI), in its report on older people and climate change[1], identifies the following factors:

- Vulnerability of older people arises from the interactions between advantages and disadvantages accumulated over the course of the individual’s life, and the experience of threats in later life. Whether this interaction creates a better or worse outcome depends on the individual’s coping resources.

- An individual’s resilience to adapt to climate change is determined by both availability of assets (e.g. amount and quality of knowledge, physical and financial capital, and social relations and networks) and access to services (e.g. transport, communication, social support, emergency relief and recovery).

- Coping capacity will be shaped and exacerbated by inequalities, social injustice, disempowerment and access to key essential services. Therefore, healthy lifestyles, acquisition of coping skills, strong family and social ties, active interests and, of course, savings and assets, will all assist in ensuring that people’s reserves are, and remain, strong in later life.

- Older people may be physically, financially and emotionally less resilient in dealing with the effects of a changing climate than the rest of the population. The insecurity and heightened exposure to certain threats caused by a changing climate are compounded in old age by reduced capacities for coping independently.

- Older people can be seen as potential contributors to and casualties of climate change as well as campaigners to tackle the problem. The over 50s contribute to the problem of climate change due to carbon emissions resulting from their level of consumption, but they are also more at risk from climate-related threats due to deteriorating health and burden of disease in old age. In addition, the over 50s have a role to play in tackling climate change by reducing their own personal carbon emissions, increasing awareness, lobbying and working for change at the local and national level.


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Employment and Workforce

Mature Age Participation

COTA Position
COTA supports an employment policy that encourages mature age people to work under flexible arrangements, enabling them to change the nature and extent of their labour force participation.

COTA believes in:
- a fully funded, integrated and targeted employment policy and strategy for mature age workers
- a life cycle approach to education and training, preventing erosion of skills throughout a person’s working life
- access to relevant training and support services for unemployed and underemployed people, especially those over 45 years
- activities aimed at diminishing age discrimination in the workforce
- funded information and referral services, including career advice centres, specifically to meet the needs of workers and potential workers aged 45 and over
- specialist focus on mature age workers in the Job Network and support specialist employment services for mature age workers
- urgent action to ensure that older workers who choose to continue working past the usual retirement age are covered by relevant workers compensation legislation
- review of all legislation to identify and remove aspects that pose a barrier to mature age workforce participation.

Issues
Assistance provided to mature age people should be appropriate to their experience and maturity. Commonwealth social security policy is predicated on notions of self-reliance and mutual obligation. At the same time, the increased deregulation of the labour market means it is harder to get and keep a job with reasonable pay and conditions, especially for marginalised groups such as older workers. There has also been a low take-up of the scheme for those who delay taking a pension for up to 5 years and remain in the workforce.

In addition, COTA notes that most workers’ compensation legislation does not cover workers once they reach the age of 65.
Employment and Workforce

Newstart Allowance

COTA Position
COTA believes that the Newstart Allowance payment for mature-age unemployed people should be increased to more realistically meet the financial needs of recipients, and should be available without the current time limitations so as to accurately reflect the likely duration of unemployment of older people.

COTA considers that a payment level which is the same as the current age pension would be appropriate. The income test for the Newstart payment should also be lifted to be the same as that for the age pension.

Issues
Newstart Allowance assumes short-term reliance and is set at a lower rate than age pensions. In reality, the difficulties and discrimination older Australians face when looking for work can often result in support being required for extended periods of time.

Newstart does not attract the same fringe benefits as the age pension and it has a much stricter income test.

Many older people stay on Newstart Allowance for long periods of time until they are eligible for the age pension.
COTA Position
COTA believes that everyone, regardless of age, health status, wealth or social status has a fundamental right to sustainable, ongoing, secure and affordable access to energy.

Principles

- **Rights** – All consumers have rights to use energy for ensuring adequate standards of living and social participation.
- **Affordability** – Energy should be affordable for all consumers. Energy supply should not be denied to any consumer on the basis of financial hardship or other circumstances of vulnerability.
- **Equity** – Energy should be provided to all people equitably so that pricing and service standards do not discriminate against people according to their geographic location or home ownership or tenancy status.
- **Information** – All consumers should have access to information about energy that empowers them to make informed choices and to negotiate their interests with service providers.
- **Quality** – Energy supply should be of a high quality appropriate to the intended purpose at its point of consumption.
- **Safety and Reliability** – All consumers should be protected from any dangers in the provision of energy. Energy supply should be reliable and aim to ensure an uninterrupted delivery of supply, as far as practicably possible.
- **Representation** – All consumers ought to be supported to have their interests represented and be able to participate in consultation and decision-making processes.
- **Redress** – All consumers should have access to free, fair and independent services for complaints resolution. Consumers should not be financially disadvantaged by suppliers’ failure to provide necessary information or to ensure the quality, reliability, or safety of supply of energy.
- **Sustainability** – Energy supplies should be derived from a secure mix of sustainable sources, including renewable energy sources and subject to affordability. Energy should be produced, distributed and consumed in an efficient manner so that demand is minimised and supply provides beneficial social and environmental outcomes.
Energy

Issues
Electricity prices in Australia have risen by an average of 32% between 2007 and 2010 and will continue to rise as a result of increasing network costs, rising gas prices and clean energy programs. These rising prices not only cause financial stress for older people, but can lead to negative impacts on health and wellbeing.

Retail energy regulation is also increasingly moving from state/territory-based models to a national model under the Australian Energy Regulator (AER). All states and territories in the National Electricity Market (NEM) (all except WA and the NT) will have common energy retail laws and rules from 2012, with minor exceptions.

Many, but not all, older people are more vulnerable to energy affordability and access issues than other energy consumers. There are number of reasons for this relative vulnerability and for COTAs to be concerned. These include:

- More pronounced heating and cooling needs to maintain health and wellbeing, particularly during extreme temperature events such as heat waves and cold spells;
- Less ability to adapt to higher energy prices generally due to being out of the home less frequently than other consumers (e.g. workers, families) and generally using less energy, therefore having less to ability to save energy;
- Many older people are on low and fixed incomes and may have significant medical and other costs to meet;
- Due to the complexities of energy contracts older people often do not take up market contracts that may save them money;
- Many older people are more vulnerable to door-to-door sales techniques and to signing up for energy contracts that are detrimental; and
- Many older people live in retirement villages, residential parks and other situations which can leave them vulnerable to harmful price and access activities.

When significant price rises and regulatory changes are considered, it is clear that the national and jurisdictional energy advocacy of all COTAs should be based on a common policy position.
COTA Australia Policy and Position Statements

Grandparenting

COTA Position
COTA has identified three groups of grandparents that are in need of support and recognition:

1. Grandparents who are raising their grandchildren.
2. Grandparents with significant roles and responsibilities in care-giving for grandchildren.
3. Grandparents who are denied access to their grandchildren.

The provision of support and recognition to these older Australians can be improved by:

- Recognition by all levels of government that some circumstances grandparents need to receive special acknowledgement and assistance.
- Adequate training and support for service providers so they can provide consistent advice and support to grandparents.
- Recognising the role of the Grandparent Support Worker as a specialist field in community services and funding it on a recurrent basis across all regions.
- All States and Territories providing grandparents who are raising their grandchildren with financial assistance and support services that recognise they are equal at every level with non-family out-of-home carers (Foster Carers), regardless of whether the grandchildren have come into the care of grandparents through Commonwealth Family Law, State child protection legislation or by informal arrangement; and that such support is sensitive and appropriate to cultural diversity.
- Respite services for grandparents that are flexible, responsive, equitable and nationally available, including respite services that cater for urgent and emergency situations.
- Appointing and training Aboriginal Support Workers in key areas to ensure culturally sensitive programs and support to Aboriginal families with complex needs.
- Establishing Grandparent Advocacy positions in all Centrelink offices and Family Relationship Centres.
- Ensuring Grandparents have access to information on available Federal, State and local government, community and legal services, and that information is available in culturally and linguistically appropriate formats.
- Establishing a National Grandparenting Alliance
Grandparenting

**Issues**
For many older Australians being a grandparent is an enjoyable and life affirming experience where both grandparents and grandchildren gain positive benefits from their relationship. Unfortunately this is not always the case; in circumstances where grandparents are experiencing adverse impacts, perhaps through parental substance abuse or mental health issues, **specific policy initiatives** are required to respond to their changing needs.

Grandparent carers, especially pensioners, can ill-afford the additional financial burden associated with raising their grandchildren.

For the many Australian grandparents who find themselves in the role of primary carer for their grandchild or grandchildren, their entitlement to financial and other support can be difficult to ascertain. Depending on how the child or children came to require their care, and according to the policies of the State or Territory where they live, the amount and type of support can vary widely.

In 2011 the Western Australian government introduced financial assistance for grandparents looking after grandchildren. They can receive a one off payment of $1000 per child in their care.

In addition, Centrelink now has a network of **Grandparent Advisors** who can provide assessments of grandparents, information on services and assistance with accessing relevant Centrelink payments.
COTA Government and Position Statements

Grandparenting

Grandparents’ Rights

COTA Position

COTA believes that the rights of grandparents and grandchildren should be reflected and enshrined in nationally consistent legal practice and processes.

This can be achieved by ensuring that:

- A more proactive approach is taken to the role of grandparents in the lives of children/
- Grandparents should routinely be included in dispute resolution undertaken under the Family Law Act, especially where grandparents are being denied access to their grandchildren.
- The income and assets test for Legal Aid should have the same eligibility criteria as the Age Pension and Legal Aid practitioners assisting grandparents should be adequately trained in Family Law.
- Federal and State/Territory governments should ensure that there are effective processes to enable the voices of children and grandparents to be heard in legal and statutory processes and decisions, including during court proceedings, by the appointment of a children’s legal representative, and during mediation proceedings.
- Grandparents should have greater access to Contact Centres for assistance with difficult child access situations where supervision of the child’s parents is required.
Health

Convalescence, Rehabilitation and Discharge Planning

COTA Position
Effective hospital discharge planning takes into account the needs and circumstances of each patient and is key to facilitating a person’s transition from hospital to other services such as convalescent care or rehabilitation services.

COTA believes that a national framework for discharge planning and provision of post acute and convalescent services or facilities should be developed, funded, implemented and monitored in conjunction with the States/Territories, including services provided in the community. This would require:

- increased funding to States/Territories to help overcome the problems of early discharge and provide more convalescent care of older patients
- that adequate support services in discharge, post-acute, convalescence and rehabilitation back-up acute hospital service facilities are provided
- that rehabilitation services are equally available to all patients who could benefit from them, regardless of age.

Issues
Barriers to effective hospital discharge planning represent a complex problem with the current Australian health system. These barriers may be:

- financial - funding imperatives encourage acute hospitals to discharge many people before they are fully recovered
- availability - post discharge community care services are often inadequate and poorly planned
- engagement - General Practitioners are not an integral part of most discharge planning.

Even though extensive protocols and procedures are in place in most Australian hospitals for discharge planning, poor implementation often results in equally poor patient outcomes.

Many older people need convalescent care and support after episodes of acute care. Lack of appropriate sub-acute facilities, e.g. rehabilitation and convalescent care, may result in delayed discharge or post-discharge readmission, with associated costs, loss of independence and functional capabilities, depression and patient dissatisfaction.
Health

Convalescence, Rehabilitation and Discharge Planning

Discharge planning should include establishing referral pathways and linkages to services in the community which patients can access immediately following their discharge. Otherwise, older people being discharged find that no services are available to meet their needs. Readmission can occur as a result.

Lack of post discharge, convalescent care services commonly results in:

- primary preventative community care services taking on the role of post discharge care. This diverts resources from low care clients who may need these resources to maintain their independence
- increasing rates of post-discharge readmissions to hospital
- increasing rates of premature/inappropriate admissions to permanent residential aged care.
Health

Dental and Oral Healthcare

COTA Position
Dental and oral health is an essential component of healthy ageing.

COTA believes that
- there should be a universal oral and dental health scheme funded to provide appropriate and timely care
- this scheme should include preventative oral health measures, dental treatment and funding for dentures and repairs.
- the standards for residential aged care should be strengthened and funding provided to ensure residents’ oral and dental health needs are addressed.

Additionally, COTA is advocating for the provision of catch-up funding to clear the backlog of waiting lists for state public dental health services.

Issues
Dental and oral health care is a national health issue and is a fundamental necessity for an individual’s healthy ageing. The state-funded programs have not filled the gap left by the federal program, which was abolished in 1996. Many older people are now missing out on dental care with public dental hospitals and clinics either not accepting any new cases or reporting waiting lists of well over 12 months. Low-income people receive no Commonwealth-funded assistance to maintain their oral health. The financial and health costs of poor and neglected oral health are well documented.

The Econtech report *Economic Analysis of Dental Health for Older Australians* (September 2007) provides a detailed discussion of key issues.

The National Health and Hospitals Reform Commission recommended a national dental health care program “Denticare.” The Federal Government did not take up this recommendation and dental health was not included in the first evaluation of the National Health and Hospitals Network reforms.

The February 2011 Council of Australian Governments (COAG) agreement on National Health reform includes the need for dental health reform in the group of issues needing further work.

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**Health**

**Healthy Ageing**

**COTA Position**
It is clear that to effectively meet the needs of older people, health services should have the capacity to provide a diverse array of flexible support services and care options that are responsive to individual need, underpinned by the principles of healthy ageing.

COTA believes that:

- A fixed proportion of the health budget should be dedicated to health promotion and preventative health measures.
- All work on chronic diseases should include work on causes of the disease burden including major risk factors and socio-economic disadvantage.
- A life course approach to health maintenance should be adopted which focuses on the prevention of non-communicable diseases.
- A comprehensive program of Active Ageing should be implemented to decrease risk factors and increase protective factors for chronic disease and functional decline.
- Programs for healthy ageing for indigenous people should be given high priority.

**Issues**
Healthy ageing involves the three components of:

1. health
2. participation; and
3. security.

It requires inclusive communities that foster and value the participation of all people, ‘age friendly’ environments, and positive attitudes and behaviours that prevent disease and promote well-being. There is a strong correlation between socio-economic status, wellbeing and health across all age groups, no less for older people. Underemployment and unemployment result in a lack of wellbeing and deteriorating health status.

Empowering individuals by adopting a healthy ageing paradigm supports the efficiency and sensitivity of health services by:

- reducing demand
- enhancing accountability and diversity
- ensuring that the recipient’s needs for independence, participation, care, self-fulfillment and dignity are acknowledged by service providers.
COTA Australia Policy and Position Statements

Healthy Ageing

Aboriginal Australians and Torres Strait Islanders have a shorter life expectancy than other Australians with many dying from preventable diseases. Evidence from the Australian Institute of Health and Welfare (AIHW) suggests that older indigenous people continue to suffer a greater burden of ill health than other Australians. They experience lower incomes than the non-Indigenous population, higher rates of unemployment, poorer educational outcomes and lower rates of home ownership, all of which impact upon health and wellbeing.
COTA Australia Policy and Position Statements

Health

Hearing Services

COTA Position

Older people are more likely to suffer from hearing loss than other groups in the population.

COTA believes that

- there should be more education around the causes of hearing loss and how to prevent it as well as encouraging older people to get regular hearing checks
- there should be the capacity for rebates through Medicare for hearing assessments conducted by an audiologist without a referral from a general practitioner
- Commonwealth Seniors’ Health Card holders should be have access to the hearing voucher service
- private health funds should be encouraged to cover hearing assessments, hearing devices and audiologists’ rehabilitation services.
COTA Position
COTA believes that

- the funding for mental health should reflect its contribution to the burden of disease
- there needs to be an increased emphasis on prevention
- there needs to be more resources for community based mental health services
- the funding and reform should ensure people of all ages are able to access appropriate services when and where they need them.
- there needs to be a specific mental health strategy for older Australians to ensure they have access to appropriate services.

Issues
Mental Health is recognised by the World Health Organisation (WHO) as crucial to the overall wellbeing of individuals, societies and countries. Mental Health and Dementia have gained recognition as National Health Priorities. Many older people suffer from depression and mental illness, often misdiagnosed as old age or dementia.

Under the current National mental health policy (2008) and National mental health plan (2009) there is a specific plan for young people, but no comprehensive plan for older people. The Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014" was endorsed by the Australian Health Ministers’ Conference in November 2009.

In 2011 there was agreement to develop a Ten Year Roadmap for Mental Health which focused on five areas

- better care for people with severe and debilitating mental illness - who are amongst the most disadvantaged people in our community;
- strengthening primary mental health care services;
- prevention and early intervention for children and young people;
- encouraging economic and social participation, including jobs, for people with mental illness; and
- improving quality, accountability and innovation in mental health services.
Health

Older Men’s Health

COTA Position
COTA supports the National Men’s Health Policy. COTA believes there should be an Older Men’s Health Policy included within it.

COTA believes an Older Men’s Health Policy should:
- recognise that older men have diverse and special needs
- provide specially targeted services for the most disadvantaged older men
- address older men’s health needs within a life course perspective that incorporates well-being and participation
- include older men as partners in health planning and outcomes
- provide access to health information developed explicitly for older men
- include health promotion and preventative health strategies, using appropriate approaches and messages.

Issues
A number of barriers and issues prevent, and impact on, a healthy and positive experience of ageing for men. These issues need to be addressed in order for older men’s health to move forward from an ad hoc service response, to a coordinated and strategic approach.

Men have a significantly lower life expectancy than women and higher levels of serious morbidity. Men have higher rates of cardiovascular disease, respiratory disease, cancer, injury and suicide.

Although men are disproportionately affected by serious morbidity overall, they are less likely than women to seek advice about health or to arrange health checks.

Across all age cohorts there is a gap between the male and female suicide rate. The rate of suicide among older men is substantially higher than among older women on all measures and across all age cohorts. Among older men, there are indications that social isolation underpins a widening gap in the suicide rates compared with earlier adult years.

The incidence of depression is of particular concern, especially amongst rural men.

The First National Men’s Health Policy, “Building on the Strengths of Australian Males” was finalised in 2010.
Health

Older Men’s Health

The National Men’s Health Policy clearly identified the need to have health equity between groups of males and to give priority to males who experience the highest health disadvantage. It identifies Aboriginal and Torres Strait Islander men, migrant men, men living in rural and remote areas and socially disadvantaged men as being the most disadvantaged.

In addition to those groups, it is clear men with disabilities, gay, bisexual, transgender and intersex men, veterans, men with mental health problems and men who are socially isolated also have specific health needs that should be addressed. COTA has also identified older older men as being a group whose health needs are often not fully addressed.
COTA Australia Policy and Position Statements

Health

Palliative Care

COTA Position

Everyone has the right to a good death and that there should be appropriate palliative care services and support available to help this occur.

COTA believes that there should be:

- Increased funding for a community awareness campaign on palliative care and end of life care to move the campaign to the local level. This would also include encouraging the use of advanced care directives.
- Development of and funding for integrated palliative care services to ensure all people with a terminal illness can access services. Consumers should be included in the design of such services.
- Funding for palliative should not be time limited and should allow for differing intensity of support as the individual’s condition changes.
- Funding distributed across the various care settings in line with patterns of demand to improve the possibility of people having care in their setting of choice.
- An implementation plan for the national framework on advanced care directives with regular reporting on progress.
- Capacity for advanced care directive should be included in personal electronic health records.
- Annual reports on progress on the National Palliative Care Strategy

Issues

The National Palliative Care Strategy (NPCS) was founded on the premise that palliative care should form an integral part of a comprehensive health care system that supports people at all stages of life, helping people to die well with the appropriate care and support.

The development of the current National Palliative Care Strategy commenced in 1998 and it was endorsed by the Australian Health Ministers’ Advisory Council in October 2000. The National Palliative Care Strategy represents the combined commitments of the Commonwealth, State and Territory Governments, palliative care service providers and community-based organisations to the development and implementation of palliative care policies, strategies and services that are consistent across Australia. The Strategy was revised in 2010.

There is a large unmet need for specialist palliative care in public hospitals, in aged care facilities and in the community and a shortage of palliative care nurses. In addition there is general acknowledgement that there needs to be a renewed effort to ensure that a
COTA Position

COTA believes that

➢ funding should be available for better and increased drugs education for doctors, consumers and pharmacists to restrain inappropriate growth in PBS expenditure
➢ the Quality Use of Medicines program should be expanded
➢ the loopholes in the Medicines Australia Code of Practice should be closed and there should be stricter controls and enforcement on the direct and indirect advertising and selling of pharmaceuticals
➢ there should be stronger price negotiation with pharmaceutical companies, particularly where sales exceed estimates
➢ there should be greater transparency for the reasons for de-listing drugs from the PBS
➢ there should be a consumer impact statement prior to delisting any PBS drug.
Housing

COTA Position
COTA recognises the desirability for many senior people of ageing independently, and in place in both their lifelong home and their chosen community. For this to be achievable there needs to be a supply of appropriate and affordable housing which needs a coordinated approach.

COTA believes

- there should be a clear national plan to deliver affordable housing for all Australians
- there should be an National Older Person’s Housing Strategy that addresses both appropriateness and affordability
- there should be a mix of private home ownership, social and community housing
- housing investment tax arrangements should be on a fairer footing with other investments
- there should be better financial assistance for low income people renting in the private rental market
- removal of financial disincentives to more to appropriate housing including stamp duty on housing sales

Issues
COTA recognises the limitations often imposed by age inappropriate housing and lack of infrastructure to provide for their physical emotional, spiritual, and cultural needs.

The majority of senior Australians prefer to age in place, remaining in their homes and lifelong social environment. Within the 80 percent of older people who own their own homes, there is a hierarchy of need for housing assistance. While many home owners have experienced considerable capital growth, some have experienced relatively lower growth in value, particularly in outer suburban and many rural areas and often not enough to finance a shift into more appropriate housing At the same time these home owners are penalised by growing maintenance costs, rising utilities which sees their (modest) income gradually eroded, however, the highest level of need occurs among those in private rental accommodation with its relative insecurity of tenure Public housing, which has been the best solution for many older people with limited means since the 1950s has, as a result of declining government investment, become an option available only to people in crisis.

Historically our housing stock was designed for a working population with growing children. Resultantly, age appropriate housing is in short supply and commands prices that reflect its shortage as a commodity.
Housing

Planning and development systems, while theoretically, providing greater flexibility in subdivision, have not served to keep older people in their own homes or have options in their own locality. Additionally, systems of housing tenure, and emerging financial products designed to increase housing affordability are largely based on assumptions of rising incomes and limited exit and entry points to traditional housing models rather than for patterns of fixed and limited incomes accompanying varying housing needs as people age.
COTA Position
COTA believes all people have the right to dignity, security, access to high quality services and equality in participation in the community regardless of their income, status, background, location or any other social or economic factor.

To ensure the rights of older people are recognised and upheld, COTA believes there should be:

- a Charter of Human Rights and Responsibilities that includes specific mention of older people is enacted and legislated
- a national education campaign is conducted to promote human rights and responsibilities as the underlying community value for all Australians, particularly emphasising the care of vulnerable people. Such an education campaign would be targeted at service providers, families and carers of older people and of people with disabilities, employers, businesses and the public generally and especially vulnerable older people
- information, telephone assistance and referral support about the human rights and legal avenues that are available to older people are reliable, consistent and comprehensive.

Issues
The needs and aspirations of older people are, on the whole, no different from the rest of the community and include access to employment opportunities, housing, information and education, health and the support services necessary to live and age well.

COTA’s commitment to the rights of older people is reflected in its policy development and advocacy, to which older people have direct input, and in its programs which provide opportunities for older people to participate in their communities, to develop new skills and to contribute to political and social policy. Its advocacy and information services also support older people in exercising their rights.

COTA Notes:
Australia does not have a Bill of Human Rights as such. There are various laws at Federal and State level to protect specific aspects of human rights and Australia is a signatory to the relevant United Nations human rights conventions. Legislation includes the Federal Age Discrimination Act 2004, Disability Discrimination Act 1992, Racial Discrimination Act 1975 and the Sex Discrimination Act 1984. In all States and Territories there is specific equal opportunity and anti-discrimination legislation; and both the ACT and Victoria have Charters of Human Rights, which other State governments are being lobbied to adopt.
Human Rights

The ACT and Victorian Charter and the National Human Rights Consultation refer specifically to various vulnerable groups such as children, families and those deprived of liberty but they do not mention older people who may be particularly vulnerable and disadvantaged.

At an administrative level, there are now official bodies and NGOs taking a close interest in older people and human rights, namely States / Territories Public Advocates and Equal Opportunity and Human Rights Commissions and the Australian Human Rights Commission, as well as academics and non-government advocacy organisations.
COTA Australia Policy and Position Statements

Lifelong Learning

COTA Position

There is increasing evidence that adult learning has positive health effects in older Australians and helps maintain Australia’s competitive advantage in an increasingly competitive world. To capitalise on these benefits, COTA believes older people should participate in lifelong learning and recommends:

- implementation of a policy framework for adult learning as recommended by Adult Learning Australia
- development of explicit education policies for older adults
- reducing barriers to existing education and training opportunities for older adults such as costs, time and location
- incentives for the education and training of older adults in the workplace
- fostering the development of learning methodologies for older adults.

Issues

Education enriches our culture and helps people achieve their potential as citizens, empowering individuals to develop constructive responses and assisting in maintaining social cohesion. The effectiveness of lifelong/lifewide learning is enhanced when learners have economic security, good health, aids and equipment if required, and access to well-equipped and well-resourced facilities, e.g. Centres of Adult Education, University of the Third Age, neighbourhood houses, libraries and community learning centres.
COTA Australia Policy and Position Statements

Retirement Incomes

COTA Position
COTA supports a retirement income policy that establishes and maintains an adequate, secure and equitable standard of living for retired persons.

Protection of assets for retirement should be a primary goal of a retirement income policy.

Priority should be given to assisting senior Australians on the lowest incomes and to those who do not own their own homes, particularly women and those who cannot realise the benefits of the Superannuation Guarantee Scheme.

Issues
Many older Australians including single pensioners live in poverty, even after a long and fully productive working life.

Tax reform should deliver social and economic benefit to Australia and Australians. COTA believes the government should maintain the progressive taxation system in which high-income earners are taxed at higher rates than low income earners, and close any loopholes which render it ineffective. Taxation should provide governments with sufficient revenue for necessary social services over the long term. No senior Australians in the low to middle income groups should be worse off under any tax reform proposals.

The three pillars retirement income policy relies on a combination of age pensions, superannuation and private savings. Only once current compulsory superannuation policies reach maturity (2030) will a majority of the population of older people have the opportunity to experience the full benefits of significant measures introduced over the last two decades.

Divorce and separation can also lead to financial disadvantage over long periods, especially for women.
COTA Australia Policy and Position Statements

COTA Australia Policy and Position Statements

Retirement Incomes

Age Pension and Income Requirements

COTA Position
COTA supports an age pension policy that ensures that the income of all senior Australians enables them to fully participate in society and enjoy a lifestyle in accordance with contemporary Australian standards.

COTA believes that

- the combination of age pension, superannuation and income from private savings should be sufficient to guarantee at least a modest lifestyle for all retired people
- the single age pension should be at least two thirds of the pension rate for couples
- the single age pension should be set at 35 per cent of total male average weekly earnings
- there needs to be regular monitoring the financial security of all Australians and regularly reviewing the adequacy of the age pension against relevant benchmarks
- establish an Earnings Credit Scheme for people on social security payments
- the income limits for the Commonwealth Seniors Health Card should be indexed to movements in total male average weekly earnings.

Issues
Current income security arrangements are inadequate and are causing distress to a growing number of older Australians. The Commonwealth age pension was devised a century ago for a different social context. A person cannot live long-term on this income stream. A significant increase in the single Commonwealth aged pension is justified.

There are significant income inequalities amongst senior Australians. Whilst people over 65 head up households owning almost half the deposits in the nation's financial institutions, 48% of retired people are among the poorest 30% of Australians. Around 33% of people aged 50-64 rely on some form of social security income and 46% do not have paid employment.

Most retired Australian seniors are on a low income. Seventy-five percent of the eligible population receive the age pension as their principal source of income. In 2012 the community standards for the level of retirement income necessary to secure a modest lifestyle were around $22600 for singles and $32500 for couples whilst the age pension
Retirement Incomes

Age Pension and Income Requirements

Was $20,090 for singles and $30,300 for couples so people living on the full age pension are still below the income required for a modest lifestyle.

Two do not live as cheaply as one, therefore the overheads associated with housing and utility costs bear disproportionately on single people. This was addressed in the 2009 Pension reforms when the single rate was set at two thirds of the married rate.

There is an inherent inconsistency in applying the same assets test to people in their 50’s as applies to a 25 year old unemployed person, given that people accumulate assets for retirement. The average duration of unemployment for mature age people is two years, placing them at high risk in regard to depletion of assets. Once the asset base of an older person is depleted, opportunities for building it up again are severely limited by lack of employment or new income generating opportunities. Younger people do not face these issues to the same extent.
Transport

Mobility Scooters

COTA Position
COTA believes the use of mobility scooters can provide many benefits for older people in maintaining independence and social connectedness. As a person’s need for mobility assistance increases transport devices such as scooters become an attractive option. COTA supports the appropriate use of mobility scooters and suggests their use should be encouraged and facilitated when developing policies on:

- accessible transport and personal mobility
- social inclusion and ageing in the community
- driving alternatives and
- reducing our carbon footprint.

However, with technological developments that have occurred and the increased use of mobility scooters, safety issues have arisen and have become a concern both within COTA and across the community.

COTA believes there is now a need for regulation of both the industry and its product. COTA advocates for the introduction of regulations in all jurisdictions which:

- ensure professional advice and appropriate training is available to all purchasers
- ensure that only scooters that satisfy at least a minimum standard reach the Australian market

Australian consumers have the right to safe, reliable products and COTA would support the adoption of an Australian Scooter Standard based on the prevailing European Standard. In addition, COTA believes that legal and financial protections should be increased by:

- consistent language and clarification of rights and responsibilities of mobility scooter riders
- embracing issues such as registration and nominal defendant insurance in all jurisdictions.

COTA supports compulsory insurance that is tailored to ensure it does not inflict unreasonable costs on existing and potential users and does not discriminate on the basis of age.
The challenge is to target the level of regulation to address the various exposures while maintaining availability and affordability for current and future users.

**Issues**
The Australian Competition and Consumer Commission has raised concerns about the number of scooter related fatalities, accidents and safety issues in this industry. Statistics released in late 2011 show 62 Australians aged between 60 and 90 have died from mobility scooter collisions or falls since the year 2000 and hundreds more have been hospitalised as a result of falling or losing control of their mobility scooter. Anecdotal feedback suggests that the use of scooters is growing and as such safety will become even more important. Safety issues fall into 5 categories. These are:

(i) **Quality (roadworthiness or reliability) of scooters on the Australian market**
There is great variance in the quality of mobility scooters entering Australia but little or no formal information or certification concerning performance and quality is generally available.

(ii) **Ability of individuals to competently and safely “drive” or “ride” such scooters**
Unfortunately, people can use mobility scooters on public thoroughfares without training and regardless of their ability to use or operate them. There are limited avenues of advice and assistance for the general user who is not in a formal rehabilitation scheme.

(iii) **Fitness for purpose - whether the individual has the right mobility scooter**
There is widespread variation in the level and quality of dealer support, for the initial product selection process. Consequently, scooters can be purchased without sufficient information or consideration as to whether they are appropriate for the intended use.

(iv) **Transport Infrastructure**
A safe environment includes appropriate pathways, absence of obstructions and impediments, suitable ramps and kerb access from street level.
Regulations – road rules, responsibilities and interpretation

Under current legislation and practice mobility scooters are generally considered a medical device and regarded as a wheelchair which in turn means the road rules are those that apply to a pedestrian. However, there are different road rules and different interpretations across the States and Territories. There is also wide variation on other aspects governing the safe use of motor scooters including definition of the rights and responsibilities of mobility scooter riders.

In addition, some other regulation not now present is increasingly becoming important. For example, insurance and registration of motorized scooters would provide protection for both users and others who share public space, yet Queensland is the only state to implement such a program. This program is government rather than user funded and its primary goal is protection of the public.

Recognising the increasingly sophisticated mobility scooter as a legitimate transport option for people who may choose to use it implies the need for regulation, however, it is essential that the additional costs entailed do not put these scooters beyond the financial reach of those who need them.
Transport

Public Transport

COTA Position
COTA believes that older Australians should have access to affordable, appropriate, accessible and well integrated public transportation.

To achieve this, public transport policy needs to:

- ensure increased investment, upgrades, expansion and integration of public transportation services, particularly rail services, for travel within and between regional centres and for travel within and between outer urban areas, while keeping fares at easily affordable rates
- consider the specific transportation requirements of older people in rural and regional Australia
- include transport in the Australian Healthcare agreements to ensure access to healthcare services in all settings.

Issues
Many senior Australians rely on public transportation and community transportation for participation in the social and economic life of the community as well as for access to essential services.

Older people are disadvantaged by public transport systems that focus on work-based commuting patterns and urban sprawl and developments that rely on car use.

Most outer urban areas and rural areas have limited services, and the services that do exist are poorly integrated.

Community transport will be vital for those older people for whom public transport is inaccessible and inefficient.

Australian transportation systems largely cater for those who travel to work and school. For example, a National Aged Care Alliance Position Paper, Transport and Access to Health Care Services for Older Australians (May 2007) documents the limited capacity of existing transportation options to get people to the health care services. Lack of access to shopping facilities and services such as banking and utility providers are other well documented inhibitors to our ongoing independence as we age.
Transport

Public Transport

The use of private cars predominates in infrastructure provision. Those people, including older people, who are at home during the day, live in a network of largely empty roads that inhibit contact and interaction with others living in the area. People without private cars are faced with infrequent transportation services that operate on routes that are unlikely to go to the services and facilities needed, and unlikely to take older people to friends and relatives.

Furthermore, public transportation is designed for highly ambulatory, well balanced and agile people. In an address to the COTA Over 50s Forum on Poverty (May 2007) Professor Graeme Hugo, University of Adelaide, advised that it is also the case that older people, along with single parents, are the groups in our community most isolated from bus stops and train stations.
COTA Position

COTA is opposed to mandatory age based driver testing and believes that the safety of all road users can be determined by

- adoption of a licence re-assessment procedure that is based on community referral of those considered ‘at risk’ by doctors, pharmacists and community workers
- licence outcomes that include -
  - awareness training
  - retraining and rehabilitation
  - offering alternatives
  - restricted licenses
- support and continued funding of research to find a reliable assessment tool which will discriminate accurately between older people who should, and should not, drive. However, this should not become part of a mandatory testing program but should remain part of a voluntary/community reporting model
- supporting the transition to non-driving status through information, access and availability of appropriate public and community transport options
- supporting age-friendly, and nationally consistent, road design standards related to clear signage, line markings, parking provision etc.

Issues

Over the next 30 years greater numbers of those aged 65+ will have driven all their adult lives and will see their dependence on motor vehicles as an integral part of their lifestyle. In our private car oriented society driving is an important mobility option for many older people (often the most convenient secure and comfortable mode of transport), and there are considerable benefits to enabling older people to keep driving if they are fit to do so:

Driving should be seen in the broader context of mobility issues for older people who include the transition to non-driving status, accessibility to public transport, innovative community transport options and other aids to personal mobility and independence including mobility scooters.
A number of myths about the safety of, and risks posed by, older drivers have proliferated based on ageist attitudes and misuse of statistics. COTA holds concerns about the impact of negative attitudes, use of statistics and regulations that are detrimental to older people maintaining their independence as drivers.

Most States and Territories have some form of mandatory re-testing for driving licences, linked to age or medical assessment. And yet there is no evidence to support the assumption that mandatory testing should result in better road safety for older drivers – in fact a growing body of research shows no safety or mobility benefits for age based mandatory testing. In addition, there is no evidence to show that age is an effective basis for predicting ability to drive. These re-assessment procedures are a daunting and stressful experience for older drivers with research showing many drivers, especially women, choosing to stop driving rather, than undertake reassessment. These systems may unnecessarily compromise the mobility of those who may not need to stop driving.

The State of Victoria has no compulsory license re-testing based on aged and older drivers are not treated differently from others when it comes to renewal or assessment for driving. The effectiveness of the different licensing systems in Australia has been examined by two studies which have compared the casualty crash rates for older drivers across the different jurisdiction. The first study was conducted in the mid 1980s and compared drivers aged 75 years and older. It was found that despite its lack of mandatory assessment program Victoria has amongst the lowest per-population older driver crash rates and the lowest older driver crash rate per number of licences issues.

An update of this study also failed to show any safety benefits for mandatory assessment programs in Australia. Older drivers (aged 80 years and above) in jurisdictions with age based mandatory assessment programs could not be shown to be safer than drivers in Victoria, whereas older drivers in Victoria had significantly reduced per-driver involvement in serious casualty crashes.

Screening tests have been developed and are used in some State and Territories to determine whether or an individual is fit to drive, or who may be an increased risk of being involved in an accident. However the assessment procedures used by licensing authorities have not been validated. It is not known therefore whether it can discriminate between people who are likely or unlikely to be safe drivers.
Transport

Driver Licence Requirements for Older Drivers

The fact that Victorian outcomes are indistinguishable from interstate comparisons suggests that the testing procedures in other States may not be effective in distinguishing good from bad drivers.

In addition, the tendency to self-regulation, combined with a process of referral and testing, is resulting in crash rate outcomes in Victoria that are equal or better to those in other States.

COTA notes:

- In 1998 drivers 65+ represented around 8% of all drivers killed on our roads. This compares with around 25% of fatalities in the 18-25 age group.

Older drivers compare favourably on the basis of accidents per capita and per driver’s licence, but statistics are often cited in which the fatality rate is adjusted for distance travelled (older people travel shorter distances than younger drivers). This results in the incidence of accidents for older drivers appearing to increase steeply from 70 years. An OECD report found that “Older drivers do not present a special threat to other road users. Older drivers were involved in a smaller number of accidents resulting in the death of other motor vehicle occupants or pedestrians than other age groups.”

- The discussion about risk and older drivers is made more difficult to interpret because of the frailty factor. Older people are more likely to be injured or killed in an accident, because older people are more prone to severe injury in a crash, thus boosting the statistics for road deaths (not the number of crashes).
Volunteering

COTA Position
For many Australians of all ages volunteering provides essential social and mental stimulation providing opportunities to share and learn new skills and contribute to society.

COTA believes that any discussion on increasing opportunities for volunteering needs to be conducted in a framework of promoting volunteering at every age. It is important that we as a society do not promote a view that volunteering is something people do (or are expected to do) when they are ‘older’ as this could make volunteering ageist.

To increase volunteering opportunities there needs to be
- Access to reasonably priced volunteer insurance with Government acting as the insurer of last resort
- Reimbursement of volunteer out of pocket expenses
- Funding for volunteer programs within government funded services
- Increased funding for Volunteering Australia to allow it to develop a specific strategy for older people.

Issues
Most people want their volunteering to be more than a set of tasks that they do to fill in their day or to provide them with personal satisfaction. In feedback from a range of older people it is clear that they also need to feel that their input is valued and they often choose to work for organisations that they feel are making a difference to the community.

It is also important to remember that while often older people are happy want to use their experience and existing knowledge and skills in volunteer roles, sometimes they want to use volunteering as a way to get new skills or acquire new knowledge.

There are two important barriers to volunteering that will need to be addressed if the proposals from COTA and other groups are to be successfully implemented. These are insurance and volunteer costs.

Many older volunteers and their volunteering organisations experience discriminatory practices when seeking volunteer accident insurance by insurance companies across Australia. Many insurance policies prohibit coverage for volunteers over the age of 85 years or have particular exemptions for this age group. The Tasmanian Commissioner for Antidiscrimination has launched an investigation into their practice.
Volunteering

Costs associated with accessing volunteer opportunities are a barrier faced by many older volunteers. While many volunteering organisations do reimburse the out of pocket expenses of their volunteers, many smaller organisations find this difficult.

Transport costs are the primary concern for current and existing volunteers. Assistance through petrol vouchers, taxation credits or direct reimbursement for out of pocket expense to volunteers would alleviate this burden. In 2010, for example, after representations from a range of community organisations around this issue, the ACT Government introduced a one off round of grants to community organisations to allow them to reimburse some volunteer costs. It would be useful to look at what impact these grants had on the number and retention of volunteers. This could provide a useful model for future initiatives although the ACT experience did highlight the need to have strict criteria.

COTA recognises the role of Volunteering Australia and its State and Territory organisations in improving volunteering opportunities. For any of our proposals and others to succeed it is imperative that there is coordination of activity, assurance of good quality skills and training for volunteers and support for organisations providing volunteering opportunities.

Volunteering Australia offer all of these services and for it to be able to meet the increased demand that growth in volunteering will bring it will need to be resourced appropriately.

In addition there are costs to organisations that offer volunteering opportunities in terms of staff time to recruit and coordinate volunteers, specific on the job training, access to IT, office space etc. The Productivity Commission in its Caring for Older Australians report acknowledged these costs and recommended that the pricing model used for aged care services take these costs into account.

In any discussion with older people there are always many ideas about possible ways they could volunteer but there has not been a systematic national analysis of what volunteering opportunities are available and what older people want to do. The Office for Volunteers in South Australia commissioned a report in 2005 on Older People and Volunteering which looked at which older people volunteer, do they differ from other groups of volunteers, why they volunteer and what they want to volunteer for. It would be useful to do something similar on a national scale to inform the development of future policy in this area.
Mentoring is an important way to use the skills of older experienced workers. The dropout rate for apprentices could be reduced with one on one support and mentoring of apprentices. Experienced trades people could buddy an apprentice.

This could be linked into the successful men’s sheds which could be a useful source of older trade’s people to act as mentors in the traditionally male trades, although they could mentor women as well as men.