



Community Development and Justice Standing Committee

Age-friendly WA?

A challenge for government

Report No. 7
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Legislative Assembly
Parliament of Western Australia

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Age-friendly WA? A challenge for government

Report No. 7

Presented by

Ms M.M. Quirk, MLA

Laid on the Table of the Legislative Assembly on 20 November 2014

Chair's Foreword

Anyone can get old. All you have to do is live long enough

– Groucho Marx

The ageing of our state is a demographic inevitability. By 2021 more than a fifth (21%) of the WA's population will be in the 60 plus age bracket.

Throughout the western world, governments have been confronted with the need to plan for this social shift. Western Australia is no different and the question necessarily arises as to how and when government is going to take necessary action.

This inquiry looks at other jurisdictions and what is held to be best practice to see how we can make WA more age-friendly. It also examines the 2012 policy *Seniors Strategic Planning Framework* developed in WA by government to ascertain the strategies for its implementation.

The initial intention of this Inquiry was to conduct a short investigation into how the Framework was guiding policies in WA. The Committee soon realised, however, that the breadth and depth of issues confronting the ageing population warranted a more substantial investigation. Even so, we have not been able to address a number of key issues other than superficially. However the Committee took the view that identifying the scope of issues which needed attention would serve to, at least, get them squarely on the agenda for government.

In this context we have recommended that the State Government produce periodically a *Seniors' Report Card* so that progress on all these key issues can be monitored.

In WA, it is not currently acknowledged that our ageing population presents major economic and social shifts for our community. The concerns of our ageing and elderly have, for too long, been put on the back burner and now we are at crisis point. The Committee is of the view that our community can be enriched if planned for and embraced with a cohort of seniors and elderly who are healthier, more socially engaged and respected.

Conversely it is inevitable that if we fail to address the range of issues which have been canvassed in this report, individuals, families and, indeed, our whole community, will feel the impact and consequent pressures in the years to come.

It requires leadership to enshrine age-friendly principles within our community. It also requires meaningful consultation and debate with older Western Australians

themselves. There are a number of local governments who have undertaken exemplary work in this regard and been acknowledged internationally for their work.

The Committee was exposed to positive and encouraging accounts of what is being done in some communities. The City of Melville has been acknowledged as a leader in the age-friendly arena, and a visit to their offices where we met the team responsible for implementation confirmed that they are deserving of their reputation.

Mandurah, which has the highest proportion of older people in the metropolitan area, is also doing some wonderful things in an LGA that is quite different to Melville. The Committee was impressed by the buzz of activity and the range of programs and services at Ac-cent, the local community centre. The Wheatbelt Development Commission is also engaged in some innovative research and age-friendly initiatives, particularly in the area of housing and aged care.

In the course of the Inquiry, the Committee was fortunate in being able to visit two WHO accredited age-friendly cities (Manchester and New York) and in being able to meet international experts in ageing and the creation of age-friendly communities. This provided valuable first-hand knowledge and insights which have been incorporated into this report.

In stark contrast, the allocation of resources at State Government level in Western Australia has been risible. There appears, moreover, to be little coordination between agencies with some key departments demonstrating that these demographic changes do not feature at all in their strategic planning. Allocation of responsibility between key Ministers appears to be based on whether a senior is in good health or otherwise.

Evidence such as that which indicates that Aboriginal Western Australians are five times more likely to fall victim to dementia than their non-Indigenous counterparts should be a clarion call for immediate action by government.

Similarly the acute shortfall of suitably located and accredited aged care accommodation is not going to go away by engaging in a game of brinkmanship with the Federal Government.

In this respect, recent Federal policy changes will adversely impact on the provision of such care and the community needs to be satisfied that the State Government will fearlessly advocate with the Commonwealth for a fairer deal on aged care.

The population of seniors is far from homogeneous. It includes everyone from 65 to 105 – the active, the frail, the well-connected and the isolated. They are rich, poor, straight, gay, tech-savvy and computer illiterate, and speaking many languages. And, thanks to increased prosperity and better health, there will be more and more seniors

every year for many years to come. They have much to offer their families and the community.

Early in the course of the Inquiry, it became apparent that the Department of Local Government and Communities, which administers the Framework, had little idea of how age-friendly WA actually is. It had not monitored implementation of age-friendly initiatives by local government authorities and had not provided any financial support or incentive for LGAs to do so.

The Framework outlines measures that should be taken that are the responsibility of various government departments, but once again the Director General of the DLGC was not fully aware of what was happening across government. Oversight and coordination of the Framework strategies has been severely lacking and the DLGC has not demonstrated the leadership required to implement the age-friendly agenda.

The merging of the Departments of Local Government and Communities 18 months ago seems to have been to the detriment of seniors. The issue of local government amalgamations has consumed so much of the new department's and the Minister's attention that seniors issues have faded into the background.

Various witnesses and submissions, however, did bring them to the Committee's attention. We were disturbed to hear that a lack of suitable social housing for seniors and insecurity of tenure is leading to increasing levels of homelessness. The Committee was told about the challenges of living with dementia not only for the patients but their families and carers.

In general, carers permitted the elderly to stay at home for longer but the toll it takes on the carer has to be given due recognition and respect.

Various CaLD communities were wanting to establish aged care for their communities but found the processes required almost impossible to negotiate.

We heard Aboriginal life expectancy is still about 10 years less than life expectancy for non-Aboriginal Western Australians, but this does not mean they are not affected by diseases of old age. They just get them earlier.

Age discrimination is on the increase and in the context of employment for older Western Australians there was cogent evidence given that a specialised employment service such as those which exist in other States was certainly warranted.

Fundamental to the well-being of senior and elderly Western Australians is the imperative to stay active and socially connected. Large transitions such as bereavement or loss of a driver's licence need to be recognised and supported in the same way as in

the disability sector the transition from school to post school options is closely monitored.

Another cause of social isolation arises when family members or carers misappropriate real property or money in many cases leaving the elderly person destitute. Those working within the sector are concerned that inadequacies in the law relating to enduring powers of attorney can facilitate such financial elder abuse.

The legislative framework in this area has been under review for a considerable time. The helpline for elder abuse recently funded by the government is welcomed but fails to address the fact that many elderly persons are so fearful of their abusers and so ashamed of what has happened that they would never report it. Prevention is always better and this requires a number of strategies.

For others marginalisation or depression is overcome by being able to get out and about in their community. However the committee found that sometimes even simple matters can assume greater significance for older persons.

For example, the Committee heard that the concerns of pedestrians are not being addressed and that they find it impossible to cross busy roads. Even where there is a signalled pedestrian crossing, the length of time allowed by the green man is not nearly enough. Technically the capacity exists to alter the timing on those crossings enabling longer to cross. Evidence was given that requests by local governments for this to occur in areas with high populations of seniors was resisted by Main Roads out of hand and as further contributing to traffic congestion.

The importance of physical activity – and suitable places to engage in it – was stressed to the Committee. Seniors Recreation Council Members treated the Committee to a demonstration of *Exergaming* – a highly successful way of getting older people active in a way that is fun and engages even the most introverted seniors. Also, mall walking was proving increasingly popular; done prior to shops opening it provided air conditioned, safe, even, stable ground for groups to undertake their exercise and the Council of the Ageing will be expanding this program.

It has been said that *“old is fifteen years from now”*. The recurring theme in this Inquiry is that governments do not have the luxury of fifteen years to make WA more age-friendly.

A range of coordinated measures must be initiated by government now. The economic and social implications of inertia will be significant.

Action should be a priority if for no other reason than a larger part of the electorate are likely to express their displeasure at this neglect, feeling, in the words of Anthony

Powell, that *“growing old is like being increasingly penalised for a crime you haven’t committed”*.

I acknowledge the thoughtful and enthusiastic contributions of my fellow Committee members in the conduct of this Inquiry: Dr Tony Buti, MLA (Deputy Chair) and Mr Mick Murray, MLA. Former committee members Mr Ian Britza, MLA and Mr Chris Hatton, MLA resigned in July of this year and participated in part of the inquiry only.

I also thank the Principal Research Officer, Dr Sarah Palmer, and Research Officer, Ms Niamh Corbett, for their diligent and professional support of the Committee’s work.

A handwritten signature in black ink, appearing to read 'M.M. Quirk'. The signature is fluid and cursive, with the first 'M' being particularly large and stylized.

MS M.M. QUIRK, MLA
CHAIR

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Executive Summary

THE decline in fertility, increase in longevity and decrease in mortality have combined to produce a worldwide boom in the ageing population. In industrial countries more than a fifth of the population is comprised of people aged 60 or more, but by 2050 this cohort is expected to account for a third of the population.

In Western Australia the proportion of the population aged 65 and over is currently 12 per cent. By 2032 it is expected to be around 16 per cent, with a higher proportion (18.6%) in regional WA than in greater Perth (15.1%). Many regional WA communities already have a higher proportion of people aged 65 and over than the State and national average.

Governments need to plan for the economic and social changes that the ageing population will bring. But the aged are far from a homogeneous group; there are social and economic inequities, a range of health and physical capabilities, and a diversity of views and expectations about retirement.

While commentators have been worrying about the ageing baby-boomer “time-bomb” for many years, increased life expectancy is in fact an indication of prosperity. Nevertheless, adjustments need to be made to accommodate the extra years of life. Planning needs to be long term and policies need to focus on preventative health interventions, reducing social inequality earlier in life, community care, longer working lives and age-friendly environments.

Western Australia’s over-arching policy document addressing ageing is *An Age-Friendly WA: The Seniors Strategic Planning Framework 2012-2017* (the Framework). It identifies five key pathways to achieving an age-friendly WA:

- Promoting health and wellbeing;
- Access to essential services;
- Economic security and protection of rights;
- Welcoming and well-planned communities; and
- Opportunities to contribute.

The Framework was developed following the involvement of the Department for Communities (now the Department for Local Government and Communities) and the City of Melville in the World Health Organisation’s Age-friendly Cities Project.

The Framework declares that all sectors need to “take action and plan together”. This Inquiry aimed to determine how well the Framework is guiding State Government policy, and whether it is achieving its goal of creating an age-friendly WA.

Implicit in the Framework is the need for all agencies to embrace its recommendations and objectives and to undertake core business cognisant of the impact of their actions and policies on older Western Australians. In the course of the Inquiry it became apparent that the Framework did not feature in the decision-making of a number of key agencies. For that reason the Committee decided to ascertain in what areas the Framework could achieve greater penetration within government.

In a range of areas (discussed below), the Committee concluded there was no agency charged with prosecuting the Framework, little inter-agency communication on implementing it, few or no resources attached to the Framework, and no leadership or responsibility assigned.

What is an age-friendly community?

As explained in **Chapter Two**, age-friendly communities as a formal concept grew out of the United Nations’ Year of the Older Person in 1999. The UN adopted a more proactive role in influencing ageing-related policies at the international level and in 2002 governments adopted the *Madrid International Plan of Action on Ageing* at the Second United Nations World Assembly.

Following this the World Health Organisation (WHO) launched the *Active Ageing* policy framework to focus attention on active and healthy ageing. The four pillars of the *Active Ageing* framework are health, participation, security and life-long learning. To assist communities in putting the *Active Ageing* framework into practice, the WHO created the Age-friendly Cities Project, which involved 33 cities across the world (including Melville). The project was designed to serve as a starting point for age-friendly community development initiatives across the globe.

Through the community-based research of the Age-friendly Cities Project, eight key indicators of an age-friendly city were identified:

- Community support and health services;
- Outdoor spaces and buildings;
- Transportation;
- Housing;
- Social participation;
- Respect and social inclusion;
- Civic participation and employment; and
- Communication and information.

With the culmination of the project in 2007, the WHO launched the *Global Age-Friendly Cities Guide*, which led to the establishment of the WHO Global Network of Age-friendly Cities. Since 2010 there has been a growing network of communities worldwide participating in the program. Communities that sign up to the network signal their commitment to creating an inclusive and accessible environment that benefits an ageing population. The City of Melville and the City of Rockingham are the only WA members.

Early adopters of the age-friendly movement internationally were Portland and New York in the United States, and Manchester in England and County Louth in Ireland. Canada is the country with the most extensive uptake of the age-friendly approach. Between 2007 and 2011, more than 560 communities in eight Canadian provinces identified as being age-friendly.

How age-friendly is WA?

In WA, the uptake has not been as dramatic. As detailed in **Chapter Three**, many local governments have begun the journey towards an age-friendly community but few have completely embraced the Department for Local Government and Communities' (DLGC) Age-Friendly Communities Framework. In 2006-07, the Department for Communities provided four local government authorities (LGAs) with research grants and a "toolkit" based on the WHO framework to assess the needs of their ageing communities.

In 2010-11, a further 23 local governments were funded to undertake community research with seniors, with a view to adopting an age-friendly approach to their planning. The outcomes and key findings from the research were collected into the *Age-Friendly Communities Collective Examination of Western Australian Local Government Research Report*, but it is unclear how many local governments progressed to the next steps of incorporating the findings into a strategic plan and monitoring implementation.

Melville, Mandurah, Fremantle, Rockingham and Cockburn are the leaders in implementing the age-friendly framework in the metropolitan area.

In regional areas, the main input has come from the State-wide *Ageing in the Bush* initiative, being managed by the Wheatbelt Development Commission (WDC) on behalf of the Regional Development Council. The initiative aims to describe the key impediments and opportunities for ageing in community across the regional areas of the State, and formulate an ageing in the bush strategy. Funding for regional local governments to conduct age-friendly projects has also just been announced.

This report assesses the age-friendliness of WA across a number of key areas, beginning with health and wellbeing.

Health and wellbeing

The *Model of Care for the Older Person*, the Department of Health's main policy document dealing with older people, stipulates that managing older people in the health service environment is based on age-friendly principles and practices. The model is designed to ensure that the WA health system is less centred on hospitals and more orientated to the care needs of the older person.

A key health issue in the older population is dementia, estimated to be the second leading cause of overall burden of disease – and the leading cause of disability burden – among people aged 65 and over in Australia. In WA about 30,700 people over the age of 60 years have a dementia diagnosis. The Department of Health, via WA Health, has partnered with Alzheimer's Australia WA to raise awareness of dementia in the community and engage in a capacity building strategy with community care providers. However, more data on dementia is needed to target services better. Dementia rates in the Aboriginal population are among the highest in the world (about five times that of the non-Aboriginal population) but this has remained largely unrecognised by health workers and service providers.

In conjunction with the Federal Government the State Government provides a range of at-home services for older people, but Carers WA felt that this could erode the ability of carers to maintain control over care for family members. Some local care providers also expressed concern over the impending transfer of Home and Community Care (HACC) services to Commonwealth control.

The Committee heard concerns also that the subacute sector is under-resourced and that there is not enough awareness of and access to palliative care services, especially in Aboriginal communities.

The importance of physical activity for improving health outcomes in later life was emphasised. Government-supported programs such as Exergaming, Living Longer Living Stronger and Stay on Your Feet had been very successful in getting seniors active and preventing falls, and it is important that resourcing for these is expanded to enable access by as many older people as possible.

Drug and alcohol use is a serious health issue for the ageing community, including the unintentional misuse of prescription drugs. Ongoing research and education and awareness programs are required to address this issue. This may be addressed in the forthcoming *10 Year Mental Health, Alcohol and Other Drug Services Plan*, which the Mental Health Commission says will address mental health services for older people.

Meanwhile, the dental health needs of older people are apparently being addressed in a national plan for oral health, *Healthy Mouths Healthy Lives: Australia's 2015-2024*, yet to be delivered.

Another report, the national *Health Workforce 2025*, highlights the need for essential, co-ordinated, long-term reforms by government, professional groups and the higher education and training sectors to ensure delivery of a sustainable health workforce that meets the healthcare needs of all Australians.

However, WA Health has acknowledged that retaining its workforce is a challenge and has developed a 10-year strategic workforce plan in an effort to address the critical shortage of health staff. The Committee remains concerned that the demand for aged care staff who can meet the diverse needs of the ageing population will not be met.

In the meantime, the Department of Health's *Being Age Friendly* training package, designed to deliver flexible training across the health sector to embed age-friendly principles and practices into the clinical practices of acute settings and other sectors such as community, residential and general practice, will assist in educating the workforce on care for the ageing.

Transport

Accessible and safe transport is a key concern of older people. Thanks to Seniors Card entitlements that allow free travel in non-peak times, public transport is generally affordable for metropolitan seniors. Seniors in regional areas face greater challenges. With the withdrawal of Transwa coach services linking to the Australind train service from Bunbury to Perth, many seniors were being forced to drive to Perth for appointments instead of taking the train. In some country areas, there is no public transport at all. This is addressed in part by the Country Age Pension Fuel Card, which provides \$550 towards fuel or taxi services for eligible pensioners.

However this fixed amount does not take account of the longer distances that people in more remote locations have to travel. Also, it is not helpful for seniors who find it difficult to drive long distances.

While the Public Transport Authority works toward achieving an accessibility standard of a bus or train service within 500m of every property at a peak-time frequency of every 15 minutes, this is clearly not being achieved in outer metropolitan areas. The lack of bus shelters also means seniors are reluctant to use bus services, even if they are within walking distance.

The lack of parking at train stations after 9am – when travel becomes free for Seniors Card holders – is another impediment to seniors using public transport. A perception that public transport is not safe also affects use. The Public Transport Authority needs to investigate this perception further. Older people also need to be supported in their

transition from driving, including the loss of their driver's licence. Obtaining a Photo Card for identification purposes is an unnecessarily complex process.

Housing

The availability of affordable, accessible and suitable housing is particularly important for older people who value a sense of security and the ability to age in place. The State's Affordable Housing Strategy (AHS) is the first of its kind in Australia and has a whole-of-government approach to increasing the supply of affordable housing, with a minimum target of 20,000 additional affordable housing opportunities in WA by 2020. The Department of Housing advised that as of August 2014, 15,900 new affordable homes had been delivered, which included affordable housing options for seniors.

But the Community Housing Coalition of WA is concerned that the AHS has will not deliver a single extra social housing dwelling, and the WA Council of Social Services (WACOSS) said urgent action was needed to address the critical shortfalls in supply. Seniors are also increasingly concerned about security of tenure. Older people living with the uncertainty of insecure tenure, coupled with spending most of their income on rent, were vulnerable to homelessness, according to COTA WA. The incidence of first-time homelessness is increasing amongst the elderly with women particularly vulnerable.

The WA Local Government Association (WALGA) told the Committee that one of the biggest challenges faced by local governments is the provision of suitably designed housing stock that caters for the needs of individuals as they age, particularly for those aged over 55. There was an increasing demand from older people to live in the locality in which they had spent most of their lives, rather than having to relocate to somewhere with more suitable housing. Stamp duty is also a barrier to downsizing and the Committee supports the numerous organisations who have recommended that it is abolished or at least reduced for seniors.

Future-proofing homes by incorporating universal design principles and features designed to help individuals remain in their own home throughout the life course is important for an age-friendly community. The Department of Housing said that where appropriate, it had incorporated universal design principles into new buildings and into all standard accommodation design briefs for social housing.

The Committee supports WALGA's suggestion that government tenders specify that new buildings comply with the principles of universal design.

Outdoor spaces and built environments

Well-designed outdoor spaces and built environments can enable older people to age in place and remain an integral part of a community. Providing such an environment requires a considerable degree of planning as well as cooperation from developers and

other sectors of government. Ensuring the safety of pedestrians is a major consideration, but public infrastructure, such as seating and accessible public buildings, is also important.

The Department of Planning policy documents *Directions 2031 and beyond* and *Liveable Neighbourhoods* address many of the points on the WHO age-friendly community checklist, the former focussing more on the integration of housing and transport and the latter on urban development design. However, developers are not always able to comply with the State Government policies because related infrastructure – such as public transport – does not exist. Also, the *Liveable Neighbourhoods* guidelines apply only to new housing developments, providing little benefit to people ageing-in-place in established suburbs.

Older people consistently complain that the green man/flashing red man signal is not long enough to enable them to cross the road safely. While the crossing signal is based on a walking speed of 1.2m per second, a UK study has shown that the mean walking speed of people aged 65 or more is 0.9m per second for men and 0.8m per second for women. According to several WA local governments, Main Roads WA will not be persuaded to extend the crossing time. The Committee recommends a trial of Singapore's Green Man + system, which enables seniors to activate extra time at pedestrian crossings with their seniors' card.

Creating "liveable communities" means providing support services that are easily accessible to meet health, education, culture, personal and social needs. It also means designing buildings and outdoor spaces that take account of the challenges for older people. WA could learn from projects in the US, where improvements to the liveability of communities are made by leveraging support from corporations and by being more creative in the use of existing resources.

Social isolation, respect and inclusion

The way in which communities are planned and the accessibility and affordability of essential services has an impact on social isolation. The Framework notes that seniors are a diverse group and that all seniors should be treated with respect. In terms of inclusion (of minority groups in particular), the Framework identifies the need for language services and cultural competency training for aged care staff and seniors' services staff, culturally appropriate aged care and support for Aboriginal seniors, and disability awareness training and assistance to help people with disability participate in activities.

Feedback from seniors to their local councils indicates that affordability of events is a barrier to social participation, and they would like more access to free or low cost community events and entertainment. Local governments are seen as having primary responsibility for providing opportunities for seniors to be involved in the community,

but there is also a perceived need for the State Government to provide programs to deal with the life transitions which may be a catalyst for social isolation.

The government also needs to take a stronger lead in campaigns to bolster respect for the elderly, according to some witnesses. WA's Equal Opportunity Commission reported that for the first time, age discrimination was one of the top three complaints made to the Commission, overtaking sex discrimination. The Committee is of the view that while a lot is spoken and written about the importance of respecting the senior members of our society, there is little or no action to encourage this.

Seniors who are from a non-English speaking background, are gay or are disabled are more likely to be excluded from social activities than other groups. While some culturally and linguistically diverse (CaLD) communities, such as the Chinese and Italian, have established specialised community-based services for seniors, communities which have not been established for as long cannot access culturally appropriate services. According to the Independent Living Centre, while WA is more multicultural than any other State in terms of percentage of population, the approach to policy and funding is "segmented and fragmented".

The Office of Multicultural Interests' 2012 report, *Ageing in Culturally and Linguistically Communities: An Analysis of Trends and Major Issues in Western Australia*, was designed to inform State Government policy and planning in addressing the needs of older people from CaLD backgrounds. It highlights the need for an up-to-date multicultural aged care strategy and policy, which should include the provision of culturally appropriate aged care services.

Members of the lesbian, gay, bisexual, transsexual and intersex (LGBTI) also find themselves excluded from mainstream seniors services. There are approximately 24,000 older LGBTI adults in WA, making this the largest recognised 'special needs' group who are potentially recipients of aged care services, according GLBTI Rights in Ageing Inc (GRAI). However, 86 per cent of residential care providers in a 2010 study claimed that they did not have any LGBTI people in their care.

GRAI has a two-year contract to deliver Commonwealth-funded training to the aged care sector and believes service providers – and their staff in particular – are keen to provide safe and inclusive services now that they are aware of the discriminatory practices.

Seniors with disability are often excluded from community groups because of a lack of aids, inappropriate activities, the attitudes of current users, insufficient knowledge and experience of staff/volunteers, and transport issues. This was particularly so for people with long-term disability who have grown old, as opposed to those who had developed a disability as a result of ageing.

Lack of post-employment support has also been found to be a major issue for disabled people in supported employment who retire, often triggering depression and deterioration in health.

Alzheimer's Australia WA has been making progress in raising awareness and understanding of people with dementia, and has plans to make WA a dementia-friendly state. Dementia sufferers face issues of exclusion in many different ways – for example patterned carpet, large tracts of glass and stairs can be confusing and prohibit a person with dementia from attending an event or facility.

Employment, training and volunteering

According to the Framework, an age-friendly society should devise strategies to encourage mature age employment and lifelong learning and training opportunities, and create opportunities for older people to contribute through volunteering.

The Productivity Commission reports that labour force participation falls significantly as people reach 55 and is negligible for those over 70. Even though the labour force participation rate of every working age group is projected to grow in the next 40 years, the participation rate overall will decline because of the higher numbers of people moving into retirement. WA's workforce participation rate is predicted to decline to 56.3 per cent by 2051, a reduction of 12 percentage points in the 40 years from 2011.

There are compelling reasons for older people to participate in the workforce, not least the benefits to physical and mental health (assuming they are in work that they enjoy and is suitable). Statistics suggest that many mature-aged people, too late to benefit from compulsory superannuation, want to participate more.

However, discrimination on the basis of age is a major barrier to participation. According to a Department of Training and Workforce Development (DTWD) report, there are a number of negative stereotypes associated with older job-seekers, including a propensity for more injuries, being more susceptible to chronic illness, lacking capacity for training and using new technologies, and being less productive. Evidence suggests that there is either no substance to these beliefs, or that they are minor obstacles easily overcome by appropriate training or modifications to workplace design or working conditions.

As outlined in its main workforce participation strategy document, *Skilling WA*, the WA Government proposed to address the participation of under-represented groups (including mature-aged) in the workforce by encouraging industry and the public sector to promote and facilitate their participation, with the State Government providing best practice examples of workplace flexibility.

While the DTWD was vague about formal initiatives to encourage employers to show leadership in employing older people, it said that data showed that there were a greater number of older workers employed now than five or ten years ago.

The Committee agrees that local government and the private sector adopt the WA Public Sector Commission's *A Guide to Managing an Ageing Workforce: Maximising the experience of mature-age workers through modern employment practices*, which sets out in detail the steps that need to be taken by a government agency to be regarded as age-inclusive.

Although the DTWD does not see any need to provide an employment service targeted at older people, the Committee believes that the challenges for older job-seekers are different from other job-seekers and such a service is warranted.

The DTWD has acknowledged that an award to recognise employers who embrace older workers would be a worthwhile initiative.

One of the problems facing older workers who have been retrenched is that the skills they had are no longer required. But this does not mean that they are not capable of learning new skills. The DTWD recognises the importance of retraining and re-skilling, and for some, the *Future Skills* training subsidies will be an option. *Future Skills* is the State Government's new way of prioritising training according to industry need by offering subsidies for eligible students taking up a priority course.

However, the emphasis on vocational training for priority industries will exclude many seniors, who may need to look to other providers to improve generic skills, such as computer and technology literacy. Computer literacy is becoming essential for seniors to be able to navigate their way around everyday services, and also offers many social benefits. COTA WA provides technology skills courses for seniors, and many local governments through their libraries also provide computer training for seniors. However another suggestion is that employment agencies provide more of these services.

As the population ages, there will be more demand for informal support for older adults, and, potentially, a greater supply of older volunteers. Volunteering is not exclusive to older people, however, almost a third of people aged 65 or more perform volunteer work in WA. Estimating the monetary value to the economy of volunteers is notoriously difficult, but one study suggests that it is worth more to the nation than the mining industry.

Although there is a body of recent research on volunteering in general, there seems to be little investigation of the particular needs and challenges of older volunteers. COTA WA notes that if transport-related concessions for seniors were to disappear, the capacity of seniors to participate in volunteer activities would be impacted. This would

have knock-on effects for health and well-being, given the role of volunteer participation in reducing social isolation.

The DLGC has released a number of guidelines (including *Vital Volunteering 2011-2016*) and says it has worked closely with Volunteering WA (the key support service for volunteering in WA) to ensure there are appropriate opportunities for seniors in volunteering.

Research has found that there is often a mismatch between the work volunteers want to do and how non-profit organisations engage volunteers; hence, volunteers become discouraged. According to US organisations, one way to address this was to recruit “empowered teams” – multi-skilled groups of 55-plus volunteers who were sponsored by an agency but became self-directing. WA could consider a similar strategy to ensure that retirees in WA do not become an under-utilised resource.

The Framework makes reference to the fact that as people age, concerns about economic security, personal safety and support in times of need can intensify. A strategic approach that ensures the protection and the security of older adults and simultaneously encourages “good planning and self-reliance” is an important attribute of an age-friendly community.

The Framework notes the importance of concessions and subsidies in the lives of many older Western Australians. However, the Committee heard that WA lacks an overall strategic concessions policy framework. There were anomalies in the current suite of concessions that needed to be addressed, and the application processes varied widely and were complicated. Eligibility criteria for receiving the WA Seniors’ Card also needed to be reviewed. COTA WA said the current concessions framework was inequitable, inefficient, poorly targeted and unsustainable, and was concerned that seniors’ views would not be represented in a government review.

New eligibility criteria for the *Safety and Security Rebate Scheme* (SSRS) have made it more difficult for seniors to qualify. Seniors Card holders can now only claim a rebate of up to \$200 to upgrade or replace home safety measures if they have previously received the security rebate and then experienced a break-in. As at June 2014, eight applications had been received and only four had been approved since January 2014.

The government has shifted its focus to personal safety devices, with a \$200 rebate available to Seniors Card holders for devices such as intercom monitors and fall detectors. There had been more than 2000 applications for the personal security device rebate for the period 1 January 2014 to 31 July 2014.

The Framework promotes the use of legal instruments (such as enduring powers of attorney, enduring powers of guardianship, advance health directives and wills) to

assist Western Australians to plan for the possibility that they may not be capable of making reasoned decisions in their own best interests.

As of June 2014, the Office of the Public Advocate (OPA) was guardian of last resort for 1218 people. Around one-fifth were aged 80 years and older. Of these, 85 per cent attributed their primary decision-making disability to dementia.

The OPA also investigates allegations of elder abuse. The Committee notes that since the publication of the Framework in 2012, awareness of elder abuse has advanced somewhat. However, there is still work to be done. A culture of secrecy shrouds elder abuse, partly due to the fact that the abuser is often a family member.

The DLGC has funded the *Alliance for the Prevention of Elder Abuse: Western Australia* (APEA:WA) to develop the *Elder Abuse Protocol: Guidelines for Action*. APEA:WA estimates that between two and five per cent of older people experience elder abuse, which equates to an estimated 6000 to 15,000 people.

Estimating the extent of elder abuse is difficult due to inconsistency in definitions between organisations. Agencies need to work together to create a uniform definition which will assist in collecting accurate data.

The OPA says that a significant proportion of the applications made to the State Administrative Tribunal by the OPA pertain to allegations of financial abuse. Suspicions of elder abuse arose in 125 of the OPA's 925 investigations, with 58 per cent related to financial abuse.

Gaps in financial literacy skills have made some older people susceptible to fraud or other types of financial abuse, according to COTA WA, but it was difficult to source independent financial advice.

Communication, information and technology

A number of issues relevant to seniors were not covered in the Framework at all or were not adequately addressed, including ways in which information should be provided to seniors. Good communication and information are essential to seniors during a period of transition, and not knowing how to locate needed information can be an impediment to an older person making a well-informed decision. Receiving the right amount of information in an appropriate format is critical. Hence, information should be offered in a range of formats.

A common complaint from older people is that auditory information is spoken too quickly and unfamiliar terms and jargon are used. The Committee believes it would be helpful if the State Government developed guidelines on use of language in government publications aimed at seniors.

Experience in using modern technology, including computers and the internet, also needs to be taken into consideration. For older adults who do not use computers, the online-world can lead to increased feelings of exclusion. The trend towards the digitisation of documentation and services exacerbates such feelings.

On the other hand, technology can present significant opportunities for greater participation and involvement of seniors in community life. Online services can lead to greater independence while living at home – by facilitating online shopping and bill payment, for example – and keep people in touch with family members. There is a healthy appetite for computer literacy among the WA seniors population, with learning programs often fully booked. The *First Click* and *Second Click* programs for learning computer skills, which have been discontinued, are sorely missed.

Government departments are supposed to comply with internationally recognised website accessibility guidelines for making web content more accessible to people with disabilities. Since 2012, three website accessibility surveys have been conducted to identify progress and highlight issues with implementation. The surveys found that only about a third (36%) of new websites are compliant. The Department of Finance, which monitors website accessibility compliance, said that budgetary constraints and a lack of appropriate skills were a challenge to implementation.

Grandparents caring for grandchildren

One group that is apparently finding it difficult to access information is grandparents caring for grandchildren, often referred to as grandcarers. Acting Commissioner for Children and Young People Jenni Perkins said that grandparents were clearly identifying the need for additional support and access to counselling or information, but did not know where to go or were not aware of what supports might be available.

Carers WA said that while a considerable amount of information was available online, not all carers had access to the internet or the time to navigate between multiple agencies. Many may not have the confidence to navigate social, legal and education systems that were different to those in place when they raised their own children.

Children in kinship care often had complex needs and grandparents moving into a primary care role were introduced to a complex array of issues involving an equally complex array of services and agencies. Support for grandcarers from different agencies needs to be better co-ordinated.

Aboriginal children and young people are 15 times more likely to be in out-of-home care than non-Aboriginal children and young people, and nearly 70 per cent are placed with relatives. Research has shown an increased willingness of Aboriginal families to care for children who have been removed from their parents.

Ageing issues in Aboriginal communities

Aboriginal elders play a key role in providing care to family members in their communities, but are not revered in the way they once were. Aboriginal ageing issues have been largely neglected, according to COTA WA, possibly because there are fewer elderly Aboriginal people. While in the non-Indigenous population, people aged 50 and over represent 31 per cent of the total population, Indigenous people aged 50 and over account for only 12 per cent of the total Indigenous population.

Rates of disability and caring are high in Aboriginal communities, but provision of services is not always straightforward, however. Whilst recognising that they need to cater to the cultural, ethnic or religious diversity of their clients, many service providers did not understand the diversity within each group. New models of care that are culturally appropriate need to be developed in consultation with Aboriginal communities.

The Seniors Strategic Planning Framework mentions the Federal *Closing the Gap* initiative to address health outcomes for Aboriginal people, but does not outline any specific programs for addressing their particular needs.

The Framework is, in the opinion of many of the organisations and individuals who provided evidence to this Inquiry, a well-meaning document which nevertheless lacks the detail that would actually assist agencies and organisations to create age-friendly communities.

Effectiveness of the Framework

Chapter Four assesses the effectiveness of the Framework and the role of the DLGC in overseeing its implementation. The Committee believes the department has demonstrated a profound lack of leadership in terms of co-ordinating government agencies, organisations and resources to build an age-friendly state.

Collaboration between relevant government departments has been haphazard and inadequate, with the actual implementation of age-friendly practices largely left to local governments with insufficient resources. While some local governments have made significant progress in developing an age-friendly community, the department seems unsure about what has actually been achieved at the local government level generally.

The DLGC provided community research grants to 27 local governments to research the needs of seniors in their community, but the extent to which this has translated into on-the-ground age-friendly initiatives is unclear. There is no mechanism to ensure that local governments comply with the age-friendly community approach endorsed by the DLGC.

WALGA said funding for pilot programs was welcome, but it was the implementation of the programs that counted and funding was not provided for this.

While the DLGC collaborates with a number of government agencies in the administration of issues related to seniors, the coordination and oversight of the range of the diverse interests of seniors has been poorly managed. A Senior Officers Group for government agencies to discuss seniors' issues (convened by the DLGC) has only met twice in the past year and does not include some key agencies.

There was a suggestion from a number of witnesses that the DLGC did not have enough staff dedicated to seniors' interests.

While some State Government agencies and non-government organisations had found the Framework useful in providing a strategic vision, it was criticised for not providing sufficient direction on policies and practices. There was also no method of assessing progress against initiatives identified in the Framework. As such, the Committee welcomes news that the DLGC will consider the application of benchmark indicators for the effectiveness of age-friendly communities currently being developed by the WHO.

The inclusion of an Age-friendly Communities and Local Government Award and an Age-friendly Organisation Award in the annual WA Seniors Awards is a step in the right direction in encouraging age-friendliness. However, many government agencies and local governments are still only at the stage of identifying age-friendly policy challenges and need further encouragement. Funding and leadership from the State Government and the DLGC in particular is urgently required.

Ministerial Response

In accordance with Standing Order 277(1) of the Standing Orders of the Legislative Assembly, the Community Development and Justice Standing Committee directs that the Premier, Minister for Health, Minister for Community Services, Minister for Seniors and Volunteering, Minister for Sport and Recreation, Minister for Transport, Minister for Regional Development, Minister for Housing, Minister for Police, Minister for Commerce and the Minister for Training and Workforce Development report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

Findings and Recommendations

Finding 1

Page 43

Not enough has been done to address the disproportionately high rate of dementia in the Aboriginal population.

Recommendation 1

Page 43

The State Government should increase funding to Alzheimer's Australia WA to promote dementia awareness, research and provide services in Aboriginal communities.

Finding 2

Page 44

There is insufficient data and research on the impact (or incidence/extent/implications) of dementia in Western Australia to ensure an effective response.

Recommendation 2

Page 45

Given that the number of people suffering dementia is expected to increase significantly, the Department of Health should invest in gathering robust data on the nature of dementia in Western Australia so that services can be targeted effectively.

Recommendation 3

Page 47

The Minister for Community Services should introduce amendments to the *Carers Recognition Act* (2004) to ensure that the role of carers in home care settings is given due recognition and respect.

Finding 3

Page 51

The State and Commonwealth governments provide a wide range of services and programs targeted at the health and care needs of older West Australians, however the subacute care sector is under-resourced.

Recommendation 4

Page 53

Given the success of programs such as Exergaming in motivating sedentary seniors, the Department of Sport and Recreation should ensure seniors in all communities can benefit by expanding funding for training to community groups, enabling them to run the programs locally.

Recommendation 5

Page 54

The success of the Living Longer Living Stronger program warrants an increase in resources and funding from the Department of Health to ensure that it remains a stand-alone program.

Recommendation 6**Page 56**

The Department of Health to ensure that the Stay on Your Feet program is retained as a stand-alone program and properly resourced into the future.

Finding 4**Page 58**

There is not enough research into the use and misuse of alcohol and drugs by older people, including the unintentional misuse of prescription medication.

Recommendation 7**Page 58**

Given its serious impact on the health of older people, the State Government should investigate initiatives to address excessive alcohol and drug consumption in older age.

Finding 5**Page 61**

There are not enough palliative care services, particularly in Aboriginal communities. Moreover, these services are not accessed in a timely fashion, partly due to lack of awareness.

Recommendation 8**Page 61**

Further research is conducted to gain a greater understanding of the palliative care needs of Aboriginal people and the delivery of those services to, Aboriginal communities.

Finding 6**Page 67**

The aged care workforce, including nurses, geriatricians and residential and community aged care staff, will struggle to meet demand – in terms of numbers and diversity – as the population ages.

Recommendation 9**Page 67**

The State Government needs to actively plan for the increasing demand for aged care professionals.

Finding 7**Page 74**

The withdrawal of regional bus services which connect to the Australind train service from Bunbury to Perth has resulted in seniors driving to Perth instead of taking the train.

Recommendation 10	Page 74
The Department of Transport should ensure that public transport is a viable alternative to driving to Perth for country aged pensioners by reinstating bus services which connect to the Australind train service in the Bunbury region.	
Finding 8	Page 77
Shelters at bus stops are an essential amenity for older users of public transport, but the number of bus stops with shelters in the metropolitan area is unacceptably low.	
Finding 9	Page 80
There is a lack of conclusive research indicating whether (and when) seniors feel safe using public transport.	
Recommendation 11	Page 80
In order to ensure that services are perceived as safe by seniors, the Public Transport Authority should undertake a detailed study of the public transport use and needs of seniors and their perceptions of safety.	
Finding 10	Page 80
The fact that train station car parks are full well before 9am means that many seniors are unable to take advantage of the free public transport offered to seniors after 9am.	
Recommendation 12	Page 81
The Department of Transport should investigate ways to make train station car bays available for use by seniors after 9am.	
Recommendation 13	Page 82
The Department of Regional Development should adjust the monetary value of the Country Age Pension Fuel Card to align with the geographic location of the person to whom it is issued. Pensioners who need to travel long distances should receive a greater contribution towards fuel costs than those who only need to travel short distances.	
Recommendation 14	Page 82
The Department of Transport should publish the number of successful prosecutions of Taxi Users' Subsidy Scheme fraud in its annual report.	
Finding 11	Page 83
There is limited support in Western Australia for people making the transition from driving.	

Recommendation 15 **Page 83**

Given that transition from driving is identified in the Framework as something that will help create an age-friendly community, the State Government should establish a driving cessation program similar to the UQDRIVE model.

Recommendation 16 **Page 83**

The Department of Transport should review the criteria needed to obtain a Photo Card to make it more accessible for seniors.

Finding 12 **Page 89**

An increasing number of seniors are feeling concerned about security of tenure.

Recommendation 17 **Page 89**

As a matter of urgency, the Department of Housing and Department of Commerce considers the recommendations of the report *Security of tenure for the ageing population in Western Australia*.

Finding 13 **Page 90**

While some progress has been made on the provision of housing that is more suited to seniors, there remains an under-supply of social housing for aged pensioners on low incomes.

Recommendation 18 **Page 90**

The Department of Housing should urgently address the lack of affordable housing for seniors on low incomes by increasing the supply of social housing.

Finding 14 **Page 92**

The incidence of first-time homelessness is increasing amongst the elderly, with older women particularly vulnerable due to a lack of opportunity to accumulate financial and material assets.

Finding 15 **Page 94**

There is a lack of suitable seniors housing in the inner metropolitan area.

Finding 16 **Page 96**

The State Government has failed to take action on reducing stamp duty for aged pensioners who downsize their homes.

Recommendation 19 **Page 97**

The State Government should implement a stamp duty concession or exemption for seniors who wish to purchase a smaller home.

Recommendation 20**Page 98**

Government tenders for new buildings, including social housing, should specify compliance with universal design principles.

Finding 17**Page 103**

Implementation of the *Liveable Neighbourhoods* guidelines has been hindered by lack of transport infrastructure and inconsistencies between State and local government planning schemes.

Finding 18**Page 105**

Local anecdotal evidence and research from the UK suggests that the time allowed to cross the road at signalled pedestrian crossing is insufficient for most people aged 65 or more.

Recommendation 21**Page 105**

The Department of Transport should increase the time allowed to cross the road for seniors at signalled crossings in areas where there is a higher density of seniors.

Recommendation 22**Page 108**

Main Roads should:

- develop a system for identifying the most unsafe street crossings for seniors; and
- trial the Singapore model of activating extra crossing time with a seniors' card.

Recommendation 23**Page 114**

Under its new policing model, WA Police should make local teams available to perform an audit of security concerns, needs and vulnerabilities in their local areas with a view to working closely with seniors to address the issues.

Finding 19**Page 120**

The demand on local governments to provide affordable, accessible and innovative ways to engage seniors and address issues of social isolation will escalate as the ageing population grows.

Finding 20**Page 120**

There are few programs to help older people deal with the life transitions which are known catalysts for social isolation.

Recommendation 24**Page 120**

The Department of Local Government and Communities should include information on the link between life transitions and social isolation in the *Stay connected and be involved* booklet, and ensure there are programs available to address this issue.

Finding 21**Page 122**

Many older people do not feel they are treated with respect and understanding and there are very few initiatives to address this.

Recommendation 25**Page 122**

The Department of Local Government and Communities should provide training programs or develop a training toolkit to assist public and private sector organisations to treat older people with respect and understanding. In addition, an advertising campaign promoting the capabilities of older people should be developed.

Recommendation 26**Page 123**

The Department of Local Government and Communities establishes a Seniors Report Card to measure changes in attitudes towards seniors.

Finding 22**Page 126**

There are not enough culturally appropriate aged care or seniors services to meet the needs of older people from CaLD backgrounds.

Finding 23**Page 128**

Older people whose sexual orientation or gender identity is not heterosexual face discrimination in aged care facilities and exclusion from mainstream seniors' groups.

Finding 24**Page 130**

Older people with disability who had been employed struggle with the transition from work to retirement.

Finding 25**Page 131**

Older people with disability are often excluded from mainstream seniors' groups.

Recommendation 27**Page 131**

Older people with disability must be considered in policies and programs which target inclusion.

Finding 26**Page 139**

Discrimination against workers on the basis of age persists but the State Government has done little to address this.

Recommendation 28**Page 139**

The guide and assessment tool developed to help State Government agencies become more age-inclusive should be extended to the local government and private sectors.

Recommendation 29 **Page 139**

An employment agency dedicated to the specific needs of older workers should be established.

Recommendation 30 **Page 139**

The Department of Training and Workforce Development should establish an annual award to recognise age-friendly employers.

Finding 27 **Page 142**

Training and reskilling will be required for the increasing number of older workers whose skills have become obsolete or who need to move into a less physically demanding field of work.

Recommendation 31 **Page 142**

The Department of Training and Workforce Development should ensure that older workers have access to subsidised training in all industries – not just priority industries, as is the requirement subsidies under the *Future Skills* program.

Finding 28 **Page 150**

The approach to concessions for seniors is poorly planned and controlled.

Recommendation 32 **Page 150**

The State Government needs to design a concessions policy and framework that will ensure concessions for seniors target the people most in need.

Finding 29 **Page 153**

Seniors are finding it difficult to meet the new criteria to qualify for the Safety and Security Rebate Scheme.

Finding 30 **Page 160**

Approaches to tackling elder abuse in WA are hampered by a lack of reliable data on the extent of abuse.

Recommendation 33 **Page 160**

The State Government must support the Alliance for the Prevention of Elder Abuse WA to work more intensely with community and government bodies to establish reliable statistics on the extent of elder abuse.

Recommendation 34 **Page 160**

WA Police should train officers in ways to recognise signs of elder abuse and ways to successfully prosecute perpetrators.

Recommendation 35 **Page 168**

The State Government should develop guidelines on appropriate language for use in government publications aimed at seniors.

Finding 31 **Page 175**

While many seniors have embraced computer technology, some are being left behind and will be disadvantaged by the inability to access online information.

Recommendation 36 **Page 175**

The State Government needs to ensure ongoing access to free one-on-one computer and internet training for seniors.

Finding 32 **Page 181**

There is not enough statistical information about grandparents caring full-time for grandchildren to properly address the needs of this group.

Finding 33 **Page 181**

The needs of grandcarers are often complex and support is difficult to access.

Recommendation 37 **Page 181**

Support for grandcarers from different government agencies should be better co-ordinated.

Recommendation 38 **Page 185**

Given the diverse needs of the ageing Aboriginal population, the Minister for Seniors formulates a mechanism to consult directly with Aboriginal elders to hear concerns firsthand and determine needs.

Recommendation 39 **Page 185**

The State Government conducts an audit of the methods used in consulting older people in Aboriginal communities.

Finding 34 **Page 191**

The Department of Local Government and Communities has no system of monitoring the age-friendly status or progress of local governments.

Finding 35 **Page 191**

Since 2011, no State Government funding has been made available to local governments to conduct community engagement research to determine the needs of seniors.

Finding 36 **Page 192**

No State Government funding is made available to local governments to implement age-friendly initiatives proposed by the Seniors Strategic Planning Framework.

Finding 37 **Page 192**

There has been no State Government financial support to assist local governments to implement age-friendly practices or initiatives identified by community consultation research as being essential or helpful to the wellbeing of seniors.

Recommendation 40 **Page 192**

The Department of Local Government and Communities provides an incentive for local governments to implement age-friendly practices by linking funding to implementation.

Finding 38 **Page 194**

While endorsed by the Department of Local Government and Communities and WALGA, there is nothing to compel local governments to adopt the Age-Friendly Communities framework.

Finding 39 **Page 194**

Recommendation 41 **Page 194**

To demonstrate that it takes seniors seriously, the State Government should allocate more financial and human resources to the Department of Local Government and Communities and reinstate a dedicated unit for seniors' interests.

Finding 40 **Page 196**

Collaboration between State Government departments in relation to planning for ageing and seniors issues is inadequate. This demonstrates a lack of responsibility on the part of the Department of Local Government and Communities.

Recommendation 42 **Page 196**

The State Government should investigate models for a formal collaborative agreement between key government departments to ensure that they have a co-ordinated approach to ageing policy, planning and implementation.

Recommendation 43 **Page 196**

The State Government should appoint a separate Minister for Ageing who would be responsible for issues affecting both the well-aged (currently the responsibility of the Minister for Seniors and Volunteering) and the frail aged (currently the responsibility of the Minister for Health).

Recommendation 44**Page 197**

The Department of Local Government and Communities should investigate opportunities and provide support for collaborative research with the university sector.

Finding 41**Page 199**

While the Department of Local Government and Communities has said it will consider the forthcoming World Health Organisation effectiveness indicators for use by local governments, there is currently no system in place for local governments to monitor the age-friendly implementation.

Recommendation 45**Page 199**

The Department of Local Government and Communities should adopt the World Health Organisation effectiveness indicators or a similar system as soon as possible, to enable local governments to monitor implementation of age-friendly initiatives.

Finding 42**Page 202**

The Department of Local Government and Communities has demonstrated a profound lack of leadership in co-ordinating the implementation of the Seniors Strategic Planning Framework at the state and local government levels.

Chapter 1

Introduction

An overview of how the global population is expected to age over the next 50 years, with an exploration of what the ageing boom might look like for Australia and Western Australia. The characteristics and perceptions of the aged are briefly explored, and the Seniors Strategic Planning Framework is introduced.

You can't help getting older, but you don't have to get old. – George Burns

CHANGES in the composition of the population have serious implications for government policy: adjustments to the allocation of resources need to be made; new services need to be provided; changes in infrastructure need to be planned for. The rapid ageing of the population is recognised by the World Economic Forum global risks group as one of the top five issues facing the world in regard to material provision.¹ In addition to economic and material implications, there are of course social implications. An ageing population raises questions about who will look after the elderly, how the workplace may change, and how we should adjust our perceptions of the elderly and ageing.

Most countries are still in the process of adjusting to the implications of the changes involved² and are no doubt preparing in different ways. Western Australia is being guided by the cross-government strategic policy document *An Age-Friendly WA: The Seniors Strategic Planning Framework 2012-2017*. The changing demographics of the State – which will see more than one-fifth (21%) of the population in the 60-plus age group by 2021 – will mean that all sectors need to “take action and plan together”, according to the Framework document.

So how well is the *Seniors Strategic Planning Framework* guiding State Government policy? Is it achieving its goal of creating an age-friendly WA? These are the key questions that guided this Inquiry, and this report presents the Committee’s assessment of those questions in chapters three and four. To make that assessment, it was necessary to understand ageing from a global perspective.

1 Biggs, S., 'Adapting to an Ageing Society: the need for cultural change', *Policy Quarterly* vol. 10, no. 3, August 2014, p12.

2 Phillipson, C., *Ageing*, Polity Press, Cambridge, 2013, p11.

1.1 The ageing population

Statistics tell us that the demographic shape of the world is changing. In most parts of the globe, the triangle of the past – a broad base of younger people tapering off to an apex of older people – is transforming into a rectangle, with the number of older people continuing to expand as the younger cohort reduces.^{3,4}

The main reasons for the unprecedented growth in the ageing population globally are accepted as being:⁵

- *Decline in fertility:* Globally, the fertility rate fell from 5 children per woman in 1950 to around 2.5 today, and this is projected to drop to about 2 by 2050. Fewer children translates to an increase in the proportion of the population that is older.
- *Increase in longevity:* Life expectancy worldwide increased by 20 years between 1950 and 2010 (from 48 years to 68 years) and is expected to increase by another seven years by 2050 (to 75 years). The gap in longevity between wealthy industrial countries and less developed countries has narrowed in that time.
- *Decrease in mortality:* The decline in fertility did not occur until after the decrease in mortality (of infants in particular), resulting in a large cohort of people that are now reaching working age and older age. This includes the post-World War II baby-boom that occurred in developed countries such as Australia.

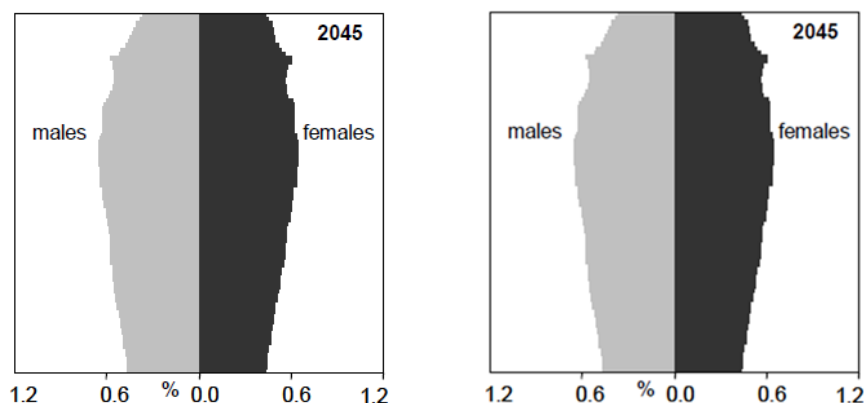


Figure 1 The changing age structure of the Australian population, from 1925-2045.⁶

3 Biggs, S., 'Adapting to an Ageing Society: the need for cultural change', *Policy Quarterly* vol. 10, no. 3, August 2014, pp12-16.

4 Bloom, D., '7 billion and counting', *Science*, vol. 333, 29 July 2011, pp562-569.

5 Beard, J.R., S. Biggs, D.E. Bloom, L. Fried, P. Hogan, A. Kalache and S.J. Olshansky, 'Introduction', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, pp4-13.

6 Source: Commonwealth of Australia, *Economic Implications of an Ageing Australia*, Productivity Commission, Australian Government, Canberra, 2005.

The increase in the number of people aged 60 and over will be rapid in the next decades, particularly in the developing world (although industrial countries will continue to have a higher proportion of people aged 60 or more – see Figure 2). In industrial countries more than a fifth (22%) of the population is currently aged 60 or more and by 2050 around a third (32%) of people are expected to be aged 60 or more. The proportion of the 60-plus population of developing countries is expected to be more than double what it is now, increasing from 9 per cent of the population to 20 per cent.⁷

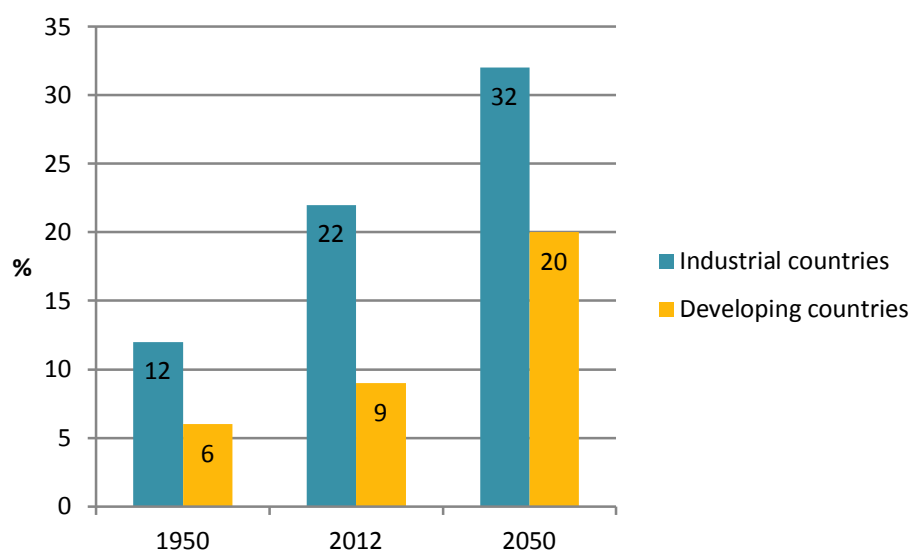


Figure 2 Proportion of the world population aged 60 or more – past, current and projected.

1.1.1 Our part of the world

Between 2008 and 2013 the number of people aged 65 years and over in Australia increased by 533,000 (19%) to reach 3.34 million people, accounting for 14 per cent of the total Australian population. Proportions ranged from 5.2 per cent of the population in the Northern Territory outback to 25 per cent on the mid north coast of NSW.⁸

According to the Australian Bureau of Statistics, the annual growth rate for people aged 65 years and over was 4.2 per cent in 2012, but is expected to decrease to around one per cent after 2060. The 85 and over age group is expected to experience the highest growth rate, reaching a rate of 7 to 8 per cent in 2032 when the first baby boomers

⁷ Commonwealth of Australia, *Economic Implications of an Ageing Australia*, Productivity Commission, Australian Government, Canberra, 2005.

⁸ Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2013*, cat. 3235.0, ABS, Canberra, August 2014.

(born in 1947) reach this age. The ABS predicts that the proportion of people aged 85 and over will have doubled by 2031 and doubled again by 2045, representing 5 per cent of the population by 2061. It currently accounts for about 2 per cent of the population.⁹

WA's population is projected to more than double between 2012 and 2061 from 2.4 million to 6.4 million – the biggest increase of any State. Perth is also expected to have the highest percentage growth (187%) of any capital, expanding from 1.9 million people in 2012 to 5.5 million in 2061, overtaking the projected population of Brisbane.¹⁰

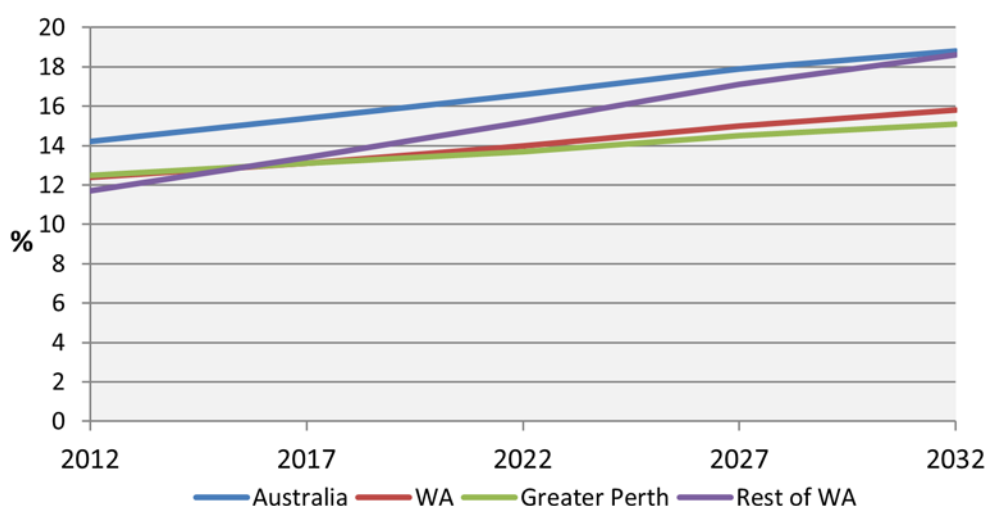


Figure 3 Proportion of the Australian and Western Australian population aged 65 or more – current and projected.¹¹

Note: Projections are based on ABS Series B figures, which largely reflect current trends in fertility, life expectancy at birth and net overseas migration. Series A and Series C are based on high and low assumptions for each of these variables respectively.

In 2013, there were 314,400 people aged 65 and over in WA, representing 12 per cent of the population. Most (79%) lived in greater Perth.¹² As shown in Figure 3, the proportion of the population aged 65-plus is expected to steadily increase over

9 Australian Bureau of Statistics, *Population Projections, Australia, 2012 (base) to 2011*, cat. 3222.0, ABS, Canberra, November 2013.

10 *ibid.*

11 Data for graph sourced from: Australian Bureau of Statistics, *Population Projections, Australia, 2012 (base) to 2011*, cat. 3222.0, Tables 1, 14, 15 and 16, ABS, Canberra, November 2013.

12 Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2013*, cat. 3235.0, ABS, Canberra, August 2014.

the two decades from 2012 to 2032. The graph shows that the 65-plus group in WA is projected to be a smaller share of the population than it is in Australia overall.

It also shows that by 2032 the proportion of people aged 65 and over is projected to be higher in locations outside the metropolitan area than in greater Perth. While in 2012 the metropolitan area has a higher proportion of 65-plus people (12.5 per cent compared to 11.7 per cent in the rest of WA), by 2032 the situation has reversed and regional WA has a higher proportion (18.6 per cent compared to 15.1 per cent). The increase in the proportion of 65-plus people living in regional areas is much greater than the increase for this group in greater Perth over the 20 years from 2012 to 2032.

Many regional WA communities, particularly those in the Wheatbelt, already have a higher than State/national average proportion of the population aged 65 and over.

Table 1 Percentage of population aged 65 or more by local government area¹³

Top 5 regional	%	Top 5 metropolitan	%
Quairading	24.1	Mandurah	20.5
Beverley	24.0	Claremont	20.4
Wyalkatchem	23.9	Peppermint Grove	17.7
Koorda	23.0	Melville	16.3
Brookton	23.0	Fremantle	16.2
WA	12.0	Australia	14.4

For a complete list, see Appendix 6.

1.1.2 Who are the aged?

The aged are often spoken of as a single entity, an all-encompassing category. But they are by no means a homogeneous group. To begin with, the age range of this group spans 40 years, from 65 to 105. The needs of the “young old” are different to those of the “oldest old”. However, it should be noted also that capability varies widely, and is not necessarily dictated by age. A well 85-year-old may be physically more capable than a 70-year-old with health problems.

In Australia, the over 65s are also an increasingly ethnically and culturally diverse group of people, as the first waves of migrants progress into this age group.¹⁴ Diversity of

¹³ Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia, 2013*, cat. 3235.0, Table 6, ABS, Canberra, August 2014.

¹⁴ Blueprint for an Ageing Australia panel, *Blueprint for an Ageing Australia*, Per Capita Australia Limited, 2014.

sexual orientation also exists, no differently to the way it does in the broader population – even if it is over-looked as irrelevant¹⁵

Social and class inequality also places people “on very different ageing trajectories”,¹⁶ resulting in widely variable experiences in their later years. Indigenous people, who have a life expectancy of approximately 10 years less than that of their non-Indigenous counterparts, experience the ageing process at a younger age and are more susceptible to particular health problems, such as diabetes and dementia. UK research (e.g. The Marmot Review, 2010) has also shown that life expectancy is higher for the upper and middle classes than the working class, with differences also in the quality of retirement experienced:

“The active and self-fulfilling ‘ideal’ time period following retirement ... is more likely to eventuate for healthy men of a privileged educational and occupational background.”¹⁷

Recognition of the diversity contained within the category of “the aged” is fundamental to our understanding of and preparation for the ageing population, according to British social gerontologist Professor Chris Phillipson:

... there are many important experiences which tend to cluster toward the latter end of life – not least widowhood, particular changes in social and economic statuses, and certain types of illnesses. But even here, variations are immense both in the range of conditions and the way they are experienced. And ageing populations themselves are subject to wide demographic variations, with societies ageing at different rates, with diverse characteristics, and with contrasting social and economic resources at their disposal.¹⁸

For governments and policy-makers, there is a danger in assuming a common experience. Hence, societies “should plan for older populations that are heterogeneous and develop plans to help those who need it, while tapping the resources of those who can contribute”.¹⁹ Health professionals should also recognise that older people are not

15 Submission No. 14 from GLBTI Rights in Ageing Inc (GRAI), 29 June 2014, p3.

16 Carstensen, L., and Fried, L., 'Chapter 1: The Meaning of Old Age ', in Beard *et al.*, (eds), Global Population Ageing: peril or promise?, World Economic Forum, Geneva, 2012, p16.

17 Chatzitheochari, S. and Arber, S., 'Identifying the Third-Agers: An Analysis of British Retirees' Leisure Pursuits', *Sociological Research Online* 16, cited in Phillipson, C., *Ageing*, Polity Press, Cambridge, 2013, p23.

18 Phillipson, C., *Ageing*, Polity Press, Cambridge, 2013, p26.

19 Carstensen, L., and Fried, L., 'Chapter 1: The Meaning of Old Age ', in Beard *et al.*, (eds), Global Population Ageing: peril or promise?, World Economic Forum, Geneva, 2012, p16.

a homogeneous group and offer “more balanced, interdisciplinary perspectives of older age”.²⁰

1.1.3 Perceptions of ageing

In a society which worships youth,²¹ growing old is portrayed and generally perceived as something negative – a time of decline and decay,²² and failure of the physical self.²³ Ageing is of course a relatively modern concept, given that at the start of the last century life expectancy at birth for both women and men was less than 60 years. People did not expect, and therefore plan for, a long old age. An Australian man at retirement age (65) in 1960 could expect to live another 12.5 years, whereas he would now expect to live another 19 years. An Australian woman of 65 could have expected another 15 years of life in 1960, but now expects another 22 years.²⁴

Life post-retirement is forecast to increase for the next 50 years at least, and perceptions of what this means will continue to evolve. As Carstensen and Fried suggest, “The meaning of age will continue to be a fluid concept and will be constructed through complex and iterative processes for decades, if not centuries, to come”.²⁵

Already, baby boomers entering their autumn years are redefining what it is to be aged. Having been young (and often outspoken) during a time of social upheaval and progress, “they tend to view themselves as rebellious and ‘youthful’” and “identify more strongly with younger generations than older ones and blur long-standing lines that mark age”.²⁶

Biggs²⁷ also notes that seniors today are generally richer and fitter compared with previous generations, resulting in the pursuit of more youthful activities and lifestyles than in the past:

20 Bowling, A. and Dieppe, P., 'What is successful ageing and who should define it?', *BMJ*, vol. 331, 2005, p1550.

21 Carstensen, L., and Fried, L., 'Chapter 1: The Meaning of Old Age ', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p15.

22 Blueprint for an Ageing Australia panel, *Blueprint for an Ageing Australia*, Per Capita Australia Limited, 2014, p6.

23 Bowling, A. and Dieppe, P., 'What is successful ageing and who should define it?', *BMJ*, vol. 331, 2005, p1550.

24 Australian Bureau of Statistics, *Australian Historical Population Statistics*, cat. no. 3105.0.65.001, ABS, Canberra 2008; Australian Bureau of Statistics, *Deaths, Australia, 2012*, cat. no. 3302.0, ABS, Canberra, 2013.

25 Carstensen, L., and Fried, L., 'Chapter 1: The Meaning of Old Age ', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p17.

26 *ibid.*

27 Biggs, S., 'Adapting to an Ageing Society: the need for cultural change ', *Policy Quarterly*, Vol. 10, no. 3, August 2014, pp12-16.

If one were to try to encapsulate this as a cultural trend it may be to say that 'Everyone wants to live a long life, but no one wants to grow old'.

How older people view themselves is often different to how they are viewed by researchers, the health professions and policy-makers, as Bowling and Dieppe demonstrated in their comparison of biomedical, psychosocial and lay perspectives of ageing.

*The medical model is so dominant that few health professionals are aware of psychosocial ageing. The result is a focus on the burden of old age, the decline and failure of the body. This negative perspective inevitably dominates consultations between doctors and patients. However, there is ample evidence that many elderly people regard themselves as happy and well, even in the presence of disease or disability. Doctors should be aware that many elderly people consider themselves to have aged successfully, whereas classifications based on traditional medical models do not.*²⁸

They make the point that lay views should be considered by policy-makers if the policies are going to have any relevance to the elderly.

Despite the fact that many elderly people have positive views about ageing and the reality that increased life expectancy is an indication of prosperity, negative stereotypes have dominated. Commentary on the implications of the ageing population has focussed more on costs than benefits and on the burden than the opportunities; it has been the cause of social anxiety rather than a cause for celebration.

In Australia, commentators have been worrying about the ageing of the population for 35 years, referring to it as a “time bomb”, a “potential blue-rinse economic disaster”, and to Australia becoming “God’s waiting room”.²⁹ A generation that has dared to live so long has been derided as selfish,³⁰ as imposing on the life chances of younger generations,³¹ and somehow linked with the climate change crisis and global terrorism.³² One study concludes that the media’s negative portrayal of ageing has

28 Bowling, A. and Dieppe, P., 'What is successful ageing and who should define it?', *BMJ*, vol. 331, 2005, p1550.

29 Betts, K., *The Ageing of the Australian population: triumph or disaster?*, Monash Centre for Population and Urban Research, Monash University, April 2014, p1. Available from: <http://apo.org.au/research/ageing-australian-population-triumph-or-disaster>

30 Phillipson, C., *Ageing*, Polity Press, Cambridge, 2013, p24.

31 Phillipson, C., *Ageing*, Polity Press, Cambridge, 2013, p26.

32 *ibid.*, p25.

“contributed to a slow and inadequate response to the challenges, as well as a lack of understanding of the opportunities”.³³

One of the most recent national publications on ageing policy, *Blueprint for an Ageing Australia*,³⁴ takes a different view and urges society to change its perception of ageing as “something to be feared and shunned”:

*We talk about the costs and the burdens of ageing. This perception is misguided: ageing only represents a challenge if we choose to see it so. Instead, we could choose to see longer lives as a social and economic good.*³⁵

1.1.3 Planning for the ageing expansion

As noted at the start of the chapter, population ageing is destined to transform the world. Carstensen and Fried note that in order to avoid calamity, we must avoid the tendency of our ancestors to “simply tack added years on at the end”.³⁶ Instead, we must create the infrastructure that supports long life so that “societies can begin to utilize the strengths of older people and support the real vulnerabilities advanced age brings”.³⁷

According to *Blueprint for an Ageing Australia*, countries will be able to manage rapid population ageing if they “plan ahead, make evidence-based, culturally-appropriate policy choices and employ innovation and cooperation from all sectors”.³⁸

But, as Biggs acknowledges, while “more of the same” is not appropriate, the solutions are complex and require long-term planning; they are rarely exciting, lacking the “brouhaha of ‘tough’ political posturing”.³⁹ Biggs is not alone in recommending a focus on:

- prevention in terms of health, rather than reactive intervention;

33 Milner, C., Norman, V. and Milner, J., 'Chapter 4: The Media's Portrayal of Ageing', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p28.

34 Prepared by a panel consisting of Everald Compton AM (Chairman), Helen Brady (National Australia Bank), David Hetherington (Per Capita), Professor Brian Howe AO, Professor Gill Lewin, Micheal O'Neill (National Seniors) and Neville Roach AO.

35 *Blueprint for an Ageing Australia* panel, *Blueprint for an Ageing Australia*, Per Capita Australia Limited, 2014, p6.

36 Carstensen, L., and Fried, L., 'Chapter 1: The Meaning of Old Age', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p17.

37 *ibid.*

38 *Blueprint for an Ageing Australia* panel, *Blueprint for an Ageing Australia*, Per Capita Australia Limited, 2014, p36.

39 Biggs, S., 'Adapting to an Ageing Society: the need for cultural change', *Policy Quarterly*, vol. 10, no. 3, August 2014, p14.

- reducing social inequalities earlier in the life course;
- embracing policies that focus on community integration rather than residential care;
- working longer (in workplaces equipped for age diversity);
- enhancing opportunities for social engagement through the creation of age-friendly environments;
- ensuring age-friendly products/equipment are affordable.⁴⁰

These points, which are broadly reflective of the World Health Organisation's three pillars of active ageing – health, participation and security – will be explored further throughout the report.

1.1.4 How do we compare?

By the end of this report, we hope to have provided an indication of how prepared Western Australia is for an ageing community, and particularly its progress towards creating an age-friendly community. The report will make reference to specific age-friendly best practice and age-friendly programs in other countries, by way of comparison.

However, to provide an indication of how Australia is performing broadly on the world stage, we have included the results from the recently released Global AgeWatch Index 2014. This is the only global index to rank countries according to the social and economic wellbeing of older people. It uses data from international and national sources (such as the ILO, the WHO, Gallup and the World Bank). The 2014 index provides a snapshot of the situation of older people from 96 countries (those with sufficient data available in international data sets), and helps to identify policies that are improving the lives of older people in different regions of the world.

The Index measures quality of life and wellbeing in four key domains – income, security, health status, capability and enabling environment. There are 13 indicators which fit into these four domains. The results for Australia, the UK and the US are presented in Table 2.

40 *ibid.*

Table 2: Performance of Australia, the UK and the US in relation to the social and economic wellbeing of older people. ⁴¹

DOMAINS and INDICATORS	Australia	UK	US
Income security			
Pension coverage % of people over 65 receiving a pension	83	100	92.5
Old age poverty rate % of people aged 60+ with an income of less than half the country's median income	35.5	9.2	14.6
Relative welfare Average income/consumption of people aged 60+ as a % of average income/consumption of the rest of the population	65.4	93	92.2
GDP per capita A proxy for standard of living of people within a country (in \$US).	\$35,052.5	\$32,877.5	\$44,439.4
Health status			
Life expectancy at 60 The average number of years a person aged 60 can expect to live	25	24	23
Healthy life expectancy at 60 The average number of years a person aged 60 can expect to live in good health	18.7	17.7	17.5
Relative psychological/mental wellbeing % of people over 50 who feel their life has meaning compared with people aged 35-49 who feel the same (self-assessed)	95.5	86.9	97.9
Capability			
Employment of older people % of population aged 55-64 that are employed	67.4	58	60.9
Educational attainment % of population aged 60+ with secondary or higher education	92.4	53.4	95.6
Enabling societies and environment			
Social connections % of people over 50 who have relatives or friends they can count on when in trouble	92	94	94
Physical safety % of people over 50 who feel safe walking alone at night in the city or area where they live	58	70	71
Civic freedom % of people over 50 who are satisfied with the freedom of choice in their life	94	92	84
Access to public transport % of people over 50 who are satisfied with the local public transportation systems	55	74	62

41 Data sourced from: HelpAge International, *Global AgeWatch Index 2014*. Available at: <http://www.helpage.org/global-agewatch/population-ageing-data/country-ageing-data/?country=Australia>. Accessed on 8 October 2014.

Australia performs worse than the US and the UK on the income security measure, and roughly the same in terms of health status. The percentage of older people employed is higher than in the US and the UK, and educational attainment is much higher than in the UK slightly lower than in the US. There are mixed results in the “enabling societies and environment” domain, with Australia scoring roughly equal or better on the social connections and civic freedom indicators, but much more poorly on physical safety and access to public transport.

1.2 The Seniors Strategic Planning Framework

An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017 (Framework) is the State Government’s overarching policy document addressing the needs of seniors. The Framework was developed in 2011-12 by the former Department for Communities (which became the Department of Local Government and Communities (DLGC) in June 2013). To inform the Framework, the Department commissioned a report to provide a demographic profile of WA seniors and a review of the literature, data, trends and issues relevant to WA seniors (*2011 Profile of Seniors: Current Issues and Projected Trends*⁴²). The Framework also drew on community consultations undertaken by the Seniors Ministerial Advisory Council, discussions with community groups and leaders, and findings from the Seniors Wellbeing Indicators 2012.

Between 2006 and 2011 the Department for Communities provided funding for community engagement research projects in 27 local government areas to help them to plan for an age-friendly community, and the outcome of this research also informed the Framework. (This is discussed in more detail in section 3.1.)

The DLGC says the Framework is designed to guide the actions of government agencies and their community and business partners to better plan and develop policies and programs that will meet the needs of WA’s current and future ageing population.⁴³

The Framework is underpinned by the following three principles:

- An individual’s choice, rights and dignity are fundamental;
- Ageing well is a lifelong journey”; and
- ‘Ageing-in-place’ benefits everyone.

It identifies five key pathways to achieving an age-friendly WA:

42 Department for Communities, *2011 Profile of Seniors: Current Issues and Projected Trends*, report prepared by C. Amonini and S. Braidwood, Painted Dog Research, Department for Communities, Perth, August 2011.

43 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014.

- Promoting health and wellbeing;
- Access to essential services;
- Economic security and protection of rights;
- Welcoming and well-planned communities; and
- Opportunities to contribute.

These broadly reflect the eight age-friendly community domains used by the World Health Organisation, which are discussed in Chapter Two.

Using these five pathway headings, the Framework outlines the State's current activity ("What's already in place"), broad future directions ("Where to next") and a list of (mostly) non-specific strategies, programs, initiatives and activities aimed at taking us there ("What will help").

The Framework document also lists a number of existing policies or strategies (administered by a range of government agencies/departments) which are already in place. A few of these strategies are targeted specifically at older people and others cover the broader population, with the needs of older people sometimes specifically mentioned. In some cases older people or seniors are not mentioned anywhere, but their inclusion is implicit in the terminology used. The relevance of these strategies and policy documents will be discussed in Chapter 3.

1.3 This Inquiry

In accordance with its functions and powers (see Appendix 2), the Committee notified the Speaker of its intention to undertake this Inquiry on 7 May 2014 and provided its terms of reference (see Appendix 1).

The Committee received 18 submissions (see Appendix 3) and conducted public hearings with 27 witnesses (see Appendix 4). The Committee was also briefed by international ageing experts and age-friendly researchers in the cities of Manchester and New York, and gathered evidence at a conference of US ageing agencies in Dallas, Texas, in July. In August and September, the Committee was briefed by community development staff from two local governments, the City of Melville and the City of Mandurah, and given a tour of their facilities for seniors.

Guide to report

Chapter Two explains what constitutes an age-friendly community, with reference to international best practice. Chapter Three assesses the extent to which age-friendly principles have been applied in WA in the key areas of: health and wellbeing; transport; housing; outdoor spaces and buildings; social isolation, respect and inclusion;

employment, training and volunteering; economic security, safety and protection of rights; communication, information and technology; grandcarers; and the ageing Aboriginal population. The final chapter evaluates how effective the Framework has been in guiding policies and programs for seniors in WA.

Chapter 2

What is an age-friendly community?

A description of what it means to be age-friendly, background to the World Health Organisation's Age-friendly Cities Project, and examples of best practice from around the globe.

In recent years, several interventions have been developed to create environments that foster active and health ageing.... Not all the resulting strategies will need complex policy measures

– Dr John Beard, World Health Organisation

2.1 Background

The genesis of age-friendly communities can be traced back to 1999, the United Nations' Year of the Older Person.⁴⁴ That year was significant because it signalled a change of direction for the United Nations in influencing ageing-related policy formulation at both a national and international level.⁴⁵ It laid the ground work for the Second United Nations World Assembly (2002), where governments adopted the *Madrid International Plan of Action on Ageing* (MIPAA).⁴⁶

MIPAA approached population ageing as “an enormous potential and a dividend yet to be realised by societies around the world”.⁴⁷ It sought to apply a holistic intergenerational life-course (“a society for all ages”) approach that emphasised equity and inclusiveness for all age groups. That meant including older persons in policies and policy-making in all relevant life domains rather than designing policies for, or about, older persons.⁴⁸

44 Buffel, T., McGarry, P., Phillipson, C. et al 'Developing age-friendly cities: Case studies from Brussels and Manchester and implications for policy and practice' *Journal of Aging & Social Policy*, vol. 26, 2014. pp52-72.

45 Andrews, G. and Clark, M.J., 'The International Year of Older Persons: Putting aging and research onto the political agenda', *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, vol. 54B, no. 1, pp7-10, at p7.

46 United Nations, *Report of the Second World Assembly on Ageing*, (A/CONF.197/9), United Nations, New York, 8-12 April 2002.

47 World Health Organization, *Towards age-friendly primary health care*. WHO, Geneva, Switzerland, 2004.

48 Sidorenko, A. and Walker, A., 'The Madrid International Plan of Action on Ageing: from conception to implementation'. *Ageing and Society*, vol. 24, 2004, pp147-165.

Following on from this, the World Health Organisation (WHO) launched the *Active Ageing* policy framework in a bid to focus attention on active and healthy ageing.⁴⁹ Active ageing is defined as “the process of optimising opportunities for health, participation and security in order to enhance the quality of life as people age.”⁵⁰

The decision to label the policy “active ageing” was a conscious one, Thought to convey a more inclusive message.⁵¹ Active ageing refers to “...continuing participation in social,

economic, cultural, spiritual and civic affairs, not simply the ability to be physically active or to participate in the labour force”.⁵²

Active Ageing is defined as the process of optimising opportunities for health, participation and security in order to enhance the quality of life as people age.

– WHO Active Ageing

A life course perspective on active ageing considers interactions between environmental conditions, including social factors, that affect how well individuals age.⁵³

The *Active Ageing* framework emphasised the importance of valuing the participation of older people in a civil society⁵⁴ and recognised the importance of earlier life experience on the way individuals age.⁵⁵

The four pillars of the *Active Ageing* framework are health, participation, security and life-long learning.⁵⁶ The policy aimed to break the traditional tie between age and dependency,⁵⁷ recognising that “viewing the life course in relation to chronological age stages was not particularly helpful in determining the quality of an individual’s experience of ageing nor in designing appropriate services”.⁵⁸

49 United Nations, *Report of the Second World Assembly on Ageing*, (A/CONF.197/9), United Nations, New York, 8-12 April 2002.

50 World Health Organization, *Active ageing: A policy framework*. WHO, Geneva, Switzerland, 2002.

51 Kalache, A., *The longevity revolution: Creating a society for all ages*. Report of the Adelaide Thinker in Residence 2012-13. Government of South Australia, Adelaide, SA, 2013, p33.

52 *ibid*.

53 Zur, B. and Laliberte Rudman, D. ‘WHO age-friendly cities: Enacting societal transformation through enabling occupation’, *Journal of Occupational Science*, vol. 20, no. 4, 2013, pp370-381.

54 Kalache, A. and Kickbusch, I. ‘A global strategy for healthy ageing’. *World Health*, vol. 4, July-August, 1997, pp4-5.

55 Beard, J., ‘Introduction’, in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p4.

56 World Health Organization, *Active ageing: A policy framework*. WHO, Geneva, Switzerland, 2002.

57 Green, G. ‘Age-friendly cities of Europe’, *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, vol. 90, no. 1, 2012, ppS116-128, at pS116.

58 Wealleans, L., *A life course approach to promoting positive ageing*, Beth Johnson Foundation, Stoke-on-Trent, England, 2013, p3.

As Assistant Professor Ruth Finkelstein says, chronological age is of very little use in setting policy, but age is administratively easy.⁵⁹

2.2 Age-friendly Cities Project

To assist communities in translating the Active Ageing framework into practice, the WHO created the Age-friendly Cities Project.⁶⁰ The project was designed to serve as a starting point for age-friendly community development initiatives across the globe.

The project was deliberately branded “age” friendly (as opposed to “senior”, “elder” or “old-age” friendly), the rationale being that if a bus is easier to get in and out for older people, and safe to take them from A to B or Z, it will be easier and safer for a person of whatever age and functional status to use.⁶¹

Similarly, a well-maintained footpath would benefit an older person walking on the path, but would also benefit a person in a wheelchair, a child on a bicycle or a parent pushing a pram.

*Using the 'ageing lens' means
creating a society for all ages.*

— Alexandre Kalache

The term “cities” is used in a broad sense to describe a community or municipality with the necessary authority to administer the changes needed to foster age-friendly initiatives.⁶²

In 2006, the WHO co-ordinated a global research project to define the characteristics of an age-friendly city.⁶³ The key indicators of age-friendly cities were identified through focus groups in 33 cities in 22 countries across the world.⁶⁴ Participating cities from Australia were the City of Melville (WA) and the City of Maribyrnong (Victoria).⁶⁵

59 Asst Prof Ruth Finkelstein, Associate Director, ILC - Columbia Aging Centre, *Briefing*, 10 July 2014.

60 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

61 Menec, V.H. and Nowicki, S., ‘Examining the relationship between communities’ ‘age-friendliness’ and life satisfaction and self-perceived health in rural Manitoba, Canada’, *Rural and Remote Health*, vol. 14, 2014, p2594.

62 Beard, J., ‘Introduction’, in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p4.

63 *ibid.*

64 This included New York (USA); Portland (Oregon, USA); Brussels (Belgium); Geneva (Switzerland); Dundalk (County Louth, Ireland); Donostia-San Sebastián (Spain); Ljubljana, Maribor, Celje, Velenje and Ruse (Slovenia); Melville (Australia) and London (Canada). In addition, three national programmes are affiliated with the Global Network: Bien Vieillir, Vivre Ensemble, France; The Irish National Age Friendly Counties Programme; Slovene Network of Age-friendly Cities. Cited in McGarry, P. and Morris, J., ‘A great place to grow older: a case study of how Manchester is developing an age-friendly city’, *Working with Older People*, vol. 15, no. 1, 2011, pp38-46, at p40.

65 Submission No. 1 from City of Melville, [5 June 2014]; Ozanne, E., Biggs, S. and Kurowski, W., ‘Competing frameworks in planning for the aged in the growth corridors of Melbourne’, *Journal of Aging & Social Policy*, vol. 26, no. 1-2, 2014, pp147-165.

In devising the project the WHO built on an existing knowledge-base of “elder-friendly community approaches”,⁶⁶ including the American Association of Retired Persons’ (AARP) Liveable Communities project⁶⁷ and the AdvantAge’s Visiting Nurse Service of New York project.⁶⁸

Central to the collaboration process was hearing from older adults themselves: older adults were to be active participants in the process.⁶⁹ Participants were brought together in a bid to identify the key features of an age-friendly community to support active ageing.⁷⁰ The views of caregivers and service providers were also taken into account. To ensure that the voices of older people were captured in a uniform manner, the *Vancouver Protocol* was devised.⁷¹ The protocol remains “the building block to the age-friendly communities approach”.⁷²

The WHO project aimed to understand the features of age-friendliness in the participating cities and any gaps or barriers. It emerged from the collaboration that age-friendliness manifested itself in eight domains of an urban setting that might serve to influence the health and quality of life of older people⁷³ (see Figure 4).

With the culmination of the project in 2007, the WHO launched the *Global Age-Friendly Cities Guide* to assist communities and stakeholders to achieve greater age-awareness. It uses the needs and wants of older people as a lens through which to view the urban environment to see how it may be reconfigured in a manner that benefits all ages. It serves as a diagnostic tool to assess the current environment and prioritise the supports that need to be put in place to make it a truly friendly for all ages.

A companion publication, *Checklist of Essential Features of Age-friendly Cities*, comprises a set of core characteristics that guide a community’s self-assessment of its

66 Plouffe, L.A., Garon, S., Brownoff, J., et al, ‘Advancing age-friendly communities in Canada’. *Canadian Review of Social Policy*, vol. 68/69, 2012, pp24-38, at p26.

67 Kihl, M., Brennan, D., Gabhawala, N., et al. *Livable communities: An evaluation guide*. AARP, Washington, DC, 2005.

68 Feldman, P.H. and Oberlink, M. ‘The AdvantAge Initiative: Developing community indicators to promote the health and well-being of older people’, *Family and Community Health Journal*, vol. 26, no. 4, 2003, pp268-274; and Hanson, D. and Emlet, C.A., ‘Assessing a community’s elder friendliness: A case example of The AdvantAge Initiative’, *Family & Community Health*, vol. 29, no. 4, 2006, pp266-278.

69 Plouffe, L., and Kalache, A., ‘Towards global age-friendly cities: Determining urban features that promote active ageing’. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, vol. 87, 2006, pp733–739.

70 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

71 World Health Organization. *WHO Age-friendly Cities Project Methodology: Vancouver Protocol*. WHO, Geneva, Switzerland, 2007.

72 Kalache, A., *The longevity revolution: Creating a society for all ages*. Report of the Adelaide Thinker in Residence 2012-13. Government of South Australia, Adelaide, SA, 2013, p69.

73 Beard, J., ‘Introduction’, in Beard et al., (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p4.

age-friendliness.⁷⁴ It also serves as a reference when designing, planning, monitoring and evaluating communities in terms of age-friendliness, and charting their course.⁷⁵

The WHO guide and checklist sets out the eight domains that influence the health and quality of life of older people, as shown in Figure 4.

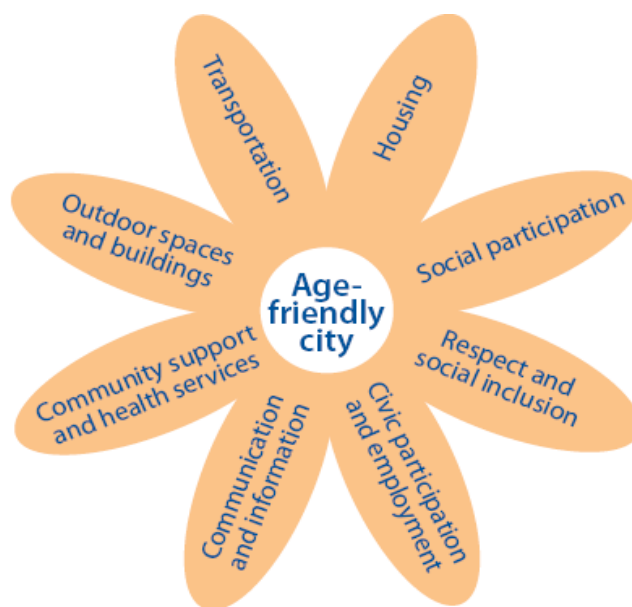


Figure 4: The eight domains which should be considered when assessing and planning an age-friendly city, as identified by the WHO Age-friendly Cities Project

2.2.1 WHO Global Network of Age-friendly Cities

Publication of the guide and the checklist led to the expansion of the project and the establishment of the WHO Global Network of Age-friendly Cities.⁷⁶ Since 2010 there has been a growing network of communities participating in the program worldwide. Communities that sign up to the network signal their intention to commit to work in a holistic way across all its services and functions to make their city a better place to age.

Member communities range in size from big cities (such as New York) to small villages (such as those in County Louth, Ireland), and have differing cultural and socio-economic

74 World Health Organization, *Checklist of essential features of age-friendly cities*. WHO, Geneva, Switzerland, 2007.

75 Plouffe, L. and Kalache, A., 'Towards global age-friendly cities: Determining urban features that promote active ageing'. *Journal of Urban Health*, vol. 87, 2010, pp733-9.

76 Fitzgerald, K.G. and Caro, F.G., 'An overview of age-friendly cities and communities around the world', *Journal of Ageing & Social Policy*, vol.26, no. 1-2, 2014, pp1-18, at p3.

contexts, however what they share is a common goal to create an environment that promotes active ageing and a good quality of life for their older people.

*An age-friendly city is an inclusive
and accessible urban environment
that promotes active ageing.*
– World Health Organisation

The network now comprises 145 cities in 22 countries around the world.⁷⁷ To join the network, communities need to demonstrate an ongoing commitment to creating an inclusive and accessible environment that benefits an ageing population. Membership is dependent

upon direct involvement and feedback of older residents within the community in a five-year cycle of planning, implementation and review.⁷⁸ Through the network, WHO provides a platform for like-minded communities to exchange information, share ideas and foster interventions that are appropriate, sustainable and cost-effective for improving the lives of older people,⁷⁹ facilitating the growth of an evidence base of best practice. It also provides guidance, technical support and training to communities wishing to integrate age-friendly practices into existing planning and infrastructure.⁸⁰

In 2011 Ireland hosted the first international Age-friendly Cities Conference which culminated in the signing of the Dublin Declaration on Age-friendly Cities and Communities.⁸¹ Over 40 cities from across the world signed the declaration, pledging their commitment to age-friendly cities and particularly to work on the actions detailed in the WHO's guide.

2.3 What is an age-friendly community?

The WHO defines an age-friendly city as an “inclusive and accessible urban environment that promotes active ageing”.⁸² But there are other definitions: Zur and Laliberte Rudman say an age-friendly community is one that recognises that the “policies and programmes that promote active ageing should be based on the rights, needs, preferences and capacities of older adults over the life course”;⁸³ and Lehning et

77 *ibid.*, p10.

78 World Health Organization. *WHO Global network of age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2009.

79 Beard, J., Kalache, A., Delgado, M. et al, 'Ageing and urbanisation', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, pp93-96, at p94.

80 World Health Organization. *WHO Global network of age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2009.

81 --- *The Dublin Declaration: Age-friendly cities and communities*. 2011, Available at: <http://www.emro.who.int/images/stories/elderly/documents/dublin20declaration.pdf>. Accessed 14 November 2014.

82 World Health Organization. *WHO Global network of age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2009.

83 Zur, B. and Laliberte Rudman, D. 'WHO age-friendly cities: Enacting societal transformation through enabling occupation', *Journal of Occupational Science*, vol. 20, no. 4, 2013, pp370-381.

al describe an age-friendly community as “...one where older residents can continue to engage in life-long interests and activities, enjoy opportunities to develop new interests and sources of fulfilment, and receive necessary supports and accommodations that help meet their basic needs”.⁸⁴

In WA, the Department for Communities and Local Government (DLGC) defines an age-friendly community as one which:

- recognises the diversity among older people;
- promotes the inclusion and contribution of older people in all areas of community life;
- respects the decisions and lifestyle choices of older people; and
- anticipates and responds flexibly to ageing-related needs and preferences.⁸⁵

The WHO asserts that making a community age-friendly is one of the most effective local policy approaches for a community responding to shifting demographics. In creating a positive living environment for older people, consideration is given to the natural and built environment, social systems, participation, health, and safety.⁸⁶

“...the specific and growing needs (and assets) of the urban old require a distinctive voice, of which the age-friendly movement is an excellent and inspiring example.

– Paul McGarry

As the physical and social environments are key determinants of whether people remain healthy, independent and autonomous long into their old age, it makes good sense to foster an environment where this can happen, according to the WHO.⁸⁷

Such an environment ensures that contributions made to society by older persons will prosper. It follows too, that an age-friendly community is one that has the potential to be friendly to people of all ages.⁸⁸

84 Lehning, A., Chun, Y., and Scharlach, A., ‘Structural barriers to developing ‘aging-friendly’ communities’, *Public Policy & Aging Report*, vol. 17, 2007, pp15-20.

85 Department for Communities, *An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017*, Government of Western Australia, Perth, December 2012, p9.

86 *ibid.*

87 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

88 Fitzgerald, K.G. and Caro, F.G., ‘An overview of age-friendly cities and communities around the world’, *Journal of Ageing & Social Policy*, vol.26, no. 1-2, 2014, pp1-18.

2.3.1 Examples of age-friendly communities

The concept of age-friendly communities has clearly whetted the appetite of policy-makers across the globe.⁸⁹ In the 12 years since the WHO guide was published, a number of communities have embraced the age-friendly cities concepts: “... numerous innovative twists to the original model have been developed by participating cities.”⁹⁰ Some notable examples are detailed in the following section.

United States

Early adopters of the age-friendly movement, Portland (Oregon) and New York (NY), were instrumental in the instigation of the WHO’s age-friendly project in the US.⁹¹

In late 2006, the Portland State University’s Institute on Aging (IOA) was approached by the WHO to participate in its global Age-Friendly Cities Project. Portland was the only

“Everything we do is grounded in the perspectives and voices of older adults. The first thing that they have to realise is, we don’t stand in the shoes of the people that we’re addressing and that we need first and foremost to understand the city through their perspective”.

– Assistant Professor Ruth Finkelstein

US city involved in the initial data collection effort for the first phase the project. In 2010, when the WHO initiated its Global Network of Age-Friendly Cities, Portland was accepted as one of only two US cities among the first group of six members.⁹²

The Portland age-friendly experience has emphasised the role of urban planning in prioritising principles for its age-friendly policy agenda.⁹³ Key to its success has been collaboration with faculty and staff of the IOA and the City officials. A number of

research projects relating to ageing have emanated from this coalition.^{94,95,96} Portland’s age-friendly endeavours have also benefited from a “synergistic partnership” with successive elected officials and the City of Portland.⁹⁷

89 Menec, V.H. & Nowicki, S., ‘Examining the relationship between communities’ ‘age-friendliness’ and life satisfaction and self-perceived health in rural Manitoba, Canada’, *Rural and Remote Health* vol. 14, 2014, p2594.

90 Beard, J., Kalache, A., Delgado, M. et al, ‘Ageing and urbanisation’, in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, pp93-96, at p94.

91 Scharlach, A., ‘Creating aging-friendly communities in the United States’, *Ageing International*, vol. 37, no. 1, 2012, pp25-38, at p29.

92 DeLaTorre, A., DeLaTorre, T., Neal, M.B., et al, ‘Periodic atlas of the Metroscope: Planning for our aging society’. *Metroscope*, Winter, 2012.

93 Neal, M., DeLaTorre, A.K. and Carder, P.C., ‘Age-friendly Portland: A university-city-community partnership’, *Journal of Aging & Social Policy*, vol. 26, no. 1-2, 2014, pp88-101 at p94.

94 For example: DeLaTorre, A., DeLaTorre, T., Neal, M.B., et al, ‘Periodic atlas of the Metroscope: Planning for our aging society’. *Metroscope*, Winter, 2012.

95 Carder, P., *Aging Matters in Oregon: Imagine the Possibilities in 2040*. Aging Matters Initiative. Portland, OR: Portland State University, 2011.

The only other US city to be granted entry to the WHO Global Network of Age-Friendly Cities is New York.⁹⁸ Acclaimed worldwide for its initiative, Age-friendly New York City is concerned with understanding how an urban environment might enhance ageing resilience⁹⁹. Age-friendly New York City seeks to make the city a better place to grow old by promoting an "age-in-everything" lens across all aspects of city life.¹⁰⁰

A public-private partnership between the New York Academy of Medicine (NYAM), the NYC Office of the Mayor and the NYC Council, Age-friendly New York City has become an internationally recognised model and leader in "creating a city where it is great to grow old."¹⁰¹

Beginning in 2007, Mayor Michael Bloomberg, City Council Speaker Christine Quinn and NYAM launched *Age-friendly New York City* with a comprehensive assessment of the assets and challenges older New Yorkers face. The program asked the city's public agencies, businesses, cultural, educational and religious institutions, community groups, and individuals to consider how changes to policy and practice can create a city more inclusive of older adults and more sensitive to their needs.

In 2008, NYAM released the findings of the assessment process in *Toward an Age-friendly City: A Findings Report*.¹⁰² As a complement to the community assessment, the Office of the Mayor and the NYC Council asked all city agencies to consider how they could improve the way they integrate and serve older adults through their work.

Out of this review, in 2009, the City announced 59 initiatives to improve the quality of life of older adults, which are outlined in *Age-friendly NYC: Enhancing Our City's Livability for Older New Yorkers*.¹⁰³

96 Neal, M.B. and DeLaTorre, A., *The World Health Organization's age-friendly Cities project in Portland, Oregon: Final report*. Portland, OR: Portland State University, 2007.

97 Neal, M., DeLaTorre, A.K. and Carder, P.C., 'Age-friendly Portland: A university-city-community partnership', *Journal of Aging & Social Policy*, vol. 26, no. 1-2, pp88-101, at p94.

98 DeLaTorre, A., DeLaTorre, T., Neal, M.B., et al., 'Periodic atlas of the Metroscape: Planning for our aging society', *Metroscape*, Winter, 2012.

99 Netherland, J., Finkelstein, R. and Gardner, P., 'Environmental interventions to strengthen resilience: Age-friendly cities, the New York experience', in: *The handbook of resilience in ageing: the key to successful ageing*. Resnick, B., Roberto, K. and L. Gwyther (Eds.). Springer Press: Towson, 2011, p274.

100 Age-Friendly NYC, *59 Initiatives*. 2013. Available at: http://www.nyam.org/agefriendlynyc/docs/AF-Accomplishments_Report-8.pdf. Accessed 14 November 2014.

101 *ibid*.

102 Finkelstein, R., Garcia, A., Netherland, J. et al. *Toward an age-friendly New York City: A findings report*. The New York Academy of Medicine: New York, 2008.

103 Age-friendly NYC, *Enhancing Our City's Livability for Older New Yorkers*. 2013. Available at: http://www.nyam.org/agefriendlynyc/docs/NYC_Age_Friendly_reportEnhancing-Livability.pdf. Accessed on 14 November 2014.

In 2010, to make improvements in the city, a four-year *Commission for an Age-friendly New York City* was created with leaders from both the public and private sectors. The Commission has focused its attention primarily in the areas of: Age-friendly Businesses, Age-friendly Schools, Colleges and Universities and Aging Improvement Districts.¹⁰⁴

Age-friendly New York City is now seen as a leader in the field, providing strategic assistance to cities around the world seeking to become more inclusive of their older adult population. To assist with this, they developed the toolkit *Creating an Age-friendly NYC, One Neighbourhood at a Time*.¹⁰⁵

Age-friendly Manchester

Keen to support improvements to the quality of life of the city's older people, particularly those in disadvantaged areas, the Manchester City Council launched its Valuing Older People project in 2003.¹⁰⁶ Rebranded as Age-friendly Manchester in 2014, the project now resides in the Public Health unit of the Manchester City Council.

Age-friendly Manchester is responsible for developing a strategic response to Manchester's ageing urban population, promoting age-friendly practices and ensuring that it supports initiatives designed to improve the quality of life for ageing Mancunians.¹⁰⁷

Manchester has established itself at an international level as a leading authority in developing one of the most comprehensive strategic programmes on ageing.

— John Beard, WHO

The program is underpinned by the 2009 Manchester Ageing Strategy¹⁰⁸, a 10-year plan to make Manchester “a great place to grow older”. The *Age-friendly Manchester Development Plan 2014-2016* sets out how the city will develop its expertise,

infrastructure and capacity to create an age-friendly city. Initiatives include: the establishment of age-friendly neighbourhoods; the development of Manchester as a

104 *ibid.*

105 Age-friendly NYC, *Creating an Age-friendly NYC, One Neighbourhood at a Time*. 2012. Available at: http://www.nyam.org/agefriendlynyc/docs/Toolkit_Report_0321-VA-new.pdf. Accessed 14 November 2014.

106 McGarry, P. and Morris, J., ‘A great place to grow older: A case study of how Manchester is developing an age-friendly city’, *Working with Older People*, vo. 15, no. 1, March 2011, pp38-46.

107 Beth Johnson Foundation & Manchester City Council, *Creating Age-Friendly Places: A guide for cities, boroughs, towns or counties, councils, partners and communities*. The UK Urban Ageing Consortium, Stoke-on-Trent, England, 2013, p3.

108 City of Manchester, *Age-friendly Manchester Development Plan 2014-2016*. Available at http://www.manchester.gov.uk/downloads/file/11899/manchester_a_great_place_to_grow_older_2010-2020. Accessed 14 November 2014.

centre of excellence in ageing research, policy and practice; and the application of an “ageing lens” to city plans and strategies.¹⁰⁹

In 2010 it was the first UK city to be accepted as a member of the WHO’s Global Network of Age-friendly Cities.¹¹⁰

Partnerships between research bodies and universities have been an essential feature of the success of many age-friendly initiatives.¹¹¹ There are numerous examples of universities providing research support to enable communities to assess their age-friendliness.¹¹²

This is demonstrated well in Manchester where Age-friendly Manchester teamed up with the Manchester Institute for Collaborative Research on Ageing (MICRA), a centre of excellence in ageing research, policy and practice in the UK.¹¹³ They also formed a three-way partnership with Keele University and the Beth Johnson Foundation, known as the UK Urban Ageing Consortium.¹¹⁴

County Louth, Ireland

The Louth Age Friendly Initiative was the 11th entrant to the WHO Global Age Friendly Cities Network¹¹⁵. Louth was the first age-friendly county in Ireland to be involved in the flagship age-friendly project. As a result of a successful pilot in 2008, the model has since been replicated in a number of other counties, including Kilkenny, Kildare, Fingal, Monaghan, Meath, Clare and Galway.¹¹⁶ Co-ordinated by the Louth Age Friendly Alliance, the aim is to make Louth a great place to grow old in, where agencies work together to promote and maintain the best possible health and well-being of older people.

*A plan developed with older people,
not for them.*

– Louth Age-friendly Strategy Document

109 *ibid.*

110 Buffel, T., McGarry, P., Phillipson, C. et al., ‘Developing age-friendly cities: Case studies from Brussels and Manchester and implications for policy and practice’, *Journal of Aging & Social Policy*, vol. 26, 2014, pp52-72.

111 Plouffe, L.A. and Kalache, A., ‘Making communities age friendly: state and municipal initiatives in Canada and other countries’. *Gac Sanit.*, vol. 25, pp131-37, at p131.

112 See for example the partnership between Age-friendly NYC and the New York Academy of Medicine; Age-friendly Manchester and the Manchester Institute for Collaborative Research on Ageing (MICRA); Age-friendly County Louth and the Netwell Centre at the Dundalk Institute of Technology (DKIT).

113 *Manchester Institute for Collaborative Research on Ageing (MICRA)*. Available at: <http://www.micra.manchester.ac.uk/>. Accessed on 14 November 2014.

114 *UK Urban Ageing Consortium*. Available at: <http://www.bjf.org.uk/age-friendly/projects/uk-urban-ageing-consortium>. Accessed on 14 November 2014.

115 Louth County Council, *Louth Age-friendly*. Available at: <http://agefriendly.ie/louthagefriendly/about-us-local/>. Accessed on 14 November 2014.

The Netwell Centre at the Dundalk Institute of Technology (DKIT) – a member of the Global Ageing Research Network – was heavily involved in the pilot and carried out a baseline study to assess how County Louth was using the WHO Age Friendly Cities model.¹¹⁷ It has since been involved in a number of age-friendly projects, including: the Nestling Project¹¹⁸; the Bridging Research in Ageing and ICT Development (BRAID) project¹¹⁹; and the Home Sweet Home (HSH) trial.¹²⁰

Canada - Age-friendly Community Initiative

A key supporter of the WHO and the age-friendly initiative, Canada has been the

While its intuitive attractiveness to meet the needs of local seniors may help to explain the receptivity of municipal decision makers, its widespread uptake in Canada to date is due in large measure to the efforts of the provincial and federal governments to promote and facilitate the initiative within and across jurisdictions.

– Plouffe et al 2013, p36

country with the most extensive uptake of the age-friendly approach.¹²¹ Saanich (British Columbia), Pinawa (Manitoba) and Drummondville (Quebec) were amongst the first municipalities to adopt the age-friendly model and are “exemplars of successful implementation”.¹²²

The Canadian federal, provincial and territorial governments have identified healthy ageing as a policy focus.¹²³ They have endeavoured to develop a supportive environment to advance healthy ageing, as noted in the discussion

paper *Healthy aging in Canada: a new vision, a vital investment*.¹²⁴

In 2006 the group of Federal, Provincial and Territorial Ministers Responsible for Seniors led the development of the Age-friendly Rural and Remote Communities Initiative (AFRRCI).¹²⁵ AFRRCI was developed using the WHO Global Age-friendly

116 Louth County Council, *Sharing the Journey: A resource to counties rolling out age-friendly county projects*, p2, Available online <http://agefriendly.ie/louthagefriendly/wp-content/uploads/ResourcePack.pdf>. Accessed on 14 November 2014.

117 The Newell Centre. Available at: <http://netwellcentre.org/projects/100-who-age-friendly-cities.html>. Accessed on 14 November 2014.

118 The Newell Centre. *Nestling Project*. Available at: <http://www.netwellcentre.org/projects/111-the-nestling-project.html>. Accessed on 14 November 2014.

119 The Newell Centre. *BRAID project*. Available at: <http://www.netwellcentre.org/projects/110-braid.html>. Accessed on 14 November 2014.

120 The Newell Centre. *Home Sweet Home*. Available at: <http://netwellcentre.org/projects/50.html>

121 Plouffe, L.A., Garon, S., Brownoff, J., Eve, D., ‘Advancing age-friendly communities in Canada’. *Canadian Review of Social Policy*, vol. 68/69, 2012, pp24-38, at p25.

122 *ibid*, p26.

123 Plouffe, L.A. and Kalache, A, ‘Making communities age friendly: state and municipal initiatives in Canada and other countries’. *Gac Sanit.*, vol. 25, 2011, pp131-37, at p131.

124 Canadian Federal/Provincial/Territorial Ministers Responsible for Seniors, *Healthy aging in Canada: a new vision, a vital investment*. Ottawa: Health Canada, 2007.

125 *ibid*.

research framework, however, unlike the WHO's city guide, it focussed on smaller towns and villages in specific rural areas, with populations under 5000. The ARFFCI guide identified that rural and remote communities face unique social and environmental challenges that can have an impact on health and healthy ageing which differ from those facing an urban population.¹²⁶

During the period 2007 to 2011, more than 560 communities in eight of the Canadian provinces identified as being age-friendly.¹²⁷ The Canadian federal Public Health Agency (PHAC) is now the lead organisation responsible for age-friendly initiatives in Canada. It has engaged with provincial governments to foster strategic partnerships to promote the development of age-friendly communities. It has developed the *Age-Friendly Communities in Canada: Community Implementation Guide* to assist communities wishing to establish an age-friendly initiative.

126 Canadian Federal/Provincial/Territorial Ministers Responsible for Seniors, *Age-Friendly Rural and Remote Communities: A Guide*, page 6. Available at http://www.phac-aspc.gc.ca/seniors-aines/alt-formats/pdf/publications/public/healthy-sante/age_friendly_rural/AFRRC_en.pdf. Accessed on 14 November 2014.

127 *ibid.*

Chapter 3

How age-friendly is Western Australia?

This chapter provides an overview of age-friendly strategies being enacted at the local government level, and how WA is performing in terms of the areas critical to creating an age-friendly State: health and wellbeing, transport, housing, outdoor spaces and built environments, respect and inclusion, economic security and protection of rights, and technology and information. It also considers issues affecting grandparents caring for grandchildren and the needs of the Aboriginal ageing population.

... the failure of successive governments to adequately plan and implement sustainable and appropriate policies to meet the needs of an ageing population in Western Australia is evident in many areas – COTA WA

3.1 Overview of progress in local government areas

Local governments in WA have achieved varying levels of age-friendliness, although most are “doing something ... on the journey towards the WHO framework”, according to the LGMA.

The City of Melville has been the leading light since its involvement in the WHO Age-Friendly Cities Project in partnership with the Department for Communities (the predecessor to the DLGC). Following on from this, the City of Melville partnered with the Shire of Augusta-Margaret River to trial the framework in a rural community. Two other local government authorities (LGAs), the City of Rockingham and the City of Mandurah, were also provided with grants in 2006-07 to conduct projects using the WHO Age-friendly Cities framework which Melville had been involved in developing.

The WHO framework acknowledges that older people are best placed to identify what they need in their community; hence, the first step to an age-friendly community is gathering the first-hand experience and input of older people.

The Department for Communities provided the LGAs with a “toolkit” based on the WHO framework. It outlined the steps involved in conducting the research (developing a demographic community profile of older people in the community; conducting focus groups with older people, carers and service providers; reporting the outcomes; conducting workshops to discuss the findings; disseminating the findings to the community; incorporating the findings into a strategic plan and monitoring implementation), and provided the discussion questions and guidelines for the focus

groups. The focus group discussion topics were based around the eight essential features of an age-friendly community identified by the WHO project.

In 2010-11, a further 23 local governments were funded by the Department for Communities to undertake community research with seniors, with a view to adopting an age-friendly approach to their planning. The 11 metropolitan and 12 non-metropolitan LGAs funded are listed in Table 3.

Table 3: The 23 local governments funded to conduct age-friendly research in 2010-11.

Metropolitan local governments	Non-Metropolitan local governments
City of Bayswater	Shire of Busselton
Town of Claremont	Shire of Capel
City of Cockburn	Shire of Carnarvon
Town of Cottesloe	Shire of Denmark
City of Fremantle	Shire of Dumbleyung
Town of Kwinana	Shire of Lake Grace
Town of Mosman Park	Shire of Moora
Shire of Peppermint Grove	Shire of Nannup
City of Perth	Shire of Wagin
City of Subiaco	Shire of West Arthur
City of Swan	Shire of Williams
	Shire of Woodanilling

The outcomes and key findings from the research by these 23 local governments were collected into the *Age-Friendly Communities Collective Examination of Western Australian Local Government Research Report*. The major concerns raised by the seniors community in each of the eight domains were summarised.

The reports proved valuable in identifying what would be needed to create an age-friendly community, but it is unclear how many local governments progressed to the next steps of incorporating the findings into a strategic plan and monitoring implementation.

The LGMA said that it tended to be local governments with large senior populations that had stepped into that space first. Using ABS figures as a guide (see Appendix6), this is true in the cases of Melville, Mandurah and Fremantle, which all have higher than average seniors populations, but Rockingham and Cockburn, who are also leaders, have lower than average seniors populations.

Some of the LGAs which were involved in the 2010-11 community consultations, and which have higher than average seniors populations (e.g. Cottesloe, Mosman Park, Claremont and Peppermint Grove) are only at the stage of talking about developing ageing population strategies.

LGAs such as Mandurah, Cockburn, Rockingham and Fremantle all have active ageing or age-friendly plans/strategies in place. The cities of Melville, Fremantle and Cockburn were all finalists in the award for age-friendly local governments included as part of the WA Seniors Awards for the first time this year. The City of Cockburn was the inaugural winner.

The City of Melville developed *Age-Friendly Melville – Directions from Seniors 2007 – 2010*, and this strategy is now in its third iteration (for the period 2013-2017). Melville was the first WA local government area to become a member of the WHO Global Network for Age-Friendly Communities, in 2009. Membership is determined on the ability to demonstrate meeting a number of key criteria in an ongoing manner. The City of Rockingham has since become a member also.

The City of Melville has hosted regular age-friendly forums since 2007 to encourage local governments to take up the age-friendly approach, and it continues to be called upon by the State Government to showcase its success.

Melville's seniors services include a priority waste removal service for frail seniors (i.e. the collector takes the bin the kerbside), digital hub classes, community buses, a seniors information directory booklet, a seniors assistance fund (for emergency assistance), mall walking groups, public transport tours and physical activity classes for seniors.

Melville says that part of its success is due to ongoing consultation of seniors in planning, implementation and evaluation, as well as using data to provide evidence-based research to elected members on the benefits of age-friendly initiatives. Melville conducts a community wellbeing survey to help to measure its success. More than 80 per cent of the city's population are happy that it is an age-friendly community. People in Melville also live five years longer than the State average. While the city concedes that some of that can be attributed to affluence, "we know that some of this is working".¹²⁸

Melville also points to several other factors contributing to its success: the engagement of external stakeholders – government departments, private business and retail; the incorporation of its age-friendly strategies into the city's business and community plans; and deliberate and planned marketing and branding to promote understanding of an age-friendly community.

We learnt early with the review of our first Plan (2007-2010) that the community had failed to associate our actions as being linked to age-

128 Ms Christine Young, Community Development Director, City of Melville, *Briefing*, 27 August 2014.

*friendly. Whilst the Plan had been deployed failure to brand and market had meant a lack of understanding of the concept of age-friendly.*¹²⁹

City of Mandurah's people and communities director Lesley Wilkinson pointed out that all LGAs are different – in terms of size, wealth, demographics and resources for example. While Melville was well-established and relatively wealthy, Mandurah was still growing rapidly and in the process of developing infrastructure. Ms Wilkinson said Mandurah would like to do more but was constrained financially.¹³⁰

Both Melville and Mandurah, however, were of the view that it was important to embed ageing strategies into local government business and corporate plans so that they were clearly captured and binding. That way, if staff currently championing the cause were to leave, there would still be a requirement to deliver services.

It should be noted that some LGAs do not choose to implement the Age-Friendly Communities framework but adopt different strategies which may also take account of the needs of seniors. This is discussed further in Chapter Four. Some also provide services for the ageing even though they have not adopted the WHO age-friendly principles or the State's Framework.

3.1.1 Regional areas

Although the Shire of Augusta-Margaret River was the first regional LGA to complete an age-friendly community study with State Government funding, this has not translated into an ageing strategy. This seems to be the case for many of the non-metropolitan authorities involved in the 2010-11 community consultations, although the Shire of Busselton has picked up elements of the age-friendly communities framework in its Social Plan and Ageing Plan 2012-2020, and the Shire of Moora has implemented a plan.

The main recent push in terms of addressing the ageing community in regional areas has come from the state-wide *Ageing in the Bush* initiative, being managed by the Wheatbelt Development Commission (WDC) on behalf of the Regional Development Council.¹³¹ The objective of the initiative is to identify aged care models for regional WA that enable residents to remain in their communities for as long as possible.¹³²

The goals of the project, due for completion in early 2015, were to provide:

129 Submission No. 1 from City of Melville, [5 June 2014], p5.

130 Ms Lesley Wilkinson, People and Communities Director, City of Mandurah, *Briefing*, 12 September 2014.

131 The Regional Development Council is made up of the chairs/deputy chairs of the nine Regional Development Commissions and is a key advisory body to the WA Government.

132 Wheatbelt Development Commission, *Ageing in the Bush Update*, 31 July 2014. Available from: <http://www.wheatbelt.wa.gov.au/news/ageing-bush-update/>. Accessed on 14 August 2014.

- a description of the key whole of State regional issues, impediments and opportunities for ageing in community;
- a region by region overview of aged care services, infrastructure and governance models;
- identification of possible models for regional WA; and
- an action plan that identifies strategies to address the major whole of state issues and impediments to ageing in the bush.

The WDC is also implementing a number of other projects to meet the needs of the ageing community specifically in the Wheatbelt region. Its Wheatbelt Strategic Framework 2012 identifies “liveable communities” as part of the vision for the region.

In 2012, 11 local governments¹³³ from the Central East Wheatbelt formed the Central East Aged Care Alliance (CEACA) to undertake a study to determine aged care needs and a process of implementation.

Following this pilot project, the research was widened to include the remaining six Wheatbelt local government groups, with additional support from the Royalties for Regions Southern Inland Health Initiative, Regional Development Australia Wheatbelt and the WDC.

The CEACA Report and the subsequent Wheatbelt Aged Support and Care Solutions (WASCS) Report 2014 build upon four strategies:

- continued development of age-friendly communities;
- further development of age-friendly housing;
- broadening home care and support; and
- reshaping residential aged care.

The WASCS project research included 31 community forums, with more than 560 community members attending the community engagement sessions. Specific aged care service provider forums were also held in Moora, Northam and Narrogin. The WDC is now working with local governments and other stakeholders to implement the recommendations of the reports. A series of projects is being implemented throughout the Wheatbelt to assist seniors to be actively involved in their communities and to help people receive high level and palliative care in the home.¹³⁴

133 Shires of Bruce Rock, Kellerberrin, Koorda, Merredin, Mt Marshall, Mukinbudin, Nungarin, Trayning, Westonia, Wyalkatchem and Yilgarn.

134 Wheatbelt Development Commission, *Ageing in the Bush Update*, 31 July 2014. Available from: <http://www.wheatbelt.wa.gov.au/news/ageing-bush-update/>. Accessed on 14 August 2014.

Through the *Creating Age-Friendly Communities in Small Towns Project*, the WDC is also assisting local governments to improve the level of age-friendly infrastructure through:

- the development of an interactive age-friendly audit tool kit;
- funding in the form of a small grants scheme to act as a catalyst for the implementation of infrastructure projects; and
- the development of an integrated transport plan that will identify existing transport infrastructure and how it can be best managed and utilised to improve transport services.¹³⁵

The WDC is also working collaboratively with the Shires of Cunderdin and Pingelly and the WA Country Health Service to deliver a cluster housing model to those communities. This involves the development of at least eight age-friendly independent living units, individually serviced up to 24 hour/seven days per week to “high care” (including dementia care) levels.¹³⁶

The CEACA local governments are also currently working to develop a business case for the construction of universally designed independent living units close to essential services, family and community for older adults in the Central East region. This would require the 11 local governments to work together to achieve economies of scale.¹³⁷

The same principle applies to the delivery of effective and efficient Home and Community Care (HACC) and Home Care services. By focusing on the whole spectrum of care, communities can be supported to retain their older population, within a viable and sustainable service model, according to the WDC.¹³⁸

The DLGC said that the WDC has been “doing some quite good work”¹³⁹ looking at the needs of ageing communities within the Wheatbelt and what that meant in terms of facilities and service providers. “Whether that is something that might be able to be replicated in other regions where the funding could be certainly explored, that is an area worth looking at.”¹⁴⁰

WDC chief executive officer Wendy Newman said that the four strategies (or key “planks”) – age-friendly communities (infrastructure and services), housing for the non-

135 Wheatbelt Development Commission, *Ageing in the Bush Update*, 31 July 2014. Available from: <http://www.wheatbelt.wa.gov.au/news/ageing-bush-update/>. Accessed on 14 August 2014.

136 *ibid.*

137 *ibid.*

138 *ibid.*; Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014.

139 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p11.

140 *ibid.*

frail aged, home care and home-care packages, and residential care – were critical for any region.¹⁴¹

Where the investment needed to be in relation to those four planks varied from region to region: the Kimberley focus was on Aboriginal well-aged communities and residential care; the Pilbara would require an aged care industry to be developed if people were going to remain in the region; in the Gascoyne there was a shortage of infrastructure and services. Growth rates for the Gascoyne, the Peel and Goldfields–Esperance areas meant these should be priority areas. “We need to understand where the growth is most prominent and where we need to be looking at solutions in the shorter term.”¹⁴²

3.2 Health and wellbeing

In general Western Australians enjoy an excellent standard of health. This is reflected in life expectancy being among the best in the world and infant mortality rates among the lowest in Australia.¹⁴³ WA Health¹⁴⁴ figures reveal that WA males are expected to live to 81.2 years of age and female to 85.3 years of age.¹⁴⁵ Of course, there are pockets of the community where poorer health outcomes are a reality.¹⁴⁶ An ongoing commitment to improving the lives of those vulnerable West Australians is required.¹⁴⁷

Demand for health services is expected to increase with an ageing population, as older people are generally higher users of health services than younger people.¹⁴⁸ According to the *Australian Health Survey 2011-12*, 98 per cent of people aged 65 years and over had consulted at least one health professional in the previous 12 months, compared with 90 per cent of those aged under-65.¹⁴⁹

141 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014, p2 and p8.

142 *ibid.*, p8.

143 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

144 WA Health encompasses the Department of Health, the Metropolitan Health Service and the WA Country Health Service.

145 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p7.

146 *ibid.*

147 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p7.

148 Australian Bureau of Statistics, *Australian Health Survey*, cat. 4364.0.55.003. ABS: Canberra, June 2013.

149 *ibid.*

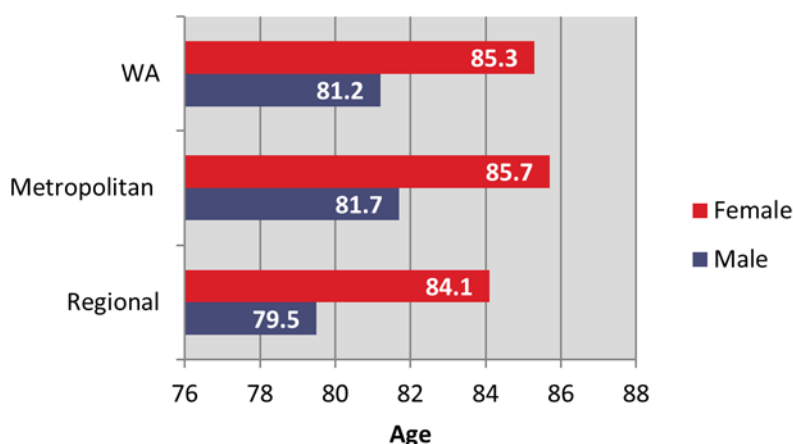


Figure 5: Life expectancy for men and women in Western Australia.¹⁵⁰

3.2.1 WHO checklist

- An adequate range of health and community support services is offered for promoting, maintaining and restoring health.
- Home care services include health and personal care and housekeeping.
- Health and social services are conveniently located and accessible by all means of transport.
- Residential care facilities and designated older people's housing are located close to services and the rest of the community.
- Health and community service facilities are safely constructed and fully accessible.
- Clear and accessible information is provided about health and social services for older people.
- Delivery of services is co-ordinated and administratively simple.
- All staff are respectful, helpful and trained to serve older people.

¹⁵⁰ Department of Health, *Annual Report 2013-14*. Perth, WA: Government of Western Australia, 2014, p7; Metropolitan Health Service, *Annual Report 2013-14*. Perth, WA: Government of Western Australia, 2014, p8; WA Country Health Service, *Annual Report 2013-14*. Perth, WA: Government of Western Australia, 2014, p8.

- Economic barriers impeding access to health and community support services are minimised.
- Voluntary services by people of all ages are encouraged and supported.
- There are sufficient and accessible burial sites.
- Community emergency planning takes into account the vulnerabilities and capacities of older people.

3.2.2 What the Framework says

The promotion of health and wellbeing and access to essential services are listed as the top two priorities in planning for an age-friendly WA. The Framework states that in promoting health and wellbeing, “prevention is better than cure”, acknowledging that investing in strategies that encourage healthy living, both in earlier and later life, is beneficial to society.

A range of community education resources promoting healthy and active lifestyles were in place, available through agencies including the Department of Health, the Department for Communities and the Department of Sport and Recreation.

The Framework says that the 10-year strategic policy for mental health in WA, *Mental Health 2020: Making it personal and everybody's business*, promotes a strong commitment to progressing prevention and early intervention priorities by complementing and building on existing programs.

The draft *WA Health Promotion Strategic Framework*, released in 2012 for public comment, sets out the strategic directions and priorities for the prevention of chronic disease and injury over a five-year period in WA. Its goal is to lower the incidences of avoidable chronic diseases and injury by facilitating improvements in health behaviours and environments throughout the life course. It also hoped to support a future where West Australians aged well.

The Framework also mentions the *National Partnership Agreement on Closing the Gap Indigenous Health Outcomes*. Priority areas across the life stages to “close the gap” between Aboriginal health outcomes and the non-Aboriginal population included: smoking; healthy transitions to adulthood; making Aboriginal health every one's business; delivering effective primary health care services and better coordination of the patient journey through the health system.

Sport and recreational opportunities that target participation by older people are also noted, as is the Home and Community Care (HACC) program.

Other health related initiatives mentioned in the Framework include:

- *WA Primary Health Care Strategy 2011*;
- Hospital in the Home and Rehabilitation in the Home programs;
- WA Health's Elective Services Reform Program to support strategies to reduce the number of patients waiting longer than the clinically recommended times for surgery; and the Four Hour Rule Program relating to emergency waiting times;
- Friend in Need-Emergency (FINE) program, providing older and chronically-ill patients living independently in the community or in residential aged care (RAC) with an alternative to hospital admission through a range of alternative programs;
- Residential Care Line, providing RAC facilities with a 7-day a week triage and advice hotline;
- specialist nurse outreach service, to provide timely assessments and clinical support to reduce the need for unnecessary hospital and emergency admissions;
- launch of the Disability and Health Network to address the particular disadvantages experienced by people with disability;
- development and implementation of single entry point Regional Assessment Services and the Home and Community Care Wellness model of support;

Strategies that would help to promote health and wellbeing in WA were:

- encouraging healthy and active lifestyles across the lifespan;
- supporting people to maintain their independence; and
- building social connections and community participation.

Chief amongst the measures to achieve this was the provision of information to support and inform individual lifestyle planning decision making, including for end of life issues.

Also listed was the promotion of healthy eating and physical activity at all life stages, and the ongoing promotion of an anti-smoking message and education about the risks associated with excessive alcohol consumption.

Preventative health measures to reduce the risk and impact of chronic disease and injury are also noted, as well as initiatives to maintain physical functioning and protection from falls and other injuries.

Other initiatives that would be needed were:

- screening and early intervention for age related conditions, such as dementia;
- the promotion of mental health and wellbeing and initiatives that prevent the onset of mental illness, and assist the community with identifying and responding to mental illness and/or mental health problems;
- the continued expansion of the range of affordable recreational, cultural and creative pursuits available through discounts linked with the WA Seniors Card;
- continued support for seniors' participation in sport and recreation activities designed to meet the unique needs of seniors;
- support for carers;
- the development of flexible and innovative accommodation support options that optimise opportunities to support people in the community that are responsive to changing care needs, and which are able to support older people who have health and behaviour related problems;
- improvements in accessing health services, particularly in regional areas;
- the establishment of partnerships with the community sector to provide responsive, flexible and innovative community services;
- the enablement of good service planning, including the promotion of a "culture of engagement", particularly with groups with special needs;
- contemporary approaches to support people with dementia and associated challenging behaviours;
- increases to the number of aged care support packages and beds in WA, as determined by the Commonwealth government;
- community partnerships to reduce demand on hospital services, such as triaging alternatives, community-based care and aged care alternatives;
- prioritisation of flexible and affordable training for health and allied-health professionals, particularly those in regional areas;
- initiatives to recruit and support a bilingual and multicultural aged-care workforce;
- language services and cultural competency training for staff to address barriers to CaLD older people having access to suitable aged care and other seniors' services;
- regional ageing-in-place strategies and services, including aged care options and culturally appropriate supports for Aboriginal seniors;

- the expansion of community-based accommodation and aged care residential options for older people with mental health problems and/or mental illness;
- disability awareness training to assist people working in related industries to develop a better understanding and skills to work with people with disability;
- participation of older people as volunteers to mentor people with disability to foster a culture of inclusion and participation;
- including older people in planning and “meaningful consultation” through best practice service planning.

3.2.3 Current status

Age-friendly principles and practices

The *Model of Care for the Older Person*, the Department of Health’s main policy document dealing with older people, stipulates that managing older people in the health service environment is based on age-friendly principles and practices.¹⁵¹

Central to the model is ensuring that the WA health system is “less hospital centric and more orientated to the care needs of the older person”.¹⁵² The model of service delivery for community care services was no longer one of dependency, but rather one

*Ensuring people get the right care,
at the right time, by the right team
and in the right place.*

*– Objective of the Model of Care for the
Older Person*

of capacity building for the older person, according to the *Model of Care for the Older Person*.¹⁵³

Developed by the Aged Care Network in 2007, the *Model of Care for the Older Person* focuses on the need to promote independence, well-being and quality of

life for older people in WA with a greater emphasis on prevention and promotion programs that encourage self-management of health conditions.¹⁵⁴

The Department of Health said that *Model of Care for the Older Person* and the *Dementia Model of Care*,¹⁵⁵ mentioned in the Framework, had underpinned a number of practical outcomes.¹⁵⁶

151 Department of Health, *Model of Care for the Older Person*, Government of Western Australia, Perth, WA, 2007.

152 *ibid.*, p1.

153 *ibid.*

154 *ibid.*

155 Department of Health, *Dementia Model of Care*, Government of Western Australia, Perth, WA, 2011.

The *Model of Care for the Older Person* is informed by applying an “ageing perspective” to a population based model of care to plan for an ageing population.¹⁵⁷ This refers to the three stages of ageing, described as (1) entering older age, (2) the transitional phase, and (3) the frail aged stage.¹⁵⁸

The model is also based on the delivery of health care and support services which span the entire continuum of care, across the primary, acute, community, and aged care sectors.¹⁵⁹ It also takes a multi-faceted policy approach which is reflective of the cross-jurisdictional responsibilities for health services funding for the older person.¹⁶⁰

Dementia

Models of care relating to delirium and dementia provide “an instructive framework for assessment and care of people with cognitive impairment in community and hospital settings”.¹⁶¹

Dementia is a significant issue amongst the ageing population.¹⁶² Although dementia is not an inevitable part of ageing, it primarily affects older people.¹⁶³ In recognition of this and the increasing prevalence of dementia, in 2012 dementia was designated the ninth National Health Priority Area by the Federal Standing Committee on Health.¹⁶⁴

With three in ten people over the age of 85 and almost one in ten people over 65 diagnosed with dementia, the sheer numbers of people suffering from dementia, as the baby boomers age and the ‘bulge’ moves beyond the 60s age group into the very old age range, is staggering.

– Baptistcare submission

The statistics speak for themselves: dementia was the third leading cause of death in 2010, accounting for 6 per cent of total deaths in that year.¹⁶⁵ Dementia was responsible for an estimated 4 per cent of the total disease burden in 2011, making it the fourth leading cause of burden of disease in Australia.¹⁶⁶ Dementia was estimated

156 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014, Attachment 1, p2.

157 *ibid.*

158 *ibid.*

159 *ibid.*

160 *ibid.*

161 *ibid.*

162 Australian Institute of Health and Welfare, *Dementia in Australia*, Cat. no. AGE 70, AIHW, Canberra, 2012.

163 *ibid.*

164 Standing Committee on Health, *Communique*, 10 August 2012. Available at: <http://www.ahmac.gov.au/site/home.aspx>. Accessed on 14 November 2014.

165 Australian Institute of Health and Welfare, *Dementia in Australia*, Cat. no. AGE 70, AIHW, Canberra, 2012.

166 *ibid.*

to be the second leading cause of overall burden of disease – and the leading cause of disability burden – among people aged 65 and over.¹⁶⁷

COTA WA referred to the growing number of people with a dementia diagnosis as a “tidal wave”.¹⁶⁸ This is supported by the figures. According to the Australian Institute of Health and Welfare (AIHW) an estimated 332,000 Australians had dementia in 2011, 93 per cent of whom were aged 65 years and over.¹⁶⁹ In WA about 30, 700 people over the age of 60 years have a dementia diagnosis.¹⁷⁰

Alzheimer’s Australia WA chief executive officer Hon. Rhonda Parker noted that dementia rates are much higher in the Indigenous population than the non-Indigenous population.¹⁷¹ According to WA Centre for Health and Ageing co-director Professor Leon Flicker,¹⁷² dementia rates in the Aboriginal population are among the highest in the world, at about 12.5 per cent of the population over the age of 45 years. This is five times the non-Aboriginal rate of about 2.5 per cent.¹⁷³

A recent report for Alzheimer’s Australia, co-authored by Professor Flicker, says that despite higher rates of dementia in the Aboriginal community, the issue “still goes largely unrecognised in communities and by health workers and service providers”.¹⁷⁴ The report recommends that an awareness and education campaign be delivered to Aboriginal and Torres Strait Islander communities to elevate the profile of dementia.¹⁷⁵ This was a view also supported by COTA WA.¹⁷⁶

The report also recommends that mainstream health professionals and Aboriginal and Torres Strait Islander health workers, through Aboriginal Community Controlled Health Organisations (ACCHO), be apprised of the benefits of using the Kimberley Indigenous Cognitive Assessment (KICA) tool to assist diagnosis.¹⁷⁷

KICA was developed by the Western Australian Centre for Health and Ageing (WACHA), a not-for-profit research centre which focuses on investigating health and ageing

167 *ibid.*

168 Submission No. 11 from COTA WA, 23 June 2014.

169 Australian Institute of Health and Welfare (2012) *Dementia in Australia*. Cat. No. AGE 70. Canberra: AIHW.

170 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, *Transcript of Evidence*, 11 June 2014.

171 *ibid.*

172 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014.

173 *ibid.*

174 Flicker, Leon and Holdsworth, Kristen, *Aboriginal and Torres Strait islander people and dementia: A review of the research*, Paper 41, Alzheimer’s Australia: Scullin, ACT, 2014, p4.

175 *ibid.*

176 Submission No. 11 from COTA WA, 23 June 2014.

177 Flicker, Leon and Holdsworth, Kristen, *Aboriginal and Torres Strait islander people and dementia: A review of the research*, Paper 41, Alzheimer’s Australia: Scullin, ACT, 2014.

issues. A culturally sensitive assessment tool developed for older Aboriginal people living in rural and remote areas, KICA has been validated in the Kimberley region of Western Australia and north of the “Brisbane Line”.¹⁷⁸

Ms Parker said that dementia was a not so much a nursing home issue as a community issue.

*That is the way people with dementia want it; they want to stay at home for as long as they can, and so do their family and their carers, but it presents a very significant challenge to us, particularly in the rural and remote areas.*¹⁷⁹

To the extent that they are reliant on funding, Alzheimer’s Australia WA was impuissant in the provision of its out-reach services to those situated outside the metropolitan area. “We are very conscious about the reach that we need to provide into rural and remote areas, as well as the population of Perth.”¹⁸⁰

The Department of Health advised that a partnership between WA Health and Alzheimer’s Australia WA was underway to raise awareness of dementia in the community and engage in a capacity building strategy with community care providers.¹⁸¹

Finding 1

Not enough has been done to address the disproportionately high rate of dementia in the Aboriginal population.

Recommendation 1

The State Government should increase funding to Alzheimer’s Australia WA to promote dementia awareness, research and provide services in Aboriginal communities.

Another way that Alzheimer’s Australia WA is seeking to support people with dementia is by advocating for the establishment of dementia-friendly communities throughout Western Australia.¹⁸² Others have also embraced the idea.¹⁸³ Dementia-friendly communities have already been successfully trialled in communities in NSW.¹⁸⁴ *(There is further discussion of dementia-friendly environments in section 3.5 – Outdoor spaces and buildings.)*

178 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p6.

179 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, *Transcript of Evidence*, 11 June 2014, p1.

180 *ibid.*, p2.

181 *ibid.*

182 *ibid.*

183 Submission No. 4 from Baptistcare, 16 June 2014.

184 *ibid.*

Baptistcare recommends that the State Government commits to funding dementia diagnosis through the State healthcare system and develops and implements a plan for the construction of at least an additional 2000 beds in high care facilities for dementia clients in the metropolitan area, in partnership with relevant stakeholders.¹⁸⁵

Recognising the key challenges for dementia specific services and determining how these can be protected is essential, according to Aged and Community Services WA.¹⁸⁶

COTA WA has called for more investment in research to further understanding of, and response to, dementia in WA.¹⁸⁷ The Committee was told that there was a need for reliable, accurate and comprehensive data to inform research, discussions and decision making regarding dementia.^{188,189}

According to Professor Flicker:

*...we have appalling data on dementia in Australia. We just do not really have a good handle on that, and because of that we do not really target our services appropriately and well. You can always argue the case one way or the other, but I think there are some things that we just do not have good information on, and because of that we probably do not have a good response.*¹⁹⁰

This was the subject of a recent AIHW report which found that in order for policy makers and practitioners to facilitate the prevention, early detection, diagnosis and treatment of dementia – and to support those who care for people with a dementia diagnosis – “rich and robust data” was needed.¹⁹¹

Finding 2

There is insufficient data and research on the impact (or incidence/extent/implications) of dementia in Western Australia to ensure an effective response.

185 *ibid.*

186 Submission No. 5 from Aged & Community Services Western Australia, 5 June 2014.

187 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014.

188 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p8.

189 Australian Institute of Health and Welfare, *Improving dementia data in Australia: supplement to Dementia in Australia*, Cat. no. AGE 76, AIHW, Canberra, 2012.

190 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p8.

191 Australian Institute of Health and Welfare, *Improving dementia data in Australia: supplement to Dementia in Australia*, Cat. no. AGE 76, AIHW, Canberra, 2012, p1.

Recommendation 2

Given that the number of people suffering dementia is expected to increase significantly, the Department of Health should invest in gathering robust data on the nature of dementia in Western Australia so that services can be targeted effectively.

Subacute care

The Department of Health advised that funding had been allocated through the Council of Australian Governments (COAG) *National Partnership Agreement on Hospital and Health Workforce Reform* to establish and/or expand subacute care services in related “model of care” programs.¹⁹²

According to Professor Flicker the subacute care sector is in need of review.¹⁹³ Parts of rural WA were “severely hindered” by a lack of subacute care and as such he welcomed expansion plans of subacute care in Albany, Geraldton and other parts of Western Australia.¹⁹⁴

The Department of Health noted that increasing access to such services alleviated pressure on the acute hospital sector as well as providing care closer to home.¹⁹⁵ In the period 2008 to 2014, a number of initiatives were implemented, including:

- 14 new beds for rehabilitation and Geriatric Evaluation and Management and 6 new non-secure psychogeriatric beds at Rockingham General Hospital;
- new rehabilitation beds at Bentley Hospital (18), Joondalup Health Campus (21) and Albany Regional Hospital (6);
- 16 additional rehabilitation beds at Armadale Health Service;
- 10 bed rehabilitation unit at Sunbury Hospital and permanent geriatrician for the South West Region;
- Expansion of falls and day therapy programs across the north and south metropolitan area and at all major regional health centres;
- Establishment of non-admitted stroke rehabilitation services at Sunbury, Geraldton, Albany, Northam and Narrogin.
- Expansion of the geriatric and psychogeriatric visiting consultation and liaison service to major regional health centres.

192 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014, Attachment 1, p2.

193 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p4.

194 *ibid.*

195 *ibid.*

- Establishment of integrated older adult mental health team for the South West located in Bunbury with permanent employment of psycho-geriatrician.
- Commencement of the first community physiotherapy service in a regional location (as well as the expansion of community physiotherapy services in the metropolitan area)
- Establishment of Parkinson's Disease Specialist Outreach Service – South Metropolitan Health Service and Swan Districts Hospital.
- Establishment of a 14-bed Geriatric Evaluation and Management unit at Sir Charles Gairdner Hospital and a 10-bed unit at Fremantle Hospital.

Services at home

The Friend In Need – Emergency (FINE) scheme provides an alternative to presenting at a hospital for older and chronically ill patients, and also assists with the safe and effective discharge of patients from public hospitals.¹⁹⁶

FINE supports the Silver Chain Home Hospital and a network of services managed by North and South Health Services.¹⁹⁷ The Silver Chain Home Hospital program includes:

- *Priority Response Assessment* service – a hospital avoidance service that offers 24-hour, 7 day a week access to an advanced nursing clinical assessment and intervention within four hours of a referral being received.
- *Hospital at the Home* – a hospital substitution program that is a 24-hour, 7 day a week service. This specialist nursing service, supported by credentialed GPs, provides acute care in the home following a hospital admission.
- *Post Acute Care* services – nursing services provided in the immediate post discharge period from an episode of acute care.
- *Community Nursing* – an alternative to hospitalising patients who need short term acute nursing interventions, such as wound care.

Baptistcare noted that the shift to health provision in the home meant that the home became a space occupied by “professional strangers” who were in relatively powerful positions and whose care of the older person at home may conflict with the care provided by family members, including the spouse.¹⁹⁸

Carers WA agrees, noting:

¹⁹⁶ *ibid.*

¹⁹⁷ Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014, Attachment 1, p4.

¹⁹⁸ Submission No. 4 from Baptistcare, 16 June 2014.

*Older carers want to be considered as partners in care and have their views and knowledge respected by formal service providers in health, mental health and aged care settings.*¹⁹⁹

Further promotion of the role of carers in these settings was required, including training for clinical and allied health staff and community service providers. When services were being designed or altered, it was important that people using the services, including carers, were included.

This would require a whole of government approach so that carers were recognised across all government agencies. This would be enabled by amendments to the *Carers Recognition Act* 2004, identified in the 2008 review of the legislation but yet to be actioned.

Recommendation 3

The Minister for Community Services should introduce amendments to the *Carers Recognition Act* (2004) to ensure that the role of carers in home care settings is given due recognition and respect.

The *Residential Care Line* (RCL) is another initiative designed to help older people avoid unnecessary hospital admissions. The RCL provides specialist support and advice to residential aged care facilities.²⁰⁰ Specialist nurses, collaborating with general practitioners, provide assessment, care and planning advice, direct patient care and education to aged care facility staff.²⁰¹ Additionally the RCL supports a 24 hour triage and advice line.²⁰²

Another form of home support is the *Complex Needs Coordination Team* (CoNeCT).²⁰³ The program offers a community-based case management style of support to assist patients with a history of multiple hospital admissions and high complexity care and support needs. Further, CoNeCT staff liaise with hospital staff to facilitate hospital discharges.²⁰⁴ The Department of Health advised that an adapted model of complex care coordination had also been developed by WA Country Health Services.²⁰⁵

The *Transition Care Program* (TCP), a joint Commonwealth/State initiative, “provides short-term care that seeks to optimise the functioning and independence of older people after a hospital stay”.²⁰⁶ It provides the older population with low intensity

199 Submission No. 16 from Carers WA, 4 July 2014.

200 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014.

201 *ibid.*

202 *ibid.*

203 *ibid.*

204 *ibid.*

205 *ibid.*

206 *ibid.*, p6.

therapy such as physiotherapy, occupational therapy, social work, nursing support and/or personal care.²⁰⁷

By enabling older people to return to their home subsequent to a hospital stay, the TCP aims to reduce the number of older people entering residential aged care prematurely.²⁰⁸ According to the Department of Health the TCP “facilitates a continuum of care for older people who have completed their hospital episode, including acute and subacute care and who need more time and support to make a decision on their long term aged care options”.²⁰⁹

Wheatbelt Development Commission CEO Wendy Newman told the Committee that the transition from hospital to home was particularly important.

*...people come out of a hospital situation into a transition situation, and if that is left too long, then that dependency and the downward decline happen. So that transition, and why aged care needs to sit so strongly alongside the primary health model, is really important ...*²¹⁰

The best known in-home support program is Home and Community Care (HACC), administered by the Aged and Continuing Care Directorate of the WA Department of Health.²¹¹ Since 2011, the Aged and Continuing Care Directorate has progressively implemented a redesigned WA Assessment Framework for HACC, with state-wide coverage achieved in July 2014.²¹²

HACC services are scheduled to be transferred to Commonwealth control in 2016-17, but a number of organisations have expressed concern at the proposed transition. Aged and Community Services WA is worried about the impact on service delivery for older people and on aged care sector providers.²¹³ Among other things, they were seeking assurances that the flexibility of the current HACC program would be safeguarded and the viability of small providers who offered a unique or niche service would be guaranteed.²¹⁴

207 *ibid.*

208 *ibid.*

209 *ibid*, p6.

210 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014, p5-6.

211 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014.

212 *ibid.*

213 Submission No. 5 from Aged and Community Services WA, 16 June 2014, p1.

214 *ibid.*

Chung Wah Association Community and Aged Care said that they were “...very proud of what we are doing with HACC here”²¹⁵ and Alzheimer’s Australia were “very vocal supporters of HACC remaining in Western Australian control”.²¹⁶

Carers WA also strongly supported WA’s position in holding off in making the transition.²¹⁷

Alzheimer’s Australia WA was unequivocal in its support for a WA-based HACC service:

*...our view of the ... aged care directorate in the Health Department is that they probably do the best work of its type of any bureaucracy around the country. We can find local solutions for local problems out of a trusting relationship, and there are people in Perth who can actually make a decision.... They have actually initiated a lot of reforms in the HACC sector that the other states have not done, and so the other states have thought they would get those benefits by moving across to having the money being controlled by Canberra.... We would be very disappointed for HACC funding to go to Canberra.*²¹⁸

The Committee also heard that in remote WA HACC is run through the Western Australian Country Health Service and has a good reputation in the Kimberley, where it is “quite well accepted by Aboriginal people and non-Aboriginal people”.²¹⁹

According to the Department of Health a major initiative of the WA Assessment Framework is the establishment of Regional Assessment Services (RAS) across the metropolitan area and in each country region. RAS provide an identifiable point of entry into the community care system and access to accurate information, independent assessment of needs and referral to appropriate community support services.

People seeking community care may be assessed by RAS or supported to access assessment from another program such as the Aged Care Assessment Program (ACAP). Assessments by RAS focus on the person's abilities and strengths along with their needs. Following an assessment, RAS may assist the person to access services in the community or through government programs, such as the HACC program, to assist the

215 Mrs Theresa Kwok, Chief Executive Officer, Chung Wah Community and Aged Care, *Transcript of Evidence*, 25 June 2014, p3.

216 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, *Transcript of Evidence*, 11 June 2014, p6.

217 Submission No. 16 from Carers WA, 4 July 2014.

218 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, *Transcript of Evidence*, 11 June 2014, p6.

219 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p2.

individual with essential activities of daily life and maximise their independence and wellbeing.

The Department of Health advised that the independence of RAS from local service providers had ensured that assessments were objective and explored all possible solutions with the person. This provided the

Conflicting jurisdictional funding responsibilities between the Australian and State Governments has created a complex mosaic of services and difficulties across the health and aged care sector in terms of the funding, administration and delivery of services across the continuum of care.

— Model of Care for the Older Person in Western Australia, p5.

individual with the greatest amount of choice possible. The clear focus of RAS on conducting assessments also ensured that assessment quality had improved and that personnel could develop and refine their assessment skills.²²⁰

The *Aged Care Assessment Program* (ACAP) is responsible for approving people for subsidised care under the *Aged Care Act 1997* (Commonwealth).²²¹ For family members and carers negotiating the labyrinth system to access services is a burden they could well do without.

The Committee was advised that in administering ACAP, the Department of Health ensures that:

- it can provide a timely response to the needs of those older people currently accessing the acute care sector;
- older people are discharged safely with the most appropriate options in place; and
- delays in discharge are avoided.²²²

Further, by being administered locally, the Department of Health stated that it can ensure that strong linkages between ACAP and other state facilitated aged care programs, such as the WA Assessment Framework's RAS and the TCP, are maintained.²²³

The Department of Health advised that it actively participates in the National Training Reference Group, ensuring that the WA ACAP meets its key performance indicators,

220 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014.

221 *Aged Care Act 1997* (Commonwealth).

222 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014, p6.

223 *ibid.*, p7.

and contributes to continual program development and workforce training requirements.²²⁴

Finding 3

The State and Commonwealth governments provide a wide range of services and programs targeted at the health and care needs of older West Australians, however the subacute care sector is under-resourced.

Promoting good health across the lifespan

Physical activity

Advances in medical technology have meant that older people live better lives than previous generations, and there is a growing emphasis on extending the life of the well-aged.²²⁵ The Framework highlights the importance of preventative health,²²⁶ and one of the ways to prevent ill-health is to engage in physical activity.

COTA WA pointed to a growing body of evidence that linked a sedentary lifestyle (particularly in older adults) to cardiovascular diseases, stroke, diabetes, obesity, cancer, dementia and depression.²²⁷

Encouraging good habits and modifying risk factors could lead to better health outcomes across the lifespan.^{228,229}

Maybe instead of pills being handed out, a bit of exercise could be prescribed.

– Leanne Novatscou.

According to Professor Flicker, the evidence that physical activity improved health outcomes in later life was “incontrovertible”.²³⁰ He stressed the importance of encouraging physical activity in safe and secure forms for older people.

Incidental physical activity was also important.²³¹ The Department of Sport and Recreation (DSR) emphasised that “even moderate regular exercise is a positive measure that significantly reduces health costs”.²³²

224 *ibid.*, p7.

225 Submission No. 11 from COTA WA, 23 June 2014.

226 Department for Communities, *An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017*, Government of Western Australia, Perth, December 2012, p10.

227 Submission No. 11 from COTA WA, 23 June 2014.

228 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014.

229 Submission No. 11 from COTA WA, 23 June 2014, p3.

230 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p4.

231 *ibid.*

232 Department of Sport and Recreation, *More than winning: The value of sport and recreation in Western Australia*, Government of Western Australia, Perth, WA, nd, p26.

Adopting an active lifestyle earlier in life should also be encouraged. By consistently delivering the benefits of a healthy lifestyle message across the lifespan, positive lifestyle-related behaviours were normalised in the general population, according to ICCWA.²³³ Adopting positive lifestyle-related behaviours that optimised bone health, muscle strength and balance was important for everyone.²³⁴

DSR representative Graham Brimage said that if you did not have a healthy active lifestyle by the time you were in retirement mode, it was too late; Although Professor Flicker believes it is never too late to start being active.²³⁵

*Our focus is on getting as many Western Australians as possible living an active lifestyle. It is not just for the physical benefits; mental stimulation and social benefits are equally fundamental, and we see the physiological benefits you get from an active lifestyle.*²³⁶

It was important to ensure that cost was not an impediment to participation in any activities that contributed to the health and wellbeing of older people, according to COTA WA.²³⁷ As the DSR pointed out, there are many existing amenities which older people could access with the help of some innovative programming by local governments.

One such example is Exergaming, which only requires an Xbox Kinect console, a television screen and a few square metres of space. Exergaming, run by the Seniors Recreation Council with funding from DSR, uses interactive Xbox Kinect games based on physical activities (such as ten pin bowling) to get seniors up on their feet.

Exergaming project manager Leanne Novatscou said that the program, which is run mainly in seniors' centres and aged care facilities, had been very successful in engaging seniors who would have otherwise remained uninvolved.

*A lot of the time, when I walk in they are seated and quiet; by the time I leave, they are smiling, they are energetic, they are vibrant, they are joining in. It is a big turnaround in an hour's session, basically.*²³⁸

It switches on the neural pathways—it just works. We have not had millions of dollars of research put into it or anything like that, but we

233 Submission No. 13 from Injury Control Council of WA (ICCWA), 27 June 2014, p4.

234 *ibid.*

235 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014.

236 Mr Graham Brimage, Director, Strategic Policy and Regional Services, Department of Sport and Recreation, *Transcript of Evidence*, 24 September 2014, pp1-2.

237 Submission No. 11 from COTA WA, 23 June 2014.

238 Mrs Leanne Novatscou, Project Manager, Seniors Exergaming WA, Seniors Recreation Council of WA, *Transcript of Evidence*, 18 June 2014, p9.

*have been out there just instigating, and it works... it breaks down the barriers.*²³⁹

Centres which wanted to go ahead with the program were provided with a training day, an Xbox and three games for \$250. Most already had a television so it was “very cheap and accessible to a lot of people in one location”.²⁴⁰

The success of the program has created a demand which the Seniors Recreation Council is now struggling to meet. Manager Ms Novatscou is employed only 15 hours a week to demonstrate the program and train others how to use it.

... the demand is massive and we simply do not have the resources at the moment to be able to keep up with it. We are pretty much ... fully booked for the whole year. I try and squeeze in whenever I have got a free moment to get out and meet new people and present it to them on activity days. We have also got quite a few volunteers, but basically there is only myself and 15 hours a week.

Recommendation 4

Given the success of programs such as Exergaming in motivating sedentary seniors, the Department of Sport and Recreation should ensure seniors in all communities can benefit by expanding funding for training to community groups, enabling them to run the programs locally.

Another innovative preventative health program for seniors is *Living Longer Living Stronger* (LLLS), an evidence-based program that seeks to encourage behavioural change in the health and fitness sectors in a bid to achieve better health, fitness outcomes for those aged 50 years and over.²⁴¹

The program, initiated in 2004, offers seniors an opportunity to participate in a high quality, individualised exercise program at an affordable price.²⁴² Like the Exergaming program, it not only provides physical health benefits but helps to reduce social isolation, an oft-cited concern of an immobile older population. *See section 3.6 on social isolation.*

COTA WA, which has been managing the LLLS program, is concerned about continued support for the program, having just lost funding from the Health Department to run the program. It is seeking funding from elsewhere to keep it running. COTA WA says

239 *ibid.*

240 Mrs Leanne Novatscou, Project Manager, Seniors Exergaming WA, Seniors Recreation Council of WA, *Transcript of Evidence*, 18 June 2014, p5.

241 Submission No. 11 from COTA WA, 23 June 2014.

242 *ibid.*

that discontinuing the LLLS program would not be in the best interests of WA seniors, and the costs associated with re-establishing it would be prohibitive.²⁴³

Recommendation 5

The success of the Living Longer Living Stronger program warrants an increase in resources and funding from the Department of Health to ensure that it remains a stand-alone program.

COTA WA is partnering with the Seniors Recreation Council of WA to establish an *Active Living Coalition for Older Western Australians* which is based on a Canadian initiative of the same name.²⁴⁴ The Canadian program encourages older Canadians to maintain and enhance their well-being and independence through a lifestyle that embraces physical activity and active living.²⁴⁵

COTA WA also acknowledged that although progressive strength training is beneficial to an ageing body, the gym or fitness club setting is not to everyone's taste. Therefore COTA WA is currently investigating new physical activity programs for seniors, such as mall walking.²⁴⁶ Mall walking, which takes place in large shopping centres, provides a safe and secure environment for an older adult.²⁴⁷ Seniors also enjoy the social aspect and businesses in the mall benefit from the extra custom at the conclusion for the walk.

age-
friendly
accolades

Perth, Western Australia *Mall Walking*

A number of suburban shopping centres in metropolitan Perth offer mall walking for seniors, offering a healthy introduction to exercising in a safe, community environment. Coordinated by COTA WA, the mall walking groups provide a free, safe, temperature controlled and friendly environment for walkers to exercise and meet new people, throughout all seasons.

Commencing with warm-up stretches, the walks are followed by a cool-down activity. There is also the option to mingle and stay for a morning coffee with fellow walkers. There are regular events and social activities connected with each of the Mall Walking groups.

Prevention of falls

Falls prevention is a challenge to population ageing worldwide. According to the WHO, falls increase exponentially with age-related biological change, therefore an increase in

²⁴³ *ibid.*

²⁴⁴ *ibid.*

²⁴⁵ *Active Living Coalition for Older Adults* (ALCOA) Canada. Available at: <http://www.alcoa.ca/e/index.htm>. Accessed on 14 November 2014.

²⁴⁶ Submission No. 11 from COTA WA, 23 June 2014.

²⁴⁷ *ibid.*

the number of people over the age of 80 years will trigger a substantial increase in falls and fall injuries.²⁴⁸

Alzheimer's Australia WA's Rhonda Parker noted the link between falls and lack of physical activity.²⁴⁹

*Falls are a real issue for older people, and you do not lose your balance because you are old, you lose your balance because you have lost your core strength and you do that because you have not exercised for about five decades, so that is why people fall, largely.*²⁵⁰

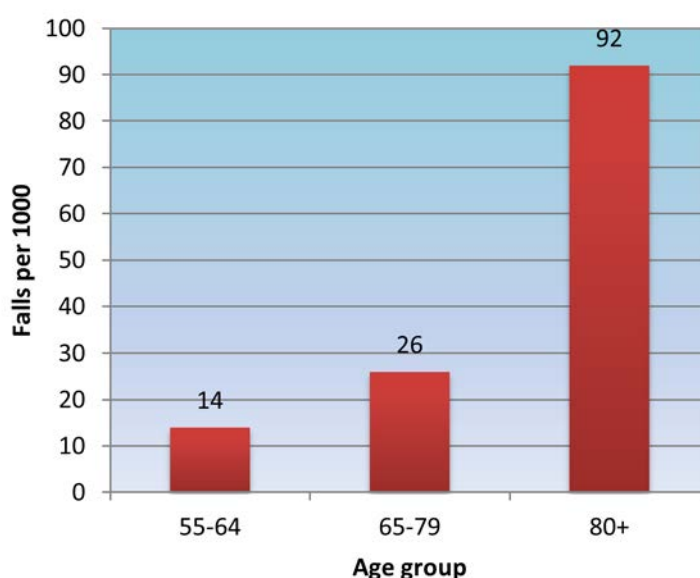


Figure 6: Rate of emergency attendance for falls per 1000 by age group

Falls amongst older people often result in serious injuries requiring hospitalisation.²⁵¹ Department of Health statistics reveal that in 2013, the rate of persons aged 80 years and older who attended a metropolitan emergency department as a result of a fall was

248 World Health Organization, *WHO Global Report on Falls Prevention in Older Age*, WHO, Geneva, Switzerland, 2009.

249 Ms Rhonda Parker, Chief Executive Officer, Alzheimer's Australia Western Australia, *Transcript of Evidence*, 11 June 2014.

250 *ibid.*, p9.

251 Australian Institute of Health and Welfare, *Hospitalisations due to falls by older people, Australia: 2009-2010*, Cat. no. INJCAT 146, AIHW, Canberra, 2013.

92.4 per 1000.²⁵² The rate of emergency department attendances for falls for persons aged 55 to 64 and 65 to 79 was markedly less – 14 and 26 respectively.²⁵³

Dr Nicholas Waldron, Clinical Lead, Falls Prevention Health Network at the Department of Health, advised the Committee that falls are the leading cause of deaths from injury for people aged 65 and over. “One in three people aged 65 and over living in the community fall each year. Therefore, falls are clearly an issue of importance for our ageing community.”²⁵⁴

Interventions and prevention programs, such as Department of Health’s Stay on your Feet, can reduce the number and severity of falls in older persons, thus enhancing their overall health and wellbeing, enabling them to remain independent and productive members of their community.²⁵⁵

Recommendation 6

The Department of Health to ensure that the Stay on Your Feet program is retained as a stand-alone program and properly resourced into the future.

Dr Waldron said that Falls Prevention Health Network had recently revised the *Falls Prevention Model of Care*.²⁵⁶ The model of care provides a vision for the future of falls prevention in WA and articulates a best practice approach to reduce falls risk, fall incidents, and falls-related injuries.²⁵⁷

Dr Waldron noted that the Framework makes reference to a number of other key Department of Health models of care and frameworks, and suggests that the Framework could be further strengthened by making reference to the 17 key recommendations of the *Falls Prevention Model of Care*.²⁵⁸

Alcohol and drug consumption

Compared with other OECD countries, Australia has a high prevalence of risky alcohol consumption, obesity levels and sedentary lifestyles.²⁵⁹ Within the WA community

252 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

253 Metropolitan Health Service, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

254 Submission No. 15 from Falls Prevention Health Network, 30 June 2014.

255 Department of Health, Stay on your feet. 2014. Available at: http://www.health.wa.gov.au/stayonyourfeet/docs/2570_SOYF.pdf
Accessed on 18 November 2014.

256 Submission No. 15 from Falls Prevention Health Network, 30 June 2014.

257 Department of Health, *Falls Prevention Model of Care*, Government of Western Australia, Perth, WA, 2014.

258 Submission No. 15 from Falls Prevention Health Network, 30 June 2014.

259 Australian Bureau of Statistics, *Australian Health Survey*, cat. 4364.0.55.003. ABS: Canberra, June 2013.

there are high levels of unhealthy lifestyle behaviours that contribute towards potentially avoidable illnesses and injuries.²⁶⁰

The Palmerston Association, an organisation at the forefront of service delivery to West Australians with alcohol and drug use issues, raised the issue of problem drinking amongst elderly people at a parliamentary inquiry in 2009. But it said that little had changed from a public policy perspective in the past five years.²⁶¹

Recognising the signs of substance use amongst older adults could be problematic as anxiety, memory loss, disorientation bruises, falls, sleeping problems, and headaches could mirror symptoms of physical and mental health conditions that affect older people generally.²⁶²

While ICCWA welcomed the inclusion of alcohol use in the Framework, noting its relevance to injury and falls,²⁶³ the Palmerston Association said that the Framework did not go far enough in addressing increasing concerns about alcohol and other drug use among older Australians.²⁶⁴

The Framework referred to the need for “ongoing education about the risks of ... harmful levels of alcohol use” among older adults, but was “short on describing what is already in place and more importantly does not answer the ‘where to from here’ question posed throughout the Framework document”, according to Palmerston Association.²⁶⁵

The Palmerston Association has called for further action at a policy and research level, including the collection of age specific data on the use and impacts of drugs and alcohol among older people.

A review of the guidelines on safe drinking limits for older people may also be necessary, given that physiological and metabolic changes associated with ageing may mean that established “safe limits” may be too high for older people. The current recommendations to simply seek advice from a health professional were inadequate, according to the Palmerston Association.

...in our youth-obsessed culture older people tend to be ‘invisible’ to the broader community and signs of at-risk drinking may go unnoticed.

– Palmerston Association

260 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

261 Submission No. 7 from Palmerston Association WA, 16 June 2014.

262 *ibid.*

263 Submission No. 13 from Injury Control Council of WA (ICCWA), 27 June 2014.

264 Submission No. 7 from Palmerston Association WA, 16 June 2014.

265 *ibid.*

The association also called for education and training of health and allied services personnel to ensure that they were aware of links with mental disorders and physical health problems, as well as interactions with prescribed and over-the-counter medications.

Clinical skills in the areas of screening, assessment and interventions/treatment should be core competencies for gerontology, health and allied health professionals. According to a recent article co-authored by the chief executive officer of the Palmerston Association, the rapid ageing of the global population means that research into alcohol use among older people from a social perspective is important.²⁶⁶

The Intergovernmental Committee on Drugs (IGCD) has established a Standing Committee on Pharmaceutical Drug Misuse to oversee the development and implementation of a National Pharmaceutical Drug Misuse Framework for Action.

Finding 4

There is not enough research into the use and misuse of alcohol and drugs by older people, including the unintentional misuse of prescription medication.

Recommendation 7

Given its serious impact on the health of older people, the State Government should investigate initiatives to address excessive alcohol and drug consumption in older age.

Obesity and chronic disease

Lack of physical activity, coupled with unhealthy lifestyle behaviours (such as smoking, drug-taking, and excessive alcohol consumption) is anticipated to result in an increased burden on WA's health system.²⁶⁷ Statistics from the Australian Institute of Health and Welfare state that in 2011-12, 63 per cent of Australian adults were overweight or obese, compared with 56 per cent in 1995. Projections suggest that the ageing population may result in a larger burden of lifestyle-related diseases than in the past.²⁶⁸

A 2011 Department of Health study found that \$240 million a year, or 5.4 per cent of total hospital costs, was attributed to dealing with excess body mass through health conditions such as osteoarthritis, type 2 diabetes, hypertensive disease and congestive heart failure.²⁶⁹

266 Dare, J., Wilkinson, C., Allsop, S. et al, 'Social engagement, setting and alcohol use among a sample of older Australians', *Health & Social Care in the Community*, vol. 22, 2014, pp524–532. Cited in Submission No. 7 from Palmerston Association WA, 16 June 2014, p4.

267 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

268 Australian Bureau of Statistics, *Australian Health Survey*, cat. 4364.0.55.003. ABS: Canberra, June 2013.

269 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

Cognisant of this, the Department of Health is tasked with the delivery of effective targeted preventative interventions, health promotion and health protection activities. However, the Department of Health has stated that:

*Providing appropriate and timely access to services and health promotion programs while maintaining and promoting quality chronic disease and injury prevention initiatives presents challenges for the Department of Health, due to the increased demand on services, our diverse demography and cuts to funding previously provided through the National Partnership Agreements.*²⁷⁰

In 2013–14, the cost of providing such preventative interventions, health promotion and health protection activities was costed at \$55.01 per capita by the Department of Health.²⁷¹

While many people carry non-life threatening chronic conditions (such as arthritis, hearing and vision loss, and mental illness) with them into their final years, these conditions do not threaten life expectancy. They can however significantly affect a person's wellbeing and health care needs.²⁷²

Life-limiting chronic conditions such as dementia, cardiovascular and respiratory diseases and cancers are increasing and have changed the pattern of death.²⁷³

Chronic diseases occur more often and at a much younger age among Indigenous Australians compared with non-Indigenous Australians.²⁷⁴ In recent years there have been improvements in the health and wellbeing of the Aboriginal population, however it is widely acknowledged that some long-standing challenges remain.²⁷⁵

The *National Aboriginal and Torres Strait Islander Health Measures Survey* (NATSIHMS) illustrated large disparities in chronic disease prevalence between non-Indigenous Australians and the Indigenous population.²⁷⁶ Aboriginal and Torres Strait Islander

270 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, pp32-3.

271 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

272 Department of Health, *The National Palliative Care Strategy: Supporting Australians to Live Well at the End of Life*, Canberra, ACT: Department of Health.

273 *ibid.*

274 Australian Bureau of Statistics, *Australian Health Survey*, cat. 4364.0.55.003. ABS: Canberra, June 2013.

275 *ibid.*

276 Australian Bureau of Statistics, *Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results*, cat. 4727.0.55.003. ABS: Canberra, September 2014.

people experienced more chronic disease than non-Indigenous Australians, and at a younger age.²⁷⁷ This was also evident in the work of Professor Flicker and WACHA.²⁷⁸

According to NATSIHMS, there is a considerable difference between the rate of diabetes in the two populations from the age of 35. The rate of diabetes for Aboriginal and Torres Strait Islander people aged 35–44 years (9.0 per cent) is almost the same as the rate for non-Indigenous people who are 20 years older (that is, 8.2 per cent for the 55–64 age group). Likewise, the rate for Aboriginal people aged 45–54 years (17.8 per cent) was similar to the non-Indigenous population aged 65–74 years (15.0 per cent).²⁷⁹

Similarly, figures from the AIHW highlight the disparity between the two populations for age of death. Among non-Indigenous Australians, 81 per cent of deaths occur after the age of 65, while only 35 per cent of Indigenous deaths occur after that age. This compares with the 35–44 year age group, where Indigenous people died at almost five times the rate of non-Indigenous people.²⁸⁰

Palliative care

The demand for palliative care services is increasing worldwide due to the ageing of the population and the increases in the prevalence of cancer and other chronic diseases.²⁸¹ Western Australia is no exception.²⁸²

There were 57,614 palliative care-related separations²⁸³ from public and private hospitals in Australia in 2011–12, with patients aged 75 and over accounting for half (49.1 per cent) of these.²⁸⁴ There was a 52 per cent increase in palliative care-related separations between 2002–03 and 2011–12.²⁸⁵

277 *ibid.*

278 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014.

279 Australian Bureau of Statistics, *Australian Aboriginal and Torres Strait Islander Health Survey: Biomedical Results*, cat. 4727.0.55.003. ABS: Canberra, September 2014.

280 Australian Bureau of Statistics, *Australian Health Survey*, cat. 4364.0.55.003. ABS: Canberra, June 2013.

281 World Health Organization, *WHO Global Atlas of Palliative Care at the End of Life*, WHO, Geneva, Switzerland, 2014.

282 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p4.

283 A 'palliative care separation' is defined by AIHW as an episode of admitted patient care for which the principal clinical intent of the care was palliation during part or all of that separation. Such care may have been delivered in a hospice, a dedicated palliative care ward or in other admitted patient beds in a hospital.

284 Australian Institute of Health and Welfare, *Palliative care services in Australia*, Cat. no. HWI 128, AIHW, Canberra, 2014.

285 *ibid.*

Recent research highlights a gap in the evidence base pertaining to end of life care needs of Aboriginal and Torres Strait Islander communities.²⁸⁶ Similarly there is a dearth of knowledge relating to the uptake of palliative care services by Aboriginal and Torres Strait Islanders.^{287,288}

Research involving interviews with urban, rural and remote palliative care providers identified a number of barriers to the adoption of palliative care services by Aboriginal Australians in Western Australia.²⁸⁹ Access to palliative care services should occur earlier, as soon as a diagnosis is given.

Finding 5

There are not enough palliative care services, particularly in Aboriginal communities. Moreover, these services are not accessed in a timely fashion, partly due to lack of awareness.

Recommendation 8

Further research is conducted to gain a greater understanding of the palliative care needs of Aboriginal people and the delivery of those services to, Aboriginal communities.

Depression and suicide

Professor Flicker noted that while depression rates in older people were not remarkably high, older people who were depressed had “very bad outcomes”.²⁹⁰ He pointed to the work on depression rates in older people by Professor Osvaldo Almeida, Director of Research at Western Australian Centre for Health and Ageing.²⁹¹

Winner of the beyondblue Inspiration Award for Well Being at the 2013 WA Seniors Awards, and a recipient of the 2014 RANZCP Senior Research Award, Professor Almeida was the chief investigator in Australia’s biggest study of depression in older people.²⁹² He has published widely on the subject.

286 Flicker, Leon and Holdsworth, Kristen, *Aboriginal and Torres Strait islander people and dementia: A review of the research*, Paper 41, Alzheimer's Australia: Scullin, ACT, 2014.

287 *ibid.*

288 See also O'Brien A.P., Bloomer M.J., McGrath P., et al., “Considering Aboriginal palliative care models: the challenges for mainstream services”. *Rural Remote Health*, vol.13, 2013, p2339.

289 Shahid' S., Bessarab, D., Van Schaik, K.D., et al, 'Improving palliative care outcomes for Aboriginal Australians: service providers' perspectives'. *BMC Palliative Care*, vol. 12, no. 26, 2013.

290 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014, p6.

291 *ibid.*

292 *WA Centre for Health & Ageing Research News*, Issue 13, Summer 2013, p2.

Noteworthy too is that adults aged 80 and above are the age group most likely to die by suicide in Australia, according to figures from the ABS.²⁹³ COTA WA highlighted that the focus is often on youth suicide, however the highest suicide rates are, in fact, among those aged 80-84 years (for females) and 85 and older (for males).²⁹⁴ There were 2535 deaths from intentional self-harm in 2012; 393 were people aged 65 and older.²⁹⁵

The Mental Health Commission (MHC) reported to the Committee that it is committed to ensuring that the mental health needs of older Western Australians are being addressed.²⁹⁶

Work is currently underway to identify age responsive prevention, early intervention and recovery approaches as part of the MHC's *Mental Health 2020: Making it personal and everybody's business*.

The MHC has advised that funding has been allocated to provide long term community based accommodation for older people. Further work was planned, including development of a range of supports for seniors living independently with family or carers, in aged care facilities or retirement villages. In addition, a workforce strategy would be developed to increase the capacity of primary health and aged care workers to better support seniors with mental health problems.²⁹⁷

Appropriate services and supports for seniors have been given serious consideration in the soon-to-be-released 10 Year Mental Health Alcohol and Other Drug Services Plan, according to the MHC. The Plan would guide future investment in this area.²⁹⁸

Dental health

Good oral health is fundamental to overall health and quality of life, but the affordability of dental care is an issue for older Australians.²⁹⁹ According to a recent national draft consultation report, poor oral health can impact a person's wellbeing by disrupting speech, sleep and productivity and eroding self-esteem and psychological and social wellbeing.³⁰⁰

293 Australian Bureau of Statistics, *Causes of Death, Australia 2012*, cat. 3303.0. ABS: Canberra, March 2014.

294 *ibid.*

295 *ibid.*

296 Mr Timothy Marney, Commissioner, Mental Health Commission, *Letter*, 2 October 2014.

297 *ibid.*

298 *ibid.*

299 Australian Institute of Health and Welfare, *Age and the costs of dental care*, Cat. no. DEN 203. AIHW: Canberra, ACT, 2010.

300 Oral Health Monitoring Group, *Australia's National Oral Health Plan 2015-2024: Consultation Draft*, July 2014. Available at <http://oralhealthplan.com.au>. Accessed 14 November 2014.

Yet, within the Australian population, there are pockets of people for whom poor oral health is more common.³⁰¹ These population groups (including Aboriginal and Torres Strait Islander peoples, people in low socio-economic groups and those with special needs because of a health condition or ageing) have higher rates of oral disease.³⁰²

Increasingly older people are retaining their natural teeth in greater numbers.³⁰³ The incidence of gum disease for frail older people is two to three times higher than the general population.³⁰⁴ Consequently older people require access to affordable and regular dental care in order to maintain their oral function.³⁰⁵

National Seniors is critical of the state of dental services in Western Australia:

*I think there is a lamentable state of dental health, particularly for seniors with Alzheimer's and those in retirement homes with advanced care needs. Dental health is a real problem; there certainly is not enough funding for that.*³⁰⁶

The Standing Council on Health, through the Australian Health Ministers' Advisory Council, tasked the National Oral Health Plan Monitoring Group with developing a new national plan for oral health,³⁰⁷ and in July 2014 the draft consultation report *Healthy Mouths Healthy Lives: Australia's 2015-2024* was released.³⁰⁸ Cognisant that many Australians still face considerable financial and social barriers in accessing dental services, the national plan focuses on continuing improvements to the oral health of Australians.³⁰⁹

The draft consultation plan recognises older people as a priority population, particularly frail older people.³¹⁰ Frail older people did not always require technically complex dental treatment, however the associated issues of multiple co-morbidities and poly-pharmacy added to the complexities of treatment.³¹¹

301 *ibid.*

302 *ibid.*

303 Australian Institute of Health and Wellbeing, *Oral health and dental care in Australia: key facts and figures trends 2014*, Cat. no. DEN 228. AIHW: Canberra, ACT, 2014.

304 *ibid.*

305 *ibid.*

306 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

307 Oral Health Monitoring Group, *Australia's National Oral Health Plan 2015-2024: Consultation Draft*, July 2014. Available at <http://oralhealthplan.com.au>. Accessed 14 November 2014.

308 *ibid.*

309 *ibid.*

310 *ibid.*

311 *ibid.*

Aged care workforce

The healthcare industry is the second largest employing industry in WA, with a mostly female workforce (80 per cent) that is slightly older than average (the median age of workers in the healthcare industry is 43 years, compared to 39 years for other industries).³¹²

The Department of Training and Workforce Development predicts that the healthcare sector will increase its share of the workforce in coming years. Currently it accounts for 10.3 per cent of the workforce, but it is predicted to grow to around 12-13 per cent by 2030.³¹³

The national *Health Workforce 2025* report espouses the need for essential, co-ordinated, long-term reforms by government, professional groups and the higher education and training sectors to ensure delivery of a sustainable health workforce that meets the healthcare needs of all Australians.³¹⁴

WA Health has acknowledged that retaining its workforce is a challenge.³¹⁵ In an effort to address the critical shortage WA Health has developed a 10-year strategic workforce plan, based on the *WA Health Clinical Services Framework 2010-2020*, designed to ensure workforce planning is aligned with demand.³¹⁶

The *WA Health Workforce Retention Framework 2012–2015* acknowledges the challenges ahead in attracting, selecting and engaging the right people and valuing their contribution so as to optimise employee retention.³¹⁷ The retention framework states:

*Current environmental factors such as the ageing population, the increase in competition in the labour market and the skills shortage in the health sector mean that the need for WA Health to focus on improving retention levels is more critical than ever.*³¹⁸

The Department of Health has also published an *Equity and Diversity Plan*.³¹⁹ The plan articulates WA Health's commitment to providing a health service that is reflective of

312 Dr Ruth Shean, Director General, Department of Training and Workforce Development, *Transcript of Evidence*, 17 September 2014.

313 *ibid*.

314 Health Workforce Australia, *Health Workforce 2025: Medical Specialties*, vol. 3, HWA, Adelaide SA, 2012.

315 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

316 *ibid*, p6.

317 Department of Health, *Equity and Diversity Plan: 2010 To 2015*. Government of Western Australia: Perth, WA, 2010.

318 *ibid*, p3.

319 *ibid*.

“an appreciation of the state’s diversity and an understanding of the diverse needs of our patients and clients”.³²⁰

It also means encouraging people from a wide range of backgrounds to work for WA Health, especially those from the following groups: women (in management); Aboriginal and Torres Strait Islanders; people with disabilities; people from culturally diverse backgrounds; youth (under 25 years); and mature employees (over 45 years).³²¹

Contributors to this Inquiry have suggested that having a workforce to support the diversity in the ageing population is crucial if WA is going to be truly age-friendly.³²² Attracting and retaining a workforce with sensitivity to, and cultural awareness of, these diversities is paramount to WA successfully caring for its ageing population.

The Department of Health says it has “revitalised” the *WA Health Aboriginal Health Workforce Strategy 2014-2024* to advance greater Aboriginal employment and healthcare inclusion.³²³ Leadership programs such as Aboriginal nursing cadetships, nurse mentors, and career and course transition pathways are supported and funded by WA Health.³²⁴

In terms of the geriatric medicine workforce, the Committee was told that “back of the envelope” calculations suggested there were 55 full-time equivalent geriatricians in the state.³²⁵ There was a pipeline of graduates emerging from the advanced traineeship program.

Trainees are required to complete a three-year course in geriatric medicine, and there are currently 20 enrolments.³²⁶ That translates to small annual increases to the geriatric medicine workforce. According to geriatrician Professor Flicker “if we continue what we are doing we will end up with about 120 geriatricians in about 30 years”.³²⁷

320 *ibid.*

321 Department of Health, *Equity and Diversity Plan: 2010 To 2015*. Government of Western Australia: Perth, WA, 2010.

322 Mrs Theresa Kwok, Chief Executive Officer, Chung Wah Community and Aged Care, *Transcript of Evidence*, 25 June 2014; Mr Carlo Pennone, President, Italian Australian Community Services, *Transcript of Evidence*, 20 August 2014; Ms Gerri Clay, Executive Director, Independent Living Centre WA, 10 September 2014.

323 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p6.

324 *ibid.*

325 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014.

326 Health Workforce Australia, *Health Workforce 2025: Medical Specialties*, vol. 3, HWA, Adelaide SA, 2012.

327 Professor Leon Flicker, Western Australian Centre for Health and Ageing, *Transcript of Evidence*, 17 October 2014.

However, he said “you can always say that we need more”, and there were specific areas (such as private sector, residential aged care, rural areas) that were under serviced.³²⁸

Prof Leon Flicker advised that medical students enrolled in the University of Western Australia’s medical degree so gain exposure to the major problems facing older people (such as falls, incontinence, dementia, normal ageing, osteoporosis, functional disability).³²⁹ He said that:

*It does not make them geriatricians, but it gives them a little bit of a start. We also talk about residential care. I keep explaining to medical students that this may be the last time that they do anything in residential care before they do their first GP locum in residential care.*³³⁰

The Committee notes that the Australian and New Zealand Society for Geriatric Medicine has a position statement on Education and Training in Geriatric Medicine for Medical Students. To be better prepared to cater for the needs of the ageing population, the Committee believes that medical students should spend more time on geriatric issues.³³¹

Significant workforce retention is also a challenge for the mental health sector.³³² In 2012 the Stokes review³³³ found that the current mental health workforce was inadequate to meet the mental health needs of WA, and this remains the case.³³⁴

Expanding the nursing workforce in WA should be a priority for the State Government, according to Baptistcare.³³⁵ They suggest a number of measures, including skilled migration and innovative training programs to attract, retain and develop a nursing workforce.³³⁶

328 *ibid.*

329 *ibid.*, p4.

330 *ibid.*

331 Australian Society for Geriatric Medicine, *Position Statement*, No.4, Available at <http://www.anzsgm.org/documents/PositionStatementNo4-Revision.pdf>. Accessed 14 November 2014.

332 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

333 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Government of Western Australia: Perth, WA, 2012.

334 Department of Health, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

335 Submission No. 4 from Baptistcare, 16 June 2014.

336 *ibid.*

Increases in TAFE fees may also be an impediment to would-be carers enrolling in a Certificate III, with dire consequences for aged care services.³³⁷

Of concern too, is the declining ratio of informal carers compared with the numbers of older people needing care over the next 30 years.³³⁸ Currently 20 per cent of Western Australians aged 65-74 are providing care to someone else while they themselves are ageing.³³⁹

The number of carers is projected to rise by 57 per cent while the number of people needing care will rise by 160 per cent.³⁴⁰ This constitutes a “massive imbalance” according to COTA WA. Addressing this imbalance has implications for policy makers:

*It cannot be assumed in policy making that informal care from family and friends will be available for people needing care in the same manner as it has been to date.*³⁴¹

Finding 6

The aged care workforce, including nurses, geriatricians and residential and community aged care staff, will struggle to meet demand – in terms of numbers and diversity – as the population ages.

Recommendation 9

The State Government needs to actively plan for the increasing demand for aged care professionals.

The Department of Health has developed and implemented the *Being Age Friendly* training package, designed to deliver flexible training across the health sector to embed age-friendly principles and practices into the clinical practices of acute settings and other sectors such as community, residential and general practice in Western Australia.³⁴²

Held biannually, the *Being Age Friendly* one-day workshops are attended by geriatricians, clinical nurse managers, allied health professionals, and community care residential staff. The aim of the workshops is to “promote the independence of the older person and improve their capacity for self-care and dignity”.³⁴³

337 Goddard, H. ‘TAFE fee rises threaten aged care: MP says’, *Busselton Dunsborough Times*, 15 November 2013, p6.

338 Submission No. 11 from COTA WA, 23 June 2014.

339 Submission No. 16 from Carers WA, 4 July 2014.

340 Submission No. 11 from COTA WA, 23 June 2014.

341 *ibid.*

342 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014, Attachment 1, p1.

343 *ibid.*

Specifically, the objectives of the workshops are:

- To reflect on current practices and identify opportunities for cultural change;
- To apply the seven “age-friendly principles” in clinical practice including the planning and evaluation of care;
- To make the link between age-friendly principles and practices and health care standards;
- To promote and implementation age-friendly principles and practices within personal health service; and
- To equip staff with tools to promote the age-friendly principles and practices in their workplace.

To complement the workshop, a self-paced online learning resource will soon be made available to clinical and non-clinical staff unable to attend the workshops.³⁴⁴

WACHA had also developed an online learning module known as e-Ageing, primarily designed for medical students but also used by nurses and allied health professionals. The web-based learning program was designed to up-skill people on the common medical problems for older people.³⁴⁵

3.3 Transport

The need for better access to reliable and affordable public transport features prominently in the findings of local government community research with older people.³⁴⁶ The infrequency of buses and the need for more parking were cited as major frustrations in the metropolitan area, and in non-metropolitan areas, the lack of public transport was the biggest concern. On a positive note, seniors appreciated free public transport and the introduction of the fuel card for regional residents.³⁴⁷

344 Prof Bryant Stokes, Acting Director General, Department of Health, Letter, 7 October 2014, Attachment 1, p1.

345 Professor Leon Flicker, Western Australian Centre for Health and Ageing, Transcript of Evidence, 17 October 2014, p4.

346 Submission No. 1 from City of Melville, [5 June 2014]; Mrs Julie McDonald, Coordinator, Community Capacity Building, City of Rockingham, *Transcript of Evidence*, 10 September 2014; Ms Marzel Norton, Community Development Coordinator, City of Mandurah, *Briefing*, 12 September 2014; Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014.

347 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014.

In the most recent Global AgeWatch Index, which ranks countries according to the social and economic wellbeing of older people, Australia does not rate very well in terms of access to public transport. Only 55 per cent of people aged over 50 were satisfied with local public transportation, compared to 74 per cent in the UK.³⁴⁸

The Department of Transport, however, says that its annual survey shows WA has a high level of customer satisfaction for its services, particularly trains, and seniors are a large part of the survey population. Around 8.5 million free trips on public transport were taken each year by seniors (and disability pensioners/their carers), and these people were great advocates for how easy it was to use public transport.³⁴⁹

This section focuses primarily on public transport, but also considers costs and concessions related to transport, the challenges associated with the loss of a driver's licence, and other types of transport.

3.3.1 WHO checklist

- Public transportation should be affordable, reliable and frequent;
- All areas should be well-serviced and all routes well-connected;
- Vehicles should be accessible (lower floors, low steps, wide and high seats);
- Vehicle numbers/destinations should be clearly marked;
- Priority seating should be provided and respected by other passengers;
- Public transport should be safe from crime;
- Transport stops should be close to where older people live and should have seating, protection from the weather and good lighting;
- Stations should have ramps, escalators, elevators, appropriate platforms and public toilets;
- Station staff, bus drivers and taxi drivers should be courteous and helpful;
- There should be specialised transport services for people with disabilities;
- Information on public transport options should be provided (including options for disabled people);
- Timetables should be legible and easily accessible;

348 HelpAge International, Global AgeWatch Index 2014. Available at: <http://www.helpage.org/global-agewatch/population-ageing-data/country-ageing-data/?country=Australia>. Accessed on 8 October 2014.

349 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

- Taxi discounts or subsidies should be available for older people with low incomes;
- Taxis should be comfortable with room for wheelchairs and/or walking frames;
- Community transport services (e.g. volunteer services and shuttle services) should be available for specific events/places;
- Roads should be well designed, well maintained and traffic flow well regulated;
- Refresher driving courses should be provided and promoted;
- Affordable parking should be available, with priority bays close to buildings for older people.

3.3.2 What the Framework says

The State Government provides a range of transport programs and concessions for seniors, including: free travel on public transport for the majority of the time and concession rates at other times; concessions on regional (Transwa) coaches and trains; public transport concessions while interstate; vehicle and driver's licence fee concessions³⁵⁰; and an annual free trip voucher to Perth/South-West for Pensioner Concession Card-holders living north of the 26th parallel.

For eligible pensioners in regional WA, the State Government also offers a Country Age Pension Fuel Card which provides up to \$500 (now \$550) per annum towards fuel/taxi fares.

In terms of infrastructure, Transperth continues to upgrade its bus and train fleet to improve accessibility for all patrons.³⁵¹

The age for compulsory driver's licence renewal tests has been increased from 75 to 80. Drivers aged 75 to 78 no longer have to have medical checks to renew their licence.

In terms of what will help, the Framework specifies:

- expansion and continuing upgrades of the public transport fleet;
- initiatives to support older people to continue to drive safely and to help them transition from driving;

350 Note, however, that car registration fees increased for seniors following the most recent State Budget.

351 Transperth operated 1076 accessible buses in a total fleet of 1305 (82.4 per cent) according to the 2012-13 annual report of the Public Transport Authority.

- consultation of older people in service planning through best practice approaches (although this seems to be about services generally and does not specify public transport services).

3.3.3 Current status

Public transport

The Department of Transport's primary strategy document for public transport is *Public Transport for Perth 2031: Mapping out the Future for Perth's Transport Network*. The plan identifies key public transport infrastructure needs and the links required between major activity centres such as universities and Perth Airport.

Seniors are included as part of the "universal design" approach, which means that transport is designed to be accessible for everyone, including people with disability. The department's Disability Access and Inclusion Plans accord closely with Age-Friendly WA, according to the Department of Transport (DoT) director general.³⁵²

There is acknowledgement that public transport is not just for commuters, but for people who may not have access to any other form of transport (e.g. children, young adults, students, older residents, people with disabilities and those who cannot afford a car), providing access to essential services.

The subsidy provided for the elderly and other concession holders, according to the document, should be treated by government as a "community services obligation".

Accessibility and safety seem to be the key concerns for seniors in relation to public transport, with affordability all but taken care of thanks to the free transport offered to Seniors Card holders between 9am and 3.30pm on weekdays and all day on the weekends and public holidays. Accessibility, safety and other issues will now be explored in more detail.

Accessibility

The Public Transport Authority (PTA), which is part of the DoT, works toward a 500m accessibility standard – that is, that every property within the Perth public transport area is within 500m of a bus route and/or train station providing an acceptable level of service.³⁵³ Almost 85 per cent of properties currently meet this standard, according to the PTA.³⁵⁴

352 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

353 An acceptable level of service is defined as an hourly service during the day with at least three trips per hour at peak times.

354 Public Transport Authority, *Annual Report 2012-13*, Government of Western Australia, p107.

The PTA said the assessment of accessibility is measured according to the peak period – that is, whether a property is 500m from a route in the peak direction at a 15-minute frequency. “That is what we are measured on, but clearly in the off-peak hours, we do not have everything running at 15 minutes.”³⁵⁵

Many seniors do not catch public transport at peak times since this is outside the free fare period for seniors, and as such the 85 per cent figure is not particularly applicable.

National Seniors Policy Advisory Group representative Margaret Erneste noted that her street, which she described as quite busy, had “only about a handful” of buses during the day. “I think there are five on Saturdays and none on Sundays. So if I want to walk to where there is one, I have got to walk nearly two kilometres.”³⁵⁶

People in outer metropolitan areas must also be well outside the accessibility standard, as community development staff at the cities of Mandurah and Rockingham noted. Residents in suburbs of Mandurah such as Falcon and Dawesville needed to go to a main road to catch a bus into central Mandurah. Older residents struggled with the walk.³⁵⁷ Transperth has 11 bus routes servicing the city of Mandurah, which does not seem many considering the size of the city (which stretches for 50km) and the larger-than-average 65-plus population (20.5 per cent).

In Rockingham, the community successfully lobbied Transperth for more buses and different bus routes. “Transperth said that without bums on seats they were not going to increase their routes, so the seniors got together and rallied around and made sure the bums were on the seats.”³⁵⁸ But more needed to be done, according to the city’s community capacity building coordinator.

During a hearing with the Committee, the PTA said that it was in touch with the community with regard to where routes and stops were needed.³⁵⁹ Key criteria such as schools, shopping centres, seniors centres and retirement homes were taken into account as much as possible when designing bus routes and determining bus stop locations.

However, discussions with the City of Mandurah suggest that the routes are not particularly age-friendly there, in that all bus routes connect to the train station. To get

355 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014, p12.

356 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014, p5.

357 Ms Marzel Norton, Community Development Coordinator, City of Mandurah, *Briefing*, 12 September 2014.

358 Mrs Julie McDonald, Coordinator, Community Capacity Building, City of Rockingham, *Transcript of Evidence*, 10 September 2014, p12.

359 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014, p14.

to the hospital, it may be necessary to take a bus to the train station and another bus from there to the hospital, lengthening an otherwise short trip.³⁶⁰

Similar concerns are expressed by those throughout outer metropolitan areas. While some local governments run “shopping buses” for seniors within the local municipalities, this is not the same as having a regular and frequent public service.

While metropolitan public transport users may complain, their problems pale into insignificance compared to the accessibility woes of country residents. The director general says that the DoT has put “an enormous amount” of new funding into major regional area public transport.³⁶¹ Regional bus services run by private companies had become part of the Transperth network with a set of newer buses that met full disability accessibility standards.

However, the Committee has heard anecdotally that many regional residents are still not catered for – especially the aged who are no longer able to drive. The DoT director general admitted that large distances, small population bases and low patronage in regional areas were a challenge for the department.³⁶²

The Committee is also concerned at suggestions that the lack of Transwa buses connecting with the Australind train service to Bunbury is forcing older people to drive long distances (for example to medical appointments in Perth) when the train would have been the safer option – had they been able to get to it.

Alternatively, they could take a coach to Perth, but because of the indirect route and the number of stops the journey could take twice as long as the train. Because of the length of the journey (for example, the trip from Collie by coach is four-and-a-half hours), it was not possible to return the same day for most elderly people, who were then forced to find overnight accommodation. This made for an expensive trip.³⁶³

The DoT said that about three-quarters of the \$550 per year fuel cards issued to eligible pensioners were issued to aged pensioners, which was, to some extent, recognition of the difficulty in providing public transport services for everyone in the State.³⁶⁴ However, given the number of road traumas involving drivers aged 60 or more,³⁶⁵

360 Ms Marzel Norton, Community Development Coordinator, City of Mandurah, *Briefing*, 12 September 2014.

361 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014, p16.

362 *ibid.*

363 Submission No. 16 from Carers WA, 4 July 2014.

364 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

365 ICCWA says 13% of all persons killed or seriously injured on our roads are aged 60 years and over, and 60% were the driver in those road traumas. From Submission No. 13 from Injury Control Council of WA (Inc), 27 June 2014, p5.

money spent on the fuel card program may be better directed towards reinstating bus services.

PTA general manager Mark Burgess said that although the fuel card was a great initiative in many ways, the combination of the card with the opening of the highway to Bunbury had made driving an attractive proposition. “We noticed a big dent in Australind patronage when those couple of things emerged in a very similar time frame.”³⁶⁶

Finding 7

The withdrawal of regional bus services which connect to the Australind train service from Bunbury to Perth has resulted in seniors driving to Perth instead of taking the train.

Recommendation 10

The Department of Transport should ensure that public transport is a viable alternative to driving to Perth for country aged pensioners by reinstating bus services which connect to the Australind train service in the Bunbury region.

Some areas of the State, of course, have no public transport at all. The Wheatbelt Development Commission’s CEO Wendy Newman said that while there was no public transport in her region, there was a lot of transport infrastructure – buses, cars, volunteers. All that was needed for an effective transport system was a mechanism to co-ordinate it.³⁶⁷

Mr Burgess agreed that a community transport scheme to make daily or weekly use of “lazy small bus assets that sit out there in the back of someone’s yard somewhere” was a worthy idea. But he was not sure whether it was the DoT’s domain or the responsibility of local government, or even whether it was a state government issue.

*It has been this sort of area that no-one has really solved the problem of. In other words, it is not timetabled services, which is our world, it is about organised groups of seniors in this case or other community groups who want to collectively all go to the same place, whether that is a health facility or a library or a Probus meeting. No one has really ever been able to crack that nut.*³⁶⁸

366 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014, p9.

367 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014.

368 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014, p20.

There were a number of complications, such as insurance and police clearances for volunteer drivers.

age-friendly
accolades
abroad

Boulder, Colorado Community Transit Network

Boulder introduced the first of its community buses in 1989 as part of a strategy to reduce car use in the city. There are now seven bus services in the network which have their own colour schemes, identities and catchy names – **Hop, Skip, Jump, Bound, Dash, Stampede** and **Bolt**. Passengers were given input into the design of the network in an effort to address the most common barriers to transit use: infrequent service and indirect routes. The result is a fleet of small colourful buses providing high frequency, inexpensive and direct services within the city. The transit service is also supported by marketing and education programs and transit pass programs that make the service easy to use.

Paratransit

Colorado also provides a “paratransit” service which seniors can use. Paratransit is flexible passenger transportation that does not follow fixed routes or schedules. Provided by non-profit organisation Via, the on-demand, shared ride service provides transportation from any origin to any destination in the service area. Drivers assist riders on and off the bus. The cost is \$2 one way within communities and \$4 one way between communities, but no one is turned away if they are unable to pay due to income. The fleet consists of a variety of standard, traditional wheelchair accessible and universal design vehicles. Via also partners with Yellow Cab and a seniors/disability service provider to provide transport. The program will also reimburse family/friends for mileage expenses if they provide a qualifvina trip when Via cannot.

Another area of responsibility which the PTA had wrestled over was the provision of accessible bus stops. While accessibility and disability standards for trains, buses and stations were well advanced, the bus stop itself was in many cases “an orange post in a sea of sand”.³⁶⁹

While local governments are responsible for bus shelters and for the supporting path network that meets the bus stop, the PTA has accepted responsibility for upgrading the immediate boarding area to disability standards by laying a concrete pad (large enough to manoeuvre a Gopher) and applying Tactile Ground Surface Indicators. The PTA

369 *ibid.*, p17.

advised that it upgrades around 600 bus stops per year as part of a 15-year program, with almost one-third of the stops having been completed so far.³⁷⁰

Responsibility for the funding of bus stop shelters has also been a point of contention between the PTA and local governments, with each saying the other is responsible. This has been to the detriment of the community, which has been missing out on shelters while the two groups argue over who should provide them. Only 3000 out of 13,000 bus stops in the metropolitan area have a bus shelter, according to WALGA.³⁷¹

The PTA will co-fund shelters under the Bus Shelter Grants Scheme (which provides a limited pool of funds for bus shelter installation each year), but priority is given to stops with high patronage. However, special consideration may also be given to lower patronage stops in special circumstances (e.g. near health facilities, aged care facilities).³⁷² Councils applying under the scheme have to demonstrate that the bus stop warrants a shelter.

The City of Wanneroo has 877 bus stops with shelters at just 120. Based on March 2014 patronage data, 119 stops are eligible for co-funding under the Bus Shelter Grants Scheme. At the present rate of installation, it would be 2026 before all eligible stops received shelters.³⁷³ Less busy stops look destined never to have shelters, unless they are funded outside of the grants scheme. Walking to a busier stop which has a shelter may not be an option for an older person. Ironically, under the current grants scheme which relies on patronage to determine whether a shelter is warranted, a bus stop may not be well-patronised because it does not have a shelter, but because it is not well-patronised it may never become eligible for a shelter. Certainly, the Old Moat age-friendly project in Manchester found that if shelters were installed people were more likely to use the bus service.³⁷⁴

In WA residents can submit a request for a bus shelter to their local council, but these would be assessed on a case by case basis since there is not enough funding to meet all requests.

370 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014, p17.

371 WALGA, *Bus stop infrastructure*. Available at: <http://walga.asn.au/MemberResources/Infrastructure/UrbanandRegionalTransport/BusStopInfrastructure.aspx>. Accessed on 28 October 2014.

372 Public Transport Authority, *Bus Shelter Grants Scheme*. Available at: <http://www.pta.wa.gov.au/Projects/BusShelterGrantsScheme/tabid/71/Default.aspx>. Accessed on 28 October 2014.

373 In my community, *Shelter priorities on City agenda*. Available at: <http://melville.inmycommunity.com.au/news-and-views/local-news/Shelter-priorities-on-City-agenda/7661504/> Accessed on 28 October 2014.

374 Mr Mark Hammond, PhD candidate, Manchester Metropolitan University, *Briefing*, 3 July 2014.

Finding 8

Shelters at bus stops are an essential amenity for older users of public transport, but the number of bus stops with shelters in the metropolitan area is unacceptably low.

age-friendly
accolades
abroad

Old Moat. Manchester

Age-friendly neighbourhood project

The Southway Housing Trust, which owns and manages 5900 homes across South Manchester, commissioned research to identify ways of improving the physical and social environment of the Old Moat neighbourhood – an area in which 43% of households contain at least one person over the age of 60.

The research, supported by Manchester City Council's Valuing Older People team, drew upon a range of disciplines (including architecture, urban design and planning and urban sociology) to develop an understanding of the characteristics of the neighbourhood. The project assessed the physical environment, collected spatial data, conducted focus groups within the Old Moat neighbourhood, carried out a community audit, developed an action plan, and constructed a research and evaluation toolkit.

By emphasising participation by older people themselves, the research team gained insights into the way older people use transport that they would not have obtained otherwise. They found that public transport was important for the social participation of older residents who have poor physical mobility, low car ownership and live on a low density estate. Less mobile residents made journey choices in relation to the available public transport (i.e. they would shop further afield because that was where the bus went). There was also a strong link between the public transport network and the use of social assets.

To improve public transport services to older people, the project recommended that urban design improvements be made along the most used bus route (e.g. seating, covered areas, pavement improvements), that this service be extended to evenings and weekends, and that bus drivers become more aware of needs of people with physical and cognitive disabilities.

In terms of accessibility of public transport vehicles and stations, all Transperth trains are designed with a low floor which ensures a minimal gap (and no height difference) between the train car and the platform; accessible buses, which can be lowered to meet the kerb and which have ramps for wheelchair access, have been introduced over

the past eight years, although the whole fleet is not yet compliant. The DoT says that WA leads the nation in terms of accessible rail stations and bus stations.³⁷⁵

Some key stations now have lifts (although vandalism of these was an ongoing problem³⁷⁶) and end-of-line stations and bus-train interchange stations have toilets. A guide to Transperth toilets is also available.

A reasonably common observation and complaint is that despite the provision of easy access priority seats for the elderly and less able, these are often not made available to those in need. Students on a 50 cent student fare are obliged to stand for full fare-paying adults, and can be compelled to pay a full concession fare if they refuse to stand. However, the PTA said that this was difficult to enforce, since officers did not have a ticket machine with them and could not take the difference in fare from them.³⁷⁷

Posters on the train remind people of their obligation to stand, but there was not much else the PTA could do, other than rely on common decency.³⁷⁸ According to one senior who made a submission to the Inquiry, most youngsters stand up when the need arises.³⁷⁹ This is also the DoT's impression.

Safety

COTA WA believes that seniors may avoid using public transport because they do not perceive it as being safe. Whether seniors are in fact more likely to perceive public transport as unsafe than other age groups is difficult to ascertain, since Transperth's main instrument for measuring customer satisfaction, the annual Passenger Satisfaction Monitor (PSM), does not analyse the data according to age. The number of people aged 65 and over who took part in the survey is not specified either.³⁸⁰

According to the most recent PSM (July 2014), more than 95 per cent of people felt safe on trains and at stations during the day, and at night 77 per cent felt safe on the train and 69 per cent felt safe at the station. This differs greatly from the Canstar Blue survey³⁸¹ (June 2014) which found that only 28 per cent of respondents felt safe on

375 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

376 *ibid.*

377 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014.

378 *ibid.*

379 Submission No. 2 from Mr Otto Mueller, 30 May 2014.

380 See Passenger Satisfaction Monitor 2014, Public Transport Authority, prepared by Painted Dog Research. Available from: <http://www.transperth.wa.gov.au/About/Surveys-Statistics/Passenger-Surveys>.

381 Canstar Blue is a national customer research and ratings business.

Perth trains at night (compared to the national average of 38 per cent).³⁸² In neither case do we know the percentage of people 65 and over who felt safe.

ABS research suggests that older people are no more likely than the rest of the adult population to report feeling unsafe, but this was partly because they were less likely to be alone in situations outside of the home. Around three-quarters of people aged 55 years and over did not use public transport at night for reasons other than feeling unsafe. If these people are excluded, less than half (44 per cent) reported that they avoided using public transport because they thought it was unsafe.³⁸³

Even if statistics showing crimes against seniors on public transport were available, they would not necessarily be an indicator of perceptions of safety. If seniors do in fact perceive public transport as being unsafe (which is not established), it is not necessarily due to actual crimes against older people but perhaps that they are exposed to anti-social behaviour on public transport which makes them feel threatened or uncomfortable.

Feelings of insecurity may also be a reflection of how often transit officers are observed. Mr Burgess said that the PTA aimed to have officers on every train after seven o'clock at night – although if officers had to deal with an incident that might not be possible at all times. There are about 330 full-time equivalent transit officers.³⁸⁴

However, while the PTA focuses on security at night, it is during the day that older people usually travel. Their entitlement to free travel during non-peak times means they are more likely to be travelling when fewer people are on the train, which may make them feel more vulnerable. As Mr Waldock pointed out, the higher the mainstream patronage of public transport, the safer people feel.³⁸⁵

Design of stations is another factor in ensuring older people feel safe. Stations that were more open felt safer,³⁸⁶ while features such as tunnels or underpasses reduced safety.³⁸⁷

382 Wahlquist, C., 'Survey finds only 28 per cent of people feel safe on Perth trains at night', *PerthNow*, 7 June 2014, Available at: www.perthnow.com.au.

383 Australian Bureau of Statistics, *Australian Social Trends*, cat. 4102.0, June 2010.

384 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014, p14.

385 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

386 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

387 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014.

Finding 9

There is a lack of conclusive research indicating whether (and when) seniors feel safe using public transport.

Recommendation 11

In order to ensure that services are perceived as safe by seniors, the Public Transport Authority should undertake a detailed study of the public transport use and needs of seniors and their perceptions of safety.

Parking

While seniors appreciate their entitlement to free travel after 9am on weekdays, many find it difficult to take advantage of it because by that time of the morning there are no parking spaces at the train station car parks. They are limited to connecting buses (also less frequent during non-peak times), which, thanks to so few bus shelters, means the distinct possibility of being exposed to the weather while waiting.

Mr Burgess said there was no easy solution to the under-supply of car parking bays, but the likelihood was that more connecting buses would be scheduled. Another solution for bigger stations with designated peak hour drop-off bays was to make those bays available after 9am.

One of the side-effects of too few station car bays is that commuters park in places where they are not supposed to. For example, seniors visiting the Italian Club in North Perth found nowhere to park because the club's bays had been taken by city workers. Setting a limit of three hours was not necessarily a deterrent, according to Italian Australian Community Services president Carlo Pennone.

*I actually caught somebody leaving their car there, and I said, 'Excuse me, you know you can be fined here.' You know what he said? 'Well at \$60, if I get one fine a month, it's much cheaper than paying \$20 a day in the city.' How can I argue with that?*³⁸⁸

Meanwhile, Italian Club members parked "just a little bit illegally" and were fined, without the equivalent capacity to pay.

Finding 10

The fact that train station car parks are full well before 9am means that many seniors are unable to take advantage of the free public transport offered to seniors after 9am.

388 Mr Carol Pennone, President, Italian Australian Community Services, *Transcript of Evidence*, 20 August 2014, p7.

Recommendation 12

The Department of Transport should investigate ways to make train station car bays available for use by seniors after 9am.

On a similar issue, but not exclusively related to public transport parking, NDSWA is concerned that there is not enough monitoring and enforcement of fines for people who illegally use bays designated for ACROD permit holders. Four out of five ACROD permit holders are people aged 65 and over, and with the ageing of the population demand for ACROD parking will continue to rise. NDSWA receives approximately 1000 new applications per month.³⁸⁹

NDSWA says there is no consistent fines regime across the range of available community ACROD bays to deter the misuse of the parking bays, and is calling for the fine to be increased. More rigorous monitoring would require “appropriate resourcing” from the State Government.³⁹⁰ However, the capacity to enforce fines may be limited by the fact that many ACROD parking bays are in private car parks. The updated *Local Government (Parking for People with Disabilities) Regulations 2014*, which come into effect on December 1, encourage local governments to enter into agreements with owners of private parking facilities to enable rangers to issue fines.³⁹¹

Costs and concessions

Seniors who are still driving and/or cannot access public transport are offered various concessions. However, some of the concessions, such as the Country Age Pension Fuel Card mentioned earlier in this section, are not well targeted and are poorly designed, according to COTA WA.

The fuel card allocates the same amount of money irrespective of where someone lives and what their transport costs may be. Similar anomalies exist with the Patient Assisted Travel Scheme (PATs), which provides a subsidy towards the cost of travel and accommodation for eligible country residents who need to travel a long distance to access specialist medical services.

Wheatbelt Development Commission CEO Wendy Newman said that one community might be eligible for PATs while a neighbouring community would not be. To be eligible for a subsidy on the cost of overnight accommodation the return trip must be more than 200km. However some older carers who were not eligible for the accommodation

389 Submission No. 10 from National Disability Services WA, 20 June 2014.

390 *ibid.*, p5.

391 Department of Local Government and Communities, *New Disability Parking Regulations*, 13 October 2014. Available at: <http://www.dlg.wa.gov.au/Content/Community/DisabilityParking/Default.aspx#open>. Accessed on 18 November 2014.

subsidy were unable to make the return journey the same day and were left to bear the cost of overnight accommodation.³⁹²

The PATS is the subject of a current Legislative Council inquiry which is investigating the adequacy of funding and eligibility for the scheme.

Recommendation 13

The Department of Regional Development should adjust the monetary value of the Country Age Pension Fuel Card to align with the geographic location of the person to whom it is issued. Pensioners who need to travel long distances should receive a greater contribution towards fuel costs than those who only need to travel short distances.

Older people using taxis were also reportedly being subjected to extortion by unscrupulous taxi drivers who inflated the cost of a fare once they knew that an elderly person had a taxi voucher.³⁹³ Mr Waldock said Taxi Users' Subsidy Scheme fraud was well-known to the DoT, but had reduced considerably since taxi drivers had realised they could get caught.³⁹⁴

Recommendation 14

The Department of Transport should publish the number of successful prosecutions of Taxi Users' Subsidy Scheme fraud in its annual report.

Transition from driving

Many older people will find they are no longer able to safely drive, but the transition to being a non-driver is not well supported, according to the Independent Living Centre WA (ILC). Through its Occupational Therapy Driver Assessment service, which determines whether an individual has the capacity to drive (following a stroke, for example), the ILC witnesses the effect of being told you should no longer drive – but there is nowhere to refer people.³⁹⁵

Driving cessation can lead to reduced social activity and depression, according to University of Queensland researchers who developed the six-week UQDRIVE program to help older drivers transition to a life without driving.³⁹⁶ ILC, along with ICCWA and

392 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014.

393 Ms Margaret Ernest, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

394 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

395 Ms Gerri Clay, Executive Director, Independent Living Centre WA, 10 September 2014.

396 The current status of this program is unclear, although research in this area appears to be continuing at University of Queensland. See <http://www.shrs.uq.edu.au/uqdrive-rg> and <http://www.uqccr.uq.edu.au/research/research-profiles/dr-jacqueline-liddle.aspx>

Road Trauma Support WA – who see the devastating impact of unsafe driving, would support such transition initiatives.³⁹⁷

WA is part of the way there with its Get on Board and TravelSmart programs, which inform community groups, including seniors, about using Transperth services and help them to become confident users of the public transport system.

DoT says the program has wide reach and has been very successful, but there was always the chance that someone who was not connected through the seniors community would have no knowledge of the system.³⁹⁸

Some local governments engage Transperth's community education officers to visit the community and demonstrate on location how to use the SmartRider card and associated technology. However, with only two part-time officers to cover all LGAs and any other community groups, organisations could wait some time before securing a visit.³⁹⁹

Another aspect of cessation of driving for seniors is the loss of their driver's licence as a form of identification. They need to apply for a Photo Card as an equivalent form of identification, but obtaining the proof of identity documents can be cumbersome and daunting for someone of advanced years. The Committee has heard that the proof of identity criteria is such that it is easier to get a passport than a Photo Card, and believes the criteria should be reviewed.

Finding 11

There is limited support in Western Australia for people making the transition from driving.

Recommendation 15

Given that transition from driving is identified in the Framework as something that will help create an age-friendly community, the State Government should establish a driving cessation program similar to the UQDRIVE model.

Recommendation 16

The Department of Transport should review the criteria needed to obtain a Photo Card to make it more accessible for seniors.

397 Submission No. 13 from Injury Control Council of WA (Inc), 27 June 2014, p5; Ms Gerri Clay, Executive Director, Independent Living Centre WA, 10 September 2014.

398 Mr Mark Burgess, Managing Director, Public Transport Authority, *Transcript of Evidence*, 15 October 2014.

399 City of Melville, *Briefing*, 27 August 2014.

Other services

Around 100 new taxis which are considered more suitable for seniors are gradually making their way into the WA fleet. The DoT is currently trialling London-style cabs and is working with the Disability Services Commission to ensure they meet disability standards. But in any case this style of cab was easier to access, more spacious and offered a greater sense of security, according to the DoT.⁴⁰⁰

The London cabs feature a safety screen for drivers/patrons, an induction hearing loop, high-visibility markers for the visually impaired and swivel seats for passengers with mobility difficulties.⁴⁰¹

Mr Waldock also said the DoT would consider community transport-type initiatives such as special charter vehicles which would help to bridge the gap that bus services could not fill.⁴⁰²

3.4 Housing

Housing is one of the core pillars of the WHO's Active Ageing Framework. The availability of affordable, accessible and suitable housing is particularly important for older people who value a sense of security and the ability to age in place. Flexible models of accommodation within a wide range of settings play a vital role in the health and wellbeing of older people.

3.4.1 WHO checklist

- Sufficient, affordable housing is available in areas that are safe and close to services and the rest of the community.
- Affordable and reliable home maintenance and support services are available.
- Housing is well-constructed and equipped to meet environmental conditions.
- Housing is designed or modified to allow for ease of movement and wheelchair access.
- Home modification options and supplies are available and affordable, and providers understand the needs of older people.

400 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

401 Department of Transport, *Annual Report 2013-2014*, Government of Western Australia, 2014, p31.

402 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014.

- Public and commercial rental housing is clean, well-maintained and safe.
- Sufficient and affordable housing for frail and disabled older people, with appropriate services, is provided locally.
- Older people are well-informed of housing options.

3.4.2 What the Framework says

Consultations with seniors consistently identify the three essential service areas impacting in their quality of life as being health, transport and housing. Feedback from the Department of Communities' age-friendly initiative is that people want to stay in their community and, where possible stay in their own home as they age.

The Seniors' Housing Centre (SHC) was established in 2011 by the Department of Commerce (Consumer Protection) to provide independent and expert free advice on housing options for the over-55 age group. It is now run by COTA WA.⁴⁰³

The State's *Affordable Housing Strategy 2010-2020: Opening Doors to Affordable Housing*, aims to increase the supply of affordable housing across WA by providing: more affordable entry level properties; low cost rental options for low-to-moderate income tenants; support for increased home ownership through the SharedStart shared equity program; construction and refurbishment of social housing in remote communities.

Approximately 30 per cent of social housing – provided for low income people in greatest need with no other viable housing option – was occupied by seniors (in 2012).

The Disability Services Commission's Liveable Homes initiative is a free online resource to assist people designing new or renovating existing homes to support universal housing design. The goal is "to increase the number of private and public homes in Western Australia that are built following universal access principles for people of all ages and abilities to live in or visit with comfort".

The Department for Communities' (as it was then) Age-friendly Housing Kit which people can use to assess the suitability and readiness of their current or future home to meet their future needs was released in 2012.⁴⁰⁴

The Framework mentions the recent passing of an amendment Bill to progress key elements of the *Retirement Villages Act 1992* (WA). The Committee notes that since then the amendments and associated regulations were the subject of a disallowance

403 Submission No. 11 from COTA WA, 23 June 2014.

404 Department of Local Government and Communities, *Age-friendly Home Maintenance Kit*, 2014, Available at: <http://www.communities.wa.gov.au/communities-in-focus/seniors/Pages/Age-Friendly-Home-Maintenance-Kit-.aspx>. Accessed 14 November 2014.

motion in the upper house⁴⁰⁵, but plans are underway to introduce a revised code of conduct for retirement villages in 2014–15.⁴⁰⁶ There are also plans to introduce a second Bill in the 2014–15 session of Parliament to complete the reform package.⁴⁰⁷

Legislation relating to long-stay tenants living in caravans and park homes was also under review at the time the Framework was published. The *Residential Parks (Long-stay Tenants) Act 2006* is still under review.⁴⁰⁸

3.4.3 Current status

The Housing Authority is the State Government agency tasked with increasing the range and diversity of affordable housing options for people on low to moderate incomes – from social housing and private rental to affordable home ownership. This focus is supported by the *Housing Act 1980* (WA) and the State Government’s *Affordable Housing Strategy 2010–2020: Opening Doors to Affordable Housing*.⁴⁰⁹

Affordable Housing

The State’s Affordable Housing Strategy (AHS) is the first of its kind in Australia and has a whole-of-government approach to increasing the supply of affordable housing, with a minimum target of 20,000 additional affordable housing opportunities in WA by 2020.⁴¹⁰ The Department of Housing advised that as of August 2014, 15,900 new affordable homes had been delivered, which included affordable housing options for seniors.⁴¹¹

A key area of reform under the AHS was in the provision of “wider, secure, affordable housing options for seniors”.⁴¹² This approach is consistent with the planning principles and the next steps identified in the Framework.⁴¹³

The Framework expressed the need for “flexible and affordable housing options, including ancillary dwellings and multigenerational housing designs”.⁴¹⁴ Amendments to the State Planning Policy 3.1 Residential Design Codes, gazetted in August 2013,

405 Hon Kate Doust, MLC, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 24 September 2014, p6799.

406 Department of Commerce, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

407 *ibid.*

408 Mr Paul Miles MLA, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 17 June 2014, p4021.

409 Department of Housing, *Affordable Housing Strategy 2010-2020: Opening doors to Affordable Housing*. Government of Western Australia: Perth, WA, December 2010.

410 Housing Authority, *Annual report 2013-14*, Government of Western Australia: Perth, WA, 2014, p12.

411 Mr Grahame Searle, Director General, Department of Housing, *Letter*, 17 October 2014, p2.

412 *ibid.*

413 Department for Communities, *An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017*, Government of Western Australia, Perth, December 2012.

414 *ibid.*, p15.

removed the family member occupancy restriction for ancillary dwellings and increased the maximum plot ratio from 60m² to 70m².⁴¹⁵ This provided an innovative solution for stimulating the supply of low-cost rental accommodation, enabling the Department of Housing to provide housing to those most in need.⁴¹⁶

The Department of Housing was in the process of delivering three ancillary dwellings in regional WA under the Community Disability Housing Program.⁴¹⁷

In a bid to increase the range of housing options available for West Australians, the AHS shifts the emphasis from government investments in public rental housing to partnering more widely in the market-place.⁴¹⁸ The Department stated that it had:

*...sought to partner with specialist aged care providers that operate within the community housing sector to adopt innovative approaches to the use of co-investment and partnership opportunities to deliver more social and affordable housing for seniors.*⁴¹⁹

The Department of Housing provided the example of “The Ridgewood” project, designed to increase the supply of affordable seniors housing within close proximity to key services and amenities. It has partnered with Southern Cross Care on the development, 37km north of the Perth CBD. The 6.8 hectare development comprises mixed tenures including social housing, seniors’ housing, private rentals, affordable land and home ownership. A commercial precinct would provide a medical centre and supermarket and other retail uses.⁴²⁰

The Department of Housing has also entered a partnership with Stellar Living to develop 22 units in Erskine (Mandurah). The development will consist of a mix of two one-bedroom, fourteen two-bedroom and six three-bedroom units.⁴²¹ According to Stellar Living:

The homes are being built to universal design standards and will be rated as a six star energy development. Three of the properties will be able to house people with disability. The development is adjacent to

415 Western Australian Planning Commission, ‘State Planning Policy 3.1: Residential Design Codes’, *Western Australian Government Gazette*, no. 138, 2 August 2013, p3545-3645.

416 Mr Grahame Searle, Director General, Department of Housing, *Letter*, 17 October 2014.

417 *ibid.*, p2.

418 Housing Authority, *Annual report 2013-14*, Government of Western Australia: Perth, WA, 2014, p12.

419 Mr Grahame Searle, Director General, Department of Housing, *Letter*, 17 October 2014, p2.

420 Housing Authority, *Annual report 2013-14*, Government of Western Australia: Perth, WA, 2014.

421 *ibid.*

*Old Coast Road and is close to shopping and medical facilities with the backdrop of the estuary nearby.*⁴²²

Some stakeholders, however, are critical of the direction the AHS has taken. The Community Housing Coalition of WA (CHCWA), the peak body for community housing providers in WA, is concerned that the AHS has become characterised by poor policy choices:

The Public Housing redevelopment strategy which will see 200 public housing sites redeveloped to produce 500 properties for sale will not deliver a single extra social housing dwelling.

*It is time the State Government shifted the emphasis back to where it belongs: the growth and development of the public and community housing system to help those in most acute need who require an affordable rental property.*⁴²³

WACOSS stated that it continued to support the AHS as the “overarching blueprint for the provision of affordable housing opportunities in WA”.⁴²⁴ However, it noted that urgent action was needed to address the critical shortfalls in supply.⁴²⁵ WACOSS also called on the Department of Housing to:

*...re-evaluate the current delivery and support mechanisms for social housing to ensure the system provides targeted, sustainable and appropriate housing support services, not just the property.*⁴²⁶

A report on affordable housing by this Committee in the previous parliament recommended that the Local Government Act 1995 be amended (by June 2012) to allow local governments to borrow against the value of their land to fund their share of an affordable housing development project. In response, the Government said that it was researching the expansion of the borrowing powers of LGAs and would consult with Treasury, but it would not be achievable by June 2012. There has been ongoing lobbying from senior advocacy groups within the sector but the government has not responded favourably.

A recent comprehensive report funded by COTA WA and Lotterywest assessed the adequacy of the existing legal frameworks that regulate housing and accommodation in

422 *Stellar Living*. Available at: <http://stellarliving.com.au/what-we-do/housing-development/>. Accessed 14 November 2014.

423 Community Housing Coalition Western Australia, ‘State Government emphasis on home sales rather than social housing is poor policy and risky’, *Media release*, 6 October 2014.

424 Western Australian Council of Social Service, *2015-16 Pre-Budget Submission: The Difference We Can Make*, West Perth, WA: WACOSS, p13.

425 *ibid.*

426 *ibid.*

WA. It specifically examined how these legal frameworks impact on older West Australians residing in a range of diverse accommodation types (including homes on green title blocks, units and villas, granny flats, residential parks, retirement villages, aged care facilities and boarding houses).

The study, based on interviews with seniors, found that there was “an imbalance of power between those who supply and those who demand seniors’ housing. This has culminated in a shortage of age-friendly housing stock.”⁴²⁷

The report says that the nation needs to take a hard look at issues of housing affordability and the supply of public housing, and emphasises the need for an increase in age appropriate public housing stock. “At this point too we wish to emphasise again our recommendations in relation to enhancements to the private rental and social housing environment ..., including considerations of public/private collaboration.”⁴²⁸

While the report said that much good work was being done in and around Perth (for example, a new facility is being constructed by St Bartholomew’s House to assist older homeless women transition back into mainstream housing) the concern was whether supply could keep up with demand.

Many older people experienced vulnerability in relation to their accommodation, and the laws relating to housing and accommodation impacted differently on individuals depending on their circumstances. “However, the effectiveness of, and any shortcomings in, the law pertaining to housing and accommodation arrangements are likely to present a greater level of stress and anxiety to seniors than other age groups. Seniors are at a stage in their lives when tenure is especially important.”⁴²⁹

Finding 12

An increasing number of seniors are feeling concerned about security of tenure.

Recommendation 17

As a matter of urgency, the Department of Housing and Department of Commerce considers the recommendations of the report *Security of tenure for the ageing population in Western Australia*.

427 Freilich, A., Levine, P., Travia, B. et al, *Security of tenure for the ageing population in Western Australia: Does current housing legislation support seniors’ ongoing housing needs?* COTA WA, Perth, WA, 2014, pp10-11.

428 *ibid.*, p163.

429 Freilich, A., Levine, P., Travia, B. et al, *Security of tenure for the ageing population in Western Australia: Does current housing legislation support seniors’ ongoing housing needs?* COTA WA, Perth, WA, 2014, pp7-8.

Finding 13

While some progress has been made on the provision of housing that is more suited to seniors, there remains an under-supply of social housing for aged pensioners on low incomes.

Recommendation 18

The Department of Housing should urgently address the lack of affordable housing for seniors on low incomes by increasing the supply of social housing.

In the absence of adequate housing stock, the only option for older Australians is to rely on the private rental market.⁴³⁰ Around 12 per cent of the rental market comprises people aged 65 and over, with a third accommodated in public housing and two-thirds using private rental accommodation.⁴³¹ Often private rental prices are beyond the capacity of people living on income support or low incomes.⁴³²

Anglicare's *Rental Affordability Snapshot* (2014) found that although rent had decreased from the previous year, it had not reduced sufficiently to make properties any more affordable.⁴³³ A similar snapshot was undertaken for the South West and Great Southern and the North West where housing options remain unaffordable for anyone on a pension or a benefit.⁴³⁴

*Private rentals are inaccessible for low income earners and those on benefits. Overall the situation remains very grim.*⁴³⁵

It has become commonplace for West Australians on a minimum wage to pay up to 75 per cent of their income to rent an average home,⁴³⁶ with housing cost as a percentage of total income particularly high among older adults on a fixed income.⁴³⁷ A decade ago, only 12 per cent of baby boomer households committed more than 30 per cent of their income towards rent.⁴³⁸ However by 2011-12, this figure had *tripled* to 38 per cent.⁴³⁹

430 Submission No. 11 from COTA WA, 23 June 2014.

431 *ibid.*

432 Anglicare Australia, *Australia Rental Affordability Snapshot*, Canberra, ACT: Anglicare; and Submission No. 11 from COTA WA, 23 June 2014.

433 *ibid.*, p69.

434 *ibid.*, p69-71.

435 *ibid.*

436 Western Australian Council of Social Service, *2015-16 Pre-Budget Submission: The Difference We Can Make*, West Perth, WA: WACOSS, p13.

437 Submission No. 11 from COTA WA, 23 June 2014.

438 Bankwest Curtin Economics Centre, *Housing Affordability: The real costs of housing in WA*, Focus on Western Australia Report Series, no. 2, Bentley, WA: Bankwest Curtin Economics Centre, April 2014, p28.

439 *ibid.*

COTA WA noted the failure of Commonwealth Rent Assistance (CRA) to keep pace with increases in private rental accommodation, and said the CRA did not reflect the geographical differences in rent.⁴⁴⁰ COTA WA believes that an increase in the CRA for the lowest income groups “would start to reduce the gap between the level of subsidy received by people in public housing and people in private rental who may have similar incomes and needs”.⁴⁴¹

The Committee is concerned at suggestions that the State Government is involved in cost shifting to the Commonwealth by way of forcing older people into private rentals to activate the CRA.

According to COTA WA chief executive officer Ken Marston:

*...seniors housing is in a state of crisis. We are seeing a lot of people coming through at the Seniors’ Housing Centre who are quite desperate for housing.*⁴⁴²

Housing stress was a known pathway into homelessness, with 36 per cent of clients of a specialist homelessness service citing housing affordability as a reason for using the service.⁴⁴³ An older person living with the uncertainty of insecure tenure, coupled with outlaying the majority of their income on rent, was vulnerable to homelessness according to COTA WA.

*Homelessness is increasing and we are seeing grannies living under a bridge, unfortunately, but we are also seeing seniors in private rentals who simply cannot afford to move into new accommodation when the developers move in.*⁴⁴⁴

COTA WA argues that social housing is an essential pathway to securing long term accommodation to people on low income, those who are homeless, or at risk of homelessness.⁴⁴⁵ In addition to the low rents, it is the stability of long term tenure that makes social housing particularly attractive to older people.⁴⁴⁶ The long term nature of the partnership means that older people do not have to move, and can maintain links to a community where they can feel confident about the services and amenities provided in the community.⁴⁴⁷

440 Submission No. 11 from COTA WA, 23 June 2014.

441 *ibid.*, p17.

442 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p2.

443 Submission No. 11 from COTA WA, 23 June 2014, p31.

444 *ibid.*

445 *ibid.*

446 *ibid.*

447 *ibid.*

AHURI recently released a report about the distinctive and growing number of older adults living in “precarious housing” and their vulnerability to homelessness for the first time in later life.⁴⁴⁸ The research examined the characteristics and prevalence of first time homelessness among older Australians, which differs to the characteristics of iterative homelessness.⁴⁴⁹

There is also a growing body of evidence suggesting that older women are particularly vulnerable to homelessness.^{450,451} Many of these older women would be facing homelessness for the first time because of a lack of financial resources and assets due to: being forced out of the workforce early; having insufficient superannuation/savings; discrimination in the housing market; the death of an income earning spouse; poor health or serious illness often resulting directly or indirectly from abuse; and separation/divorce.⁴⁵²

Finding 14

The incidence of first-time homelessness is increasing amongst the elderly, with older women particularly vulnerable due to a lack of opportunity to accumulate financial and material assets.

Access to suitable housing

An age-friendly community is one that offers sufficient, affordable housing dedicated to older people, along with a suite of appropriate services, amenities and activities. WALGA told the Committee that one of the biggest challenges faced by local governments is the provision of suitably designed housing stock that caters for the needs of individuals as they age, particularly for those aged over 55.⁴⁵³

WALGA noted that there is demand for seniors’ housing stock that is “above and beyond the traditional retirement village”.⁴⁵⁴ This was a position also shared by the City of Rockingham and COTA WA.

The provision of seniors’ housing stock close to the CBD was also a challenge:

448 Petersen M., Parsell, C., Phillips, R. et al, *Preventing first time homelessness amongst older Australians*, Australian Housing and Urban Research Institute, Final Report no.222. AHURI, Melbourne, Vic., 2014.

449 *ibid.*, p12.

450 Petersen, M. and Parsell, C., *Older women’s pathways out of homelessness in Australia*. Mercy Foundation, Sydney, NSW, 2014.

451 Homelessness Australia, *Homelessness and the older person, Factsheet*, April 2013. Available at http://www.homelessnessaustralia.org.au/images/publications/Fact_Sheets/Homelessness_and_Older_People.pdf. Accessed 14 November 2014.

452 *ibid.*, p2.

453 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014, p3.

454 *ibid.*

*In the outer metropolitan ring there is an increasing provision of age-friendly stock, but not so in the middle and inner rings of the metropolitan area...and that creates a challenge for people as they age, and who wish to age in place.*⁴⁵⁵

The Committee heard that in many cities throughout the world, older people are rejecting the suburban life in favour of inner city living, with its convenient access to services, amenities, and activities.⁴⁵⁶ There has been a tendency in the past to associate vibrancy with youth, yet the cultural life of many inner cities is dependent on participation from people of all ages, including older people.^{457,458} The Committee was briefed about initiatives in New York City, for example, where businesses were adapting their practices in a bid to cater for older consumers.⁴⁵⁹

As Kalache notes:

*Planners need to facilitate the development of mixed-income, age-friendly housing schemes in the CBD so that the option of inner-city living is not simply limited to those with money. The key to a vibrant city is a rich diversity of ages and incomes.*⁴⁶⁰

The 2013 *The Housing We'd Choose: a study for Perth and Peel* report, commissioned by the Department of Housing and the Department of Planning (in collaboration with the Housing Industry Association (WA), the Planning Institute of Australia, and the Property Council of Australia), found that there was a mismatch between the housing stock residents said they would choose and what was planned or available to them.⁴⁶¹

Perth's current housing stock is largely characterised by detached homes in the suburbs, many of which have four or more bedrooms. While this meets the needs of many, it is problematic for others who need something small and affordable in which to form a new household, or who may want to downsize to a smaller dwelling in the location they have come to know over many years.

455 *ibid.*, p10.

456 Professor Chris Phillipson, Co-Director, Manchester Institute for Collaborative Research on Ageing (MICRA), *Briefing*, 3 July 2014; Mr Paul McGarry, Senior Strategy Manager, Age-friendly Manchester, *Briefing*, 3 July 2014; Asst Prof Ruth Finkelstein, Associate Director, ILC - Columbia Aging Centre, *Briefing*, 10 July 2014.

457 Kalache, A., *The longevity revolution: Creating a society for all ages*. Report of the Adelaide Thinker in Residence 2012-13. Government of South Australia, Adelaide, SA, 2013, p72.

458 Asst Prof Ruth Finkelstein, Associate Director, ILC - Columbia Aging Centre, *Briefing*, 10 July 2014.

459 Ms Caitlyn Smith, Strategic Assistance Coordinator, The New York Academy of Medicine, *Briefing*, 10 July 2014.

460 Kalache, A., *The longevity revolution: Creating a society for all ages*. Report of the Adelaide Thinker in Residence 2012-13. Government of South Australia, Adelaide, SA, 2013, p72.

461 Department of Housing and Department of Planning, *The Housing We'd Choose: A study for Perth and Peel*, Government of Western Australia: Perth, WA, May 2013.

This is a key issue for all Western Australians, especially older people. To address this mismatch, opportunities to remove the barriers, reduce the costs and increase the efficiency of delivery of the diversity and density of housing, particularly closer to the Perth CBD, will need to be found by all levels of government and developers.⁴⁶²

The Department of Housing advised the Committee that it would continue to develop new initiatives to expand age-friendly housing stock and housing-related services for seniors.

... the Department continues to develop new strategies and models to enable State Government to partner more broadly with industry to stimulate the supply of housing with access to services for seniors.

*Partnering with industry in this way will assist in alleviating current and future pressure on the social housing system, by including affordable housing options for seniors as part of broader developments.*⁴⁶³

Finding 15

There is a lack of suitable seniors housing in the inner metropolitan area.

While *The Housing We'd Choose* report centred on the Perth and Peel areas, the housing needs of older people living outside the metropolitan region are not to be overlooked.⁴⁶⁴ The Housing Authority is working in partnership with local communities and the Regional Development Commissions across the State to deliver housing for people over 55 years in various regional locations.⁴⁶⁵

Downsizing and ageing-in-place

Increasing demand for independent living by older people wishing to remain in their own homes has implications for new and existing housing design. Existing homes were not designed with the older person in mind and consequently they are unsupportive of ageing-in-place, which is a preference of many older people.⁴⁶⁶ Older people, according to WALGA President, Mayor Troy Pickard, “enjoy living where they are and they also

462 *ibid.*, p19.

463 Mr Grahame Searle, Director General, Department of Housing, *Letter*, 17 October 2014, p3.

464 Mr Warren Pearce, Chief Executive Officer, Local Government Managers Australia, *Transcript of Evidence*, 10 September 2014, p8.

465 Housing Authority, *Annual report 2013-14*, Government of Western Australia: Perth, WA, 2014.

466 Judd, B., Olsberg, D., Quinn, J., et al, *Dwelling, land and neighbourhood use by older home owners*. Australian Housing and Urban Research Institute Melbourne, Final Report no. 144. Melbourne, Vic: AHURI, 2010.

reported concern that they may not be able to remain in their own home or locality as they age”.⁴⁶⁷

The local government sector is very conscious of this, and reported increasing demand from older people to live in the locality in which they have spent most of their lives, rather than having to relocate to more suitable housing.⁴⁶⁸

The Committee heard that when the City of Joondalup divested itself of parcels of land surplus to requirements, it placed a caveat on the titles mandating that the land could only be used for the provision of “over-55s independent-style housing stock”.⁴⁶⁹ They now have 12 age-friendly units being completed; and another 12 to follow.⁴⁷⁰

The City of Rockingham said that it too had land available for all sorts of accommodation but questioned whether it was local government’s role to source providers to build aged care accommodation and retirement villages.⁴⁷¹

In their recent report *Downsizing amongst older Australians*, AHURI noted that four main options exist for the older householder: modifying the existing home; moving to more appropriate accommodation; moving into a retirement village or other age-specific accommodation; and if eligible, moving into residential aged care.⁴⁷²

Moving into more suitable accommodation often involved selling the family home and downsizing to smaller, more appropriate accommodation. The family home represents the major financial asset held by many WA households, and for long-time owner occupiers its value has appreciated substantially.⁴⁷³

Mayor Pickard said stamp duty was a barrier to downsizing and WALGA supported the creation of an affordable opportunity for people to downsize without substantially reducing their retirement nest egg. This would stimulate turnover in the property market and free up bigger homes for younger families.⁴⁷⁴

467 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014, p3.

468 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014.

469 *ibid.*, p10.

470 *ibid.*

471 Ms Jane Elton, Manager, Community Capacity Building, City of Rockingham, *Transcript of Evidence*, 10 September 2014.

472 Judd, B., Liu, E., Easthope, H., et al., *Downsizing amongst older Australians*, Australian Housing and Urban Research Institute Melbourne, Final Report no. 214. Melbourne, Vic.: AHURI, 2014, p11.

473 Bankwest Curtin Economics Centre, *Housing Affordability: The real costs of housing in WA*, Focus on Western Australia Report Series, no. 2, Bentley, WA: Bankwest Curtin Economics Centre, April 2014, p28.

474 Tillett, Andrew, ‘Developers choke off supply’, *The West Australian*, 23 April 2014, p16.

COTA WA also suggested that abolishing stamp duty for seniors or replacing it with a land or property tax would remove a major disincentive to downsizing. AHURI also suggested that an Older Home Owner's Scheme should be implemented to help reduce the costs of moving, and to ensure that age pension eligibility is not adversely affected by releasing equity through the sale of the home.⁴⁷⁵

In the 38th Parliament, the Community Development and Justice Standing Committee inquired into the adequacy and future directions of social housing in Western Australia.⁴⁷⁶ The Committee recommended stamp duty exemptions for retirees downsizing their primary residence.⁴⁷⁷ The government noted in its response that Treasury would consider tax relief options as part of the 2012-13 Budget process along with other spending pressures,⁴⁷⁸ but this was never costed by Treasury.

Other states have reduced or abolished stamp duty for seniors. For example, the Australian Capital Territory announced as part of its 2014-15 Budget the *Over 60s Home Bonus Scheme* to assist eligible non-pensioners to downsize without being penalised with a significant stamp duty bill.⁴⁷⁹ A concessional duty of \$20 is payable on a residential home valued at \$595,000 or less; and there is a sliding scale that applies properties above that.

And in Victoria the stamp duty concession provides a full exemption from stamp duty for pensioner concession cardholders purchasing property up to \$330,000 in value. A sliding scale of partial exemptions is available for properties with a value of more than \$330,000, but not more than \$750,000.⁴⁸⁰

Finding 16

The State Government has failed to take action on reducing stamp duty for aged pensioners who downsize their homes.

475 Australian Housing and Urban Research Institute, 'Downsizing amongst older Australians', *AHURI Research and Policy Bulletin*, Issue 179, Melbourne, Vic.: AHURI, October 2014.

476 Community Development and Justice Standing Committee, *A Fading Dream: Affordable Housing in Western Australia (Report 8)*, Perth, WA: Parliament of Western Australia, 3 November 2011.

477 *ibid.*, Recommendation 30.

478 Government response to the Community Development and Justice Standing Committee, *A Fading Dream: Affordable Housing in Western Australia (Report 8)*, Government of Western Australia: Perth, WA, 17 May 2012.

479 ACT Revenue, *Over 60s Home Bonus Scheme*. Available at: <http://www.revenue.act.gov.au/home-buyer-assistance/Over-60s-Home-Bonus-Scheme>. Accessed on 11 November 2014.

480 Victoria Department of Human Services, *Stamp duty concessions*. Available at: <http://www.dhs.vic.gov.au/for-individuals/financial-support/concessions/rates-and-property/stamp-duty-concession>. Accessed on 11 November 2014.

Recommendation 19

The State Government should implement a stamp duty concession or exemption for seniors who wish to purchase a smaller home.

Housing design

According to WALGA, there is great demand for more independent living abodes that are appropriately designed for seniors.⁴⁸¹

Future-proofing homes by incorporating universal design principles and features designed to help individuals remain in their own home throughout the life course is desirable feature in an age-friendly community.

The *Liveable Homes* initiative, developed by the Disability Services Commission with the support of leaders from the housing and building industries for voluntary use by industry,⁴⁸² serves to raise awareness amongst designers, builders and home owners about the advantages of improving the adaptability and accessibility of new housing designs.⁴⁸³ It notes, for example that:

*Simple things like a flat level entrance to a wide front door and an accessible toilet and shower on the entry level make an enormous, yet inexpensive, difference to getting about and staying in your home regardless of individual circumstances.*⁴⁸⁴

The Department of Housing said that where appropriate, it had incorporated universal design principles into new builds,⁴⁸⁵ and universal design principles were incorporated into all standard accommodation design briefs for social housing.⁴⁸⁶

The Committee supports WALGA's suggestion that government tenders specify that new buildings comply with the principles of universal design, and that these principles be incorporated into all public and social housing.⁴⁸⁷

It is a concern that simple requirements such as wider doorways are seen as non-standard and generate additional cost. It is therefore not cost neutral.

481 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014, p10.

482 Liveable Homes, *Designs that work for everyone fact sheet*. Available at: <http://www.liveablehomes.net.au/documents/Homepage/WA%20Profile.pdf>. Accessed on 11 November 2014.

483 *ibid.*

484 *ibid.*

485 Mr Grahame Searle, Director General, Department of Housing, *Letter*, 17 October 2014, p2.

486 *ibid.*

487 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014, p4.

Recommendation 20

Government tenders for new buildings, including social housing, should specify compliance with universal design principles.

Age-friendly Manchester has adopted the “lifetime homes” model as the minimum standard for new builds. Lifetime Homes are homes designed to incorporate 16 design criteria⁴⁸⁸ that can be universally applied to new homes at minimal cost. Each design feature adds to the comfort and convenience of the home and supports the changing needs of individuals and families at different stages of life.⁴⁸⁹ The lifetime homes-model has been identified as a key means of reducing social care spend in future years.⁴⁹⁰

Home modifications and maintenance

One of the options available to a person wishing to age-in-place is modifying the existing home to make it more age-friendly.⁴⁹¹ Home modifications and assistive technology can increase accessibility and usability of the home for older person.⁴⁹²

Features such as handrails, access ramps and chairlifts can be retrofitted to allow an older person to live comfortably at home for longer. Sometimes a small structural change can make a big difference. For example, a bathroom door can be changed so that opens outward; an inward opening bathroom door can easily be obstructed by someone who has had a fall.

The Independent Living Centre (ILC) assists older adults to find products and services that suit their particular circumstances. The ILC offers a one-stop-shop that offers information, advice, assessments, hire services, equipment, grants and training.⁴⁹³

Inappropriate housing can also mean homes that are too large, which can become difficult for an older person to maintain. Older people unable to carry out maintenance themselves may also be reluctant to engage a contractor because of the cost and anxiety about having a stranger enter their home.

Home and Community Care (HACC) services offer a home maintenance service for eligible seniors, which may attract a fee depending on the circumstances. HACC home

488 Lifetime Homes, *Revised Lifetime Homes Standard*, 5 July 2010. Available at: http://www.lifetimehomes.org.uk/data/files/For_Professionals/accessible_revisedlthstandard_final.pdf. Accessed on 14 November 2014.

489 Lifetime Homes, *Flexible designs for life*. Available at: <http://www.lifetimehomes.org.uk/index.php>. Accessed on 14 November 2014.

490 Mr Paul McGarry, Senior Strategy Manager, Age-friendly Manchester, *Briefing*, 3 July 2014.

491 Australian Institute of Health and Wellbeing, *The desire to age in place among older Australians*. Bulletin no. 114, Cat. no. AUS 169, Canberra, ACT: AIHW, 2013.

492 Ms Gerri Clay, Executive Director, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014.

493 Independent Living Centre WA, *About us*. Available at: <http://ilc.com.au/>. Accessed on 14 November 2014.

maintenance can assist with anything from changing a light bulb to major repairs and yard maintenance. Assistance for home modifications is also offered.⁴⁹⁴

COTA WA members may also qualify for use of the national COTA Home Maintenance Service for any home repairs. The service links COTA WA members with tradespeople that have been selected and vetted by COTA Australia.⁴⁹⁵

The City of Melville suggests that local municipalities maintain a list of dependable repair services that are prepared to deal with older people.⁴⁹⁶

3.5 Outdoor spaces and built environments

The Western Australian Planning Commission's *Liveable Neighbourhoods* policy supports the principle of well located, connected open space which contributes to the health and wellbeing of the community and healthy ageing.⁴⁹⁷ It advocates "an urban structure based on walkable, accessible mixed use neighbourhoods with an interconnected street layout", with greater emphasis on walking and cycling than motor vehicles.

While this is easy to say on paper, providing such an environment requires a considerable degree of planning as well as cooperation from developers and other sectors of government. Ensuring the safety of pedestrians is a major consideration, but public infrastructure, such as seating and accessible public buildings, is also important.

Well-designed communities can enable older people to age in place and remain an integral part of a community.

3.5.1 WHO checklist

- Well-maintained and safe green spaces with adequate shelter, seating and toilet facilities;
- Pedestrian-friendly walkways that are easily accessible and unobstructed;
- Well-maintained paths – non-slip, low kerbs with cut-outs to the road, wide enough for a wheelchair;
- Outdoor seating in public spaces, spaced at regular intervals;

494 Department of Social Services, *HACC home maintenance and modifications*. Available at: <http://www.myagedcare.gov.au/help-home/home-maintenance-and-modifications>. Accessed on 14 November 2014.

495 Submission No. 11 from COTA WA, 23 June 2014.

496 Submission No. 1 from City of Melville, [5 June 2014].

497 Ms Gail McGowan, Director General, Department of Planning, *Letter*, 28 October 2014.

- Well-designed pedestrian crossings – regularly spaced, non-slip, with traffic islands or overpasses/underpasses on busy roads;
- Pedestrian crossings with lights allow enough time for older people to cross the road and have visual and audio signals;
- Enforcement of traffic rules to ensure drivers give way to pedestrians;
- Separate cycle paths;
- Public safety in open spaces is maintained – e.g. through good street lighting, police patrols, community safety initiatives;
- Services are clustered in close proximity to where older people live;
- Special customer service arrangements for older people e.g. dedicated queues or counters;
- Accessible buildings, which include elevators, ramps, stair railings, low-grade stairs, non-slip floors, chairs for resting, public toilets and adequate signage.
- Public toilets in convenient locations which are clean and accessible for people with a range of abilities.

3.5.2 What the Framework says

The Framework says that the WA Planning Commission's *Directions 2031 and Beyond* strategy and associated sub-regional strategies helps to address the urban planning challenges of providing places for employment, housing, infrastructure and services for a population of 3.5 million.

It also lists the WAPC's *Liveable Neighbourhoods*, which includes planning for seniors' needs; the DSC's Liveable Homes initiative – an online resource to assist people to build or renovate according to universal design principles; The Age-Friendly Housing Kit, which pre-seniors and seniors can use to assess whether their home is suited to their future needs; and the Seniors Housing Centre, which helps seniors to make informed choices about their housing options. It also mentions the adoption of the WHO age-friendly communities approach to planning by 27 local governments in WA.

Looking ahead, the Framework identifies “embedding age-friendly design and consultation processes into infrastructure and social planning”, supporting initiatives that bring generations together and challenging stereotypes about the ageing population (the last of which is covered in section 3.6 – *Social isolation, respect and inclusion*.)

In terms of what will help, the Framework identifies:

- partnerships between governments, developers and designers to promote best practice universal housing, public space and building design;
- incorporation of age-friendly principles and approaches in local government Strategic Community Plans;
- built environment planning and construction informed by ‘designing out crime guidelines’;

Other strategies relate to housing and are covered in section 3.4 – *Housing*.

3.5.3 Current status

The *Directions 2031 and beyond* framework and *Liveable Neighbourhoods* initiatives address many of the points on the WHO checklist, the former focussing more on the integration of housing and transport and the latter on urban development design, although there is considerable cross-over between the two.

According to the Department of Planning (DoP), a key objective of *Directions 2031 and beyond* is to support and enable effective inclusion and participation in the community for all residents by designing accessible and well-connected neighbourhoods. Seniors are not mentioned specifically. DoP director general Gail McGowan points out that DoP “anticipates and responds to the needs of the community as a whole rather than particular groups or elements within the community”.⁴⁹⁸

The Property Council of Australia believes the *Directions 2031* should go further, however, incorporating delivery and implementation mechanisms specific to aged housing and/or residential aged care. Government controlled land sales over a certain size and in appropriate locations should include a requirement to provide aged housing and/or residential aged care.

The *Liveable Neighbourhoods* (LN) policy advocates an urban structure based on walkable, accessible mixed use neighbourhoods with an interconnected street layout. Greater emphasis is placed on local community needs being accessible by local public transport, walking and cycling rather than by car.⁴⁹⁹

LN was released in 1996 as a trial policy document to guide residential development in WA. Following two reviews it finally became operational policy in 2007, replacing a number of previous State Government development control policies and acting as a framework for the assessment and design of subdivision applications and structure

⁴⁹⁸ Ms Gail McGowan, Director General, Department of Planning, *Letter*, 28 October 2014.

⁴⁹⁹ *ibid*.

plans for new urban areas in metropolitan and regional WA. Another review is underway.

The DoP identifies the following design principles from (LN) as benefitting seniors:

- Draft Design Principle 2 for Lot Design: Ensure urban form and lot design facilitate safe and convenient access to services, facilities and employment in mixed use “main-street format” activity centres.
- Requirement 2.5: (Institutional uses and) retirement complexes are to be designed in an efficient urban layout, well connected by streets into the core of centres and to the main public transport services serving the centre.
- Draft Design Principle 2: Create safe and efficient walkable communities that encourage the use of public transport and active travel for pedestrians and cyclists.
- Requirement 2.1: Provide a safe, convenient, permeable and legible pedestrian and bicycle network provided for all users.
- Requirement 3.5: Wheelchair (and pram) crossings provided at all intersections with a maximum grade of 1:10.
- Improve the quality of public open space by creating a network of integrated, multifunctional places which provides all residents with access to space for sport, recreation and access to nature within walking distance.
- Requirement 1.8: Neighbourhood parks are accessible to residents within 800m and are multi-functional (provide more than one function of nature, sport, recreation).⁵⁰⁰

There is no doubt that these “requirements” and principles, whilst not specifically directed at seniors, are age-friendly. But to what extent are they requirements? Do developers in fact comply with the guidelines?

In its submission to the current DoP review of the LN guidelines, the Urban Development Institute of Australia (UDIA) (WA) identifies a range of implementation issues. In some cases developers are unable to comply because related infrastructure – such as public transport – does not exist. Implementation issues needed to be resolved at both local government and Department of Planning level, since there was widespread inconsistency regarding the interpretation of certain elements. It was “not

500 Ms Gail McGowan, Director General, Department of Planning, *Letter*, 28 October 2014.

uncommon for local government engineers to select only those requirements of LN with which they agree and pay no attention to others”.⁵⁰¹

The Property Council of Australia believes that there is a high level of awareness of the importance of creating diverse communities and the advantages of aging in place at the Department of Planning and WAPC level, but that this awareness does not translate into specific action at local government level.⁵⁰²

There was little consistency between local government planning schemes in relation to seniors’ accommodation and many planning schemes had no special provisions for seniors housing.⁵⁰³

The LN guidelines apply only to new housing developments, providing an opportunity for well-designed aged care residential facilities to be incorporated. Whilst not much benefit to people ageing-in-place in established suburbs, it might at least give older people who want/need to move from their current home the chance to benefit from a residential facility in a well-designed community.

However, it appears this opportunity may have been missed. Under the heading “What’s missing”, the UDIA(WA)’s submission to the LN review lists “Consideration of universal access standards, particularly the planning of shared paths in and around community and aged facilities”.

One of things it lists under “What hasn’t worked” is “Provision of aged care housing and facilities in activity centres”; and under “What can be improved” it specifies “Guidance on design of retirement/lifestyle/aged care facilities/park homes”.

While this is but one submission, the UDIA(WA) points out in the cover letter that the feedback it received from members on its assessment of the LN had been very consistent, indicating the issues highlighted were common across the industry.

Finding 17

Implementation of the *Liveable Neighbourhoods* guidelines has been hindered by lack of transport infrastructure and inconsistencies between State and local government planning schemes.

Making established communities more liveable for seniors is more challenging, given that existing infrastructure may be difficult to change or to work around. However,

501 Ms Debra Goostrey, Chief Executive Officer, Urban Development Institute of Australia WA, Submission to Liveable Neighbourhoods Review, 8 February 2013. Available at: http://www.udiawa.com.au/Uploads/File/Submissions/LN_Issues_Table_UDIA_feedback.pdf
Accessed on: 29 October 2014.

502 Submission No. 12 from Property Council of Australia, 25 June 2014.

503 *ibid.*

there are many small changes that can be made to outdoor spaces and buildings that can improve access and safety for older people.

Outdoor spaces

Pedestrians

Walking is a particularly important activity for older people and is the most popular form of physical exercise⁵⁰⁴ – mainly because it can be done easily and requires no special equipment. However, what it does require is a safe place to walk. Studies suggest that older people may be deterred from venturing outside because of difficulties crossing the road, even where there are signalled crossings.⁵⁰⁵

Older people consistently complain that the green man/flashing red man signal is not long enough to enable them to cross the road safely – and now a UK study has shown conclusively that this is the case. While the crossing signal is based on a walking speed of 1.2m per second – both here and in the UK – the study found that the mean walking speed of people aged 65 or more was 0.9m per second for men and 0.8m per second for women. It found that 93 per cent of women and 84 per cent of men aged 65 or more either could not walk the distance safely or their normal walking speed was too slow to cross the road in time.⁵⁰⁶

Walking speeds are unlikely to be much different here – and yet Main Roads WA will not be persuaded to extend the crossing time (despite requests from local governments), insisting that it is the Australian standard.

*The green walk signals are not long enough and I do not know how many times we have approached (Main Roads) to change it.*⁵⁰⁷

City of Melville community development staff also raised the issue.⁵⁰⁸ Pedestrian crossings on Canning Highway in Melville and Alfred Cove continue to be the subject of concern and complaints by local residents, who find the duration of many of the green pedestrian crossing lights on the highway too short.

As a candidate for the seat of Alfred Cove in 2012, Dean Nalder, now Transport Minister, agreed that the crossing near Melville Plaza appeared to be “ridiculously short” and suggested a range of measures the government could look at to improve pedestrian safety – including “extended walking time at lights, allowing pedestrians to

504 Australian Bureau of Statistics, Australian Health Survey: Physical Activity, 2011-12, cat. 4364.0.55.004, July 2013, ABS, Canberra.

505 Asher, L., 'Most older pedestrians are unable to cross the road in time', *Age and Ageing*, vol. 41, 2012, p693.

506 *ibid.*, p691.

507 Mrs Julie McDonald, Coordinator, Community Capacity Building, City of Rockingham, *Transcript of Evidence*, 10 September 2014, p9.

508 City of Melville, *Briefing*, 27 August 2014.

start before traffic and installing countdown clocks for pedestrians at intersections and crossings".⁵⁰⁹

However, since becoming Minister for Transport Mr Nalder's focus has shifted to easing traffic congestion, with no consideration for the needs of senior pedestrians. Traffic signal optimisation, a key part of the State Government's Traffic Congestion Management Program, was aimed at improving traffic flow through shorter traffic signal cycle times. However according to one Ardross pensioner, Canning Highway was more dangerous to cross for pedestrians since the traffic flow issues were "fixed".⁵¹⁰

Finding 18

Local anecdotal evidence and research from the UK suggests that the time allowed to cross the road at signalled pedestrian crossing is insufficient for most people aged 65 or more.

Recommendation 21

The Department of Transport should increase the time allowed to cross the road for seniors at signalled crossings in areas where there is a higher density of seniors.

Some jurisdictions, however, do recognise that seniors require more time to cross. Singapore has come up with a novel way of increasing time for seniors only by enabling the extra seconds to be activated by tapping their seniors' card (or Green Man+ card) on a reader at the traffic crossing (see *age-friendly accolades* box). New York has also extended pedestrian crossing times at crosswalks as part of its raft of initiatives for older New Yorkers collected under the banner Safe Streets for Seniors.

Countdown timers at pedestrian crossings are also a feature of New York streets and are now mandated for use in all new traffic signals in the US. They are also used widely in Europe. Main Roads WA has been trialling the countdown timer at a busy city intersection and planned to introduce them to another four city intersections if the trial was considered a success. The countdown timer replaces the flashing red man with numbers indicating how many seconds the pedestrian has left to cross. The solid red man will appear after the countdown concludes.

Older pedestrians are more likely to be involved in a road traffic collision than younger people due to slower walking speed, slower decision making and perceptual difficulties. Older people who are hit are also more likely to die from their injuries than younger people. Having insufficient time at a road crossing may not increase the risk of pedestrian fatalities but it will certainly deter this group from even trying to cross the road. – UCL researcher Louise Asher

509 Nalder, D, *Local concern at crosswalk*, Media Statement, Liberal Party WA, 10 October 2012.

510 Grant, S., 'Highway lights too fast to cross', *Melville City Herald*, 26 July 2014, p8.

The Committee welcomes the trial of countdown timers and would like to see them introduced into suburban centres where seniors are more likely to benefit. However, unless the time to cross the road is increased for seniors the countdown will be of limited benefit, and will act as a further disincentive to seniors continuing to walk safely and with assurance. What is really concerning about the Minister's announcement on the trial is his preoccupation with speeding up crossings to ease congestion. This is particularly surprising given the Minister's electorate lies within age-friendly Melville.

Pedestrian safety is a critical issue for older West Australians, considering that older pedestrians are more likely than other age groups to sustain fatal injuries if hit by a car (see Figure 7).

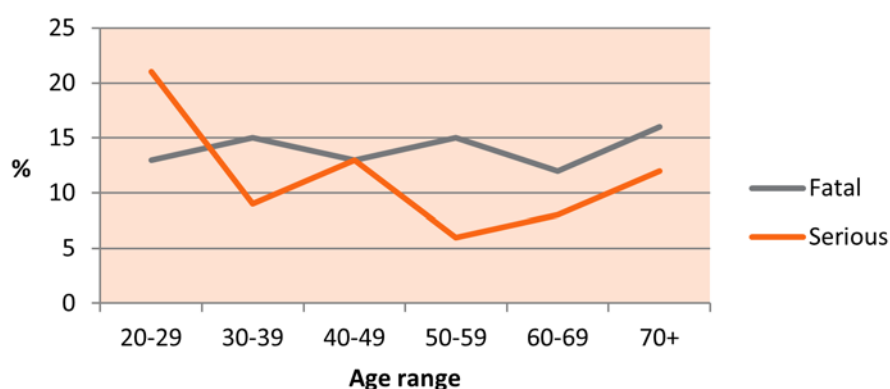


Figure 7: Percentage of pedestrian fatalities and serious injuries for WA, 2007-2012, across age groups .⁵¹¹

Pedestrians older than 60 were also at higher risk because of changes in their mobility and deteriorating eyesight and hearing, which made it more difficult for them to judge distances and the speed of traffic, according to the Office of Road Safety.⁵¹²

There are a number of features of road crossings that can assist pedestrians in general and older pedestrians in particular, and many of these are contained in Main Roads' disability and inclusion plan. Kerb ramps, for example, to connect to a road without having to step down, and cut-outs through traffic islands are standard design features to assist pedestrians.

⁵¹¹ Created using data from Plunkett, A., Pedestrians – a statistical view, RAC presentation, available at <http://www.ors.wa.gov.au/Documents/Pedestrians/ors-pedestrians-forum-plunkett.aspx>

⁵¹² Office of Road Safety, Pedestrians, April 2014. Available from: <http://www.ors.wa.gov.au/road-safety-topics/road-users/pedestrians> Accessed on: 3 November 2014.

*In the plan we touch on the provision of audible and tactile traffic signals—that is with the push buttons and noises, which is obviously for the benefit of everybody. The ground surfaces are tactile, so you know when you come to the edge of the road or, if you are in the median, when to stop and take care.*⁵¹³

Main Roads said that it helped local government to set the standards in terms of what should be provided for disability access for all road related issues. But as usual it is a matter of adequate funding. One of the DoT's wishes for a better system of transport and road safety for WA's seniors was a funding source for grade separation – footbridges or pedestrian underpasses – to provide better access, "because there is not a pool of money that you can just dip into".⁵¹⁴

age-
friendly
accolades
abroad

**Singapore
Green Man + pedestrian crossing scheme**

The Singapore Land Transport Authority introduced the scheme in 2009 to allow senior citizens and pedestrians with disabilities more green man time to cross the road. All they need to do is tap their senior citizen concession or Green Man + cards on the card reader on the traffic light pole. The green man time can be extended up to 13 seconds, depending on the size of the crossing. On average, most crossings have an extra six seconds. The scheme was expanded to more crossings in 2012 with another phase expected to be completed in 2015, taking the number of crossing with Green Man + to 495 in 30 housing estates.

Main Roads general manager Albert Symcox said that "In some instances we have warrants that need to be met, but there might be network requirements that can override it, or local needs that can override a numbers criteria".⁵¹⁵ A funding source to allow at grade or grade-separated facilities independent of other factors would be welcome.

513 Mr Albert Symcox, Manager, Traffic Management Services, Main Roads WA, *Transcript of Evidence*, 15 October 2014, p3.

514 *ibid.*, p20.

515 *ibid.*

New York's Safe Streets for Seniors program tackles pedestrian safety issues based on "focus areas" determined by the number of senior pedestrian crashes resulting in fatalities or severe injuries that have occurred in the area. Newer focus areas included in the program have also taken into account factors such as the number of senior centres and senior housing locations in the neighbourhood. The Department of Transport evaluates pedestrian conditions in these neighbourhoods from a senior's perspective and implements changes, such as extending pedestrian crossing times at crosswalks, constructing pedestrian safety islands, widening kerbs and median strips, narrowing roadways and installing new stop controls and signals.⁵¹⁶

A similar system for identifying and prioritising problem areas for seniors in WA would be a welcome initiative.

Recommendation 22

Main Roads should:

- develop a system for identifying the most unsafe street crossings for seniors; and
- trial the Singapore model of activating extra crossing time with a seniors' card.

There are other relatively simple and inexpensive measures which can make walking more comfortable and enjoyable for seniors. For example, installing benches beside paths and in public places may mean the difference between a senior being able to walk to the local shops and not being able to go the distance. Likewise, clean and accessible public toilets are important for seniors – an issue often raised with National Seniors.⁵¹⁷

Signage along footpaths to indicate the distance to landmarks were important too, so that pedestrians could judge whether they could walk the distance. Department of Sport and Recreation representative Graham Brimage said that signage, interpretive material, seats and water fountains were low-cost innovations that could easily be installed. The community would start to require that infrastructure if they were going to be out and about, rather than isolated in their houses.⁵¹⁸

The DoT said that more could be done to make principal shared pathways (PSPs) – which pedestrians share with cyclists – safer for pedestrians.

516 New York City Department of Transport, *Pedestrians: Safe Streets for Seniors*. Available at: <http://www.nyc.gov/html/dot/html/pedestrians/safeseniors.shtml>. Accessed on 3 November 2014.

517 Ms Margaret Ernest, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

518 Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014.

*... ideally we have probably got to lay more asphalt that is separate and give them the space, or at least put another metre onto our PSPs and colour it green, saying, "Stay off, this is for pedestrians" ... we are putting more money in and extending the PSP network. I think that people appreciate that, particularly along freeways, railway tracks and other spaces as well, but the sense is that I think we can do more.*⁵¹⁹

Liveable communities

Liveable communities take into account the overall design of a community as well as the design of individual homes. For instance, are the facilities that an older person is likely to need close to seniors housing and/or public transport? Placement of facilities and connections between them and residential areas is important. Liveable communities also need to be attractive, with ample green spaces and opportunities for social interaction.

As noted earlier, there is an opportunity to plan such communities in new developments, but creating a liveable community in established areas requires more innovation, including ways to source funding. Some communities in the US have sought out the involvement of philanthropists and corporations, even though convincing them to invest in ageing is a "hard sell".

On the other hand, with ageing baby boomers needing to consider transition to retirement and downsizing, marketing a development as "age-friendly" may provide a positive point of differentiation compared with those who do not.

The head of Grantmakers in Ageing, a US body set up to connect people working in age-friendly community development with potential funders, suggests that it is easier to sell a program which says "we're making this neighbourhood better for everyone, and by the way, 65 per cent of the people that live here are over 55", than to sell a program specifically about seniors.⁵²⁰ In the US only two per cent of all philanthropy was directed to seniors programs (and that had not changed in the past 25 years) so it was better to talk about liveable communities than seniors.

It was necessary to target groups which were not necessarily part of the traditional ageing network and start building relationships. "It's about your ability to convince people who are not experts in aging that what you can do will make the community a

519 Mr Reece Waldock, Director General, Department of Transport, *Transcript of Evidence*, 15 October 2014, p21.

520 Feather, J., Chief Executive Officer, Grantmakers in Ageing, 'Lessons in Leveraging Local \$ for Livability', presentation at the n4A Answers in Aging Annual Conference and Tradeshow, Dallas, Texas, 12-16 July 2014.

better place for older people.”⁵²¹ Common misconceptions held by potential funders were that youth is the future and that the government funds ageing.

In 2012, the Pfizer Foundation partnered with Grantmakers in Aging to launch Community AGEnda: Great Places to Grow Up and Grow Old. Community AGEnda has provided grant funding to accelerate age-friendly work in Arizona, Florida, Georgia, Indiana and greater Kansas City. In October 2014 Pfizer made a renewal grant of \$1.49 million to help to continue the work for a third year.⁵²²

Another initiative the Committee heard about at the n4A Answers on Ageing conference in the US was the Atlanta Region Area Agency on Ageing’s Lifelong Communities program. Lifelong Communities are places where individuals can live throughout their lifetime, with a full range of housing and transport options available to residents. Over a long weekend in June 2014, Atlanta created a temporary Lifelong Community on two-blocks of Atlanta’s historic Sweet Auburn Avenue. The “Sweet Auburn Living Beyond Expectations” project demonstrated many of the elements that help create a Lifelong Community. It brought together planners, designers and builders who spent the first day planning interventions (such as benches and median strip gardens) and day two constructing them. It effectively demonstrated what could be done in a short space of time and also raised awareness of the broader long-term goals for developing lifelong communities.⁵²³

Another type of age-friendly community that has emerged in the US is the “naturally occurring retirement community” or NORC. NORCs are generally apartment buildings (but sometimes neighbourhoods) where the majority of residents are older adults, having aged in place. Whilst not set up initially to meet the needs of seniors, these communities develop supportive service programs to serve their senior residents. These community-based programs are often partnerships of housing/neighbourhood organisations, residents, health and social service providers, and other community stakeholders. The goal is to maximise the health and well-being of resident seniors so they can maintain their independence and comfortably remain in their homes as they age in place. NORC programs are generally supported by a mix of public and private funding. (See *age-friendly accolades* box.)

In terms of the services provided, NORCs are not so different from the lifestyle and retirement villages that are built here. There is a big difference, however, in that NORC

521 *ibid.*

522 Beason, M., Indiana Grantmakers Alliance, 'Lessons in Leveraging Local \$ for Livability', presentation at the n4A Answers in Aging Annual Conference and Tradeshow, Dallas, Texas, 12-16 July 2014.

523 Lawler, K., Director, AAA Atlanta Regional Commission, 'Lessons in Leveraging Local \$ for Livability', presentation at the n4A Answers in Aging Annual Conference and Tradeshow, Dallas, Texas, 12-16 July 2014.

residents have not moved specifically to a village that provides these services. Rather, they have remained where they are and the services have come to them.

WA's population is perhaps too small for NORCs to emerge, although some regional areas which are attracting a high number of sea or tree-changers may find that they have communities approaching NORC status (40% to 50% of people aged 60 and over) in the future. The public/private funding of community-based services may then become a viable option.

Retirement villages also have the potential to become more like NORCs. The Property Council of Australia believes there is a general lack of awareness about the evolving nature of retirement villages and the potential for medium rise apartment models to contribute to Perth's urban fabric. It says that more older people now live in retirement villages than in residential aged care facilities and retirement villages were providing a new ageing-in-place model.

*It is recognised that providing home care in a retirement village setting can be more cost effective than providing the same service to people dispersed in the community. New retirement village developments need to be encouraged in metropolitan areas where the support services are easily accessible to meet health, education, culture, personal and social needs.*⁵²⁴

WA could learn a great deal from the US in terms of the potential for NORCs and certainly in harnessing support for age-friendly communities from corporations and philanthropists.

WA could also learn to be more innovative in using the resources that are already available. According to the DSR, WA has some excellent sport and recreation amenities available that are barely used at certain times of the day. Facilities such as pools (particularly in regional areas) may also be out of use for months at a time because they were not covered and it was too cold.

*... there are times during the day when many of those amenities are available and we are exploring ways that we can get people there then. The time schedule of mature-age people and seniors is often that they can access those amenities at that time. We need more innovative programming solutions that get more people out of the house.*⁵²⁵

524 Submission No. 12 from Property Council of Australia, 25 June 2014, p2.

525 Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014, p2.

Penn South, New York
Naturally Occurring Retirement Community (NORC)

Penn South is a residential community cooperative in the Chelsea Neighbourhood of Manhattan. It was established in 1962 by the United Housing Foundation with sponsorship from the International Ladies Garment Workers Union, which wanted to provide housing for its low and moderate income workers. It is owned and operated as a limited-equity cooperative, exclusively for the benefit of member-shareholders who occupy the apartments. In an agreement with the City of New York, the cooperative has been protected from the rising value of real estate in the area by paying an assessed value of tax linked to the co-op's income, rather than to property values.

The cooperative consists of 10 apartment buildings with a total of 2820 one, two and three-bedroom apartments. Sixty-five per cent of the development is open space, consisting of gardens, grass, play areas for children, sitting areas for adults and walking areas. The cooperative is described as a village within a city.

While it is home to people of all ages, residents who settled there in the early days are now in their old age. Penn South Social Services Inc. was set up mainly to support the older population. As well as providing four full-time social workers, health assessments,, assistance to the frail aged, home health aides and counselling and referrals, it runs the Penn South Program for Seniors (PSPS). PSPS offers programs and activities for those 55 and over with a focus on wellness. Classes range from yoga to indoor gardening to comedy improv – one of the most popular. There is a \$25 annual contribution fee to join, and the suggested price for classes is \$20 – about \$2 a class. But no one is turned away if they can't afford it.

The PSPS has become a model for communities around the country in the delivery of social and health services to naturally occurring retirement communities (NORCs). As PSPS president Bonnie Williams notes, a large percentage of people at Penn South live alone – mainly women. "They can age in place, in their home. Age in place with this added word: safely."

Buildings

The WHO guidelines recommend that public buildings include elevators, ramps, stair railings, low-grade stairs, non-slip floors, chairs for resting, public toilets and adequate signage. While new buildings and renovations would be required to conform to disability access standards, there are many older buildings which would not conform.

Evidence to the Committee regarding building design was mainly in reference to housing. However, Alzheimer's Australia provided an overview of the problems that public buildings can pose for people with dementia.

For example, horizontal lines on wallpaper or patterns in carpet could “move” and cause a person with a particular impact of dementia to become very disoriented. Since people with dementia lose their depth of vision, light-tiled stairways could appear as a flat surface, presenting a greater risk of falling.

The ability to perceive colour was also lost over time, so a completely white-tiled bathroom could mean difficulty in making out the toilet bowl. Large glass panels and reflected light could also be very disorienting for people with dementia.

Alzheimer’s Australia has set up the dementia enabling environments project (DEEP) to provide awareness and information about how to modify an environment to make sure people with dementia can navigate it.⁵²⁶

Safe environments

According to COTA WA, fear of crime is a factor in older people’s unwillingness to get out and about and participate in wider society. But as the DSR notes, passive surveillance is the best form of community security so if more people get out into the community a “community safety agenda starts to kick in”.⁵²⁷ This was why it was important to provide an attractive public environment which older people could easily access.

The State Government’s seniors’ Safety and Security Rebate enables seniors to purchase personal safety devices which can be used outside of the home. This allows seniors to not only live in their own homes, but to be actively involved in the wider community. Since January 2014, more than 1600 claims have been paid for personal safety devices.⁵²⁸

A strong sense of community also creates a feeling of safety, which was a factor in why so many people in the 65-plus group were moving to smaller regional communities, according to the Wheatbelt Development Commission.

However, regional communities faced their own safety issues in terms of access to emergency telecommunications. While mobile tower infrastructure had increased, “there will still be some communities where the notion of safety—alarms and being

526 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, Transcript of Evidence, 11 June 2014.

527 Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014, p5.

528 Note, however, that the rebate for home security items has changed and can only be accessed after a home burglary or break-in. See section 3.8.3 for further discussion.

able to link up through video to get a diagnosis, for example—will be a problem because the basic telecommunications infrastructure is not there.”⁵²⁹

Recommendation 23

Under its new policing model, WA Police should make local teams available to perform an audit of security concerns, needs and vulnerabilities in their local areas with a view to working closely with seniors to address the issues.

3.6 Social isolation, respect and inclusion

All eight of the WHO age-friendly domains and the Framework’s five age-friendly planning pathways relate in some way to social connectedness and inclusion. Social participation is dependent to a large extent on the way in which communities are planned and on the accessibility of essential services. It is also dependent on affordability (for example, of transport and events), on the availability of activities and on the quality of the community support network.

The Committee believes that creating a community where seniors are respected requires a change in the way we perceive ageing and how we value the past and current contributions of older people.

A society in which inclusion of all seniors is present requires awareness of the diversity of seniors and policies and programs that ensure they are not marginalised.

3.6.1 WHO checklist

- Consultation of older people on ways to better serve them.
- Services adapt their services/products to older people’s needs and preferences and train staff in how to respond to them.
- Inclusion of positive images of older people in the media, and recognition of their past and present contributions.
- Cross-generational community activities and events, including activities badged as being for families.
- Primary and high school children taught about ageing, and older people are involved in school activities.

529 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014, p8.

- Older people are given opportunities to share their knowledge, and are included in community decisions which affect them.
- Older people are not excluded from public events due to economic reasons, lack of transport, lack of accessibility, needing a caregiver to attend, time of day, or queuing issues.
- A wide range of activities to meet diverse interests, including the interests of people of different cultures.
- Activities are well promoted with sufficient information.
- Organisations make the effort to engage seniors through visits or telephone calls, or sending personal invitations to activities.
- Community facilities are used by multiple age groups to encourage interaction.

3.6.2 What the Framework says

One of the Framework planning principles is that “An individual’s choice, rights and dignity are fundamental”. The Framework notes that seniors are a diverse group and that all seniors should be treated with respect. Social isolation is noted as a key factor in an ageing and changing WA, and among the list of planning needs is “inter-generational understanding and respect” and “community participation”.

That social isolation should not have a place in an age-friendly community is implicit in the age-friendly WA vision: “That all Western Australians age well in communities where they matter, belong and contribute”. All five key pathways could be regarded as ways of contributing to social connectedness, leading to the key outcome of “being involved”.

The Framework says sport and recreation opportunities are available through a range of organisations, and names Home and Community Care (HACC) as providing support for people to stay connected to their community.

In terms of what is needed, the Framework identifies “building social connections and community participation” and in terms of what will help achieve this, it lists: the continued expansion of Seniors Card discounts for recreational, cultural and creative pursuits; continued support for sport and recreation activities aimed specifically at seniors; programs that promote social and community connectedness (e.g. Community and Neighbourhood Houses and Learning Centres; Men’s Sheds); and support for volunteering and community events that bring people together.

In terms of inclusion (of minority groups in particular), the Framework identifies the need for: recruitment of a bilingual and multicultural aged care workforce; language services and cultural competency training so that staff can address barriers to CaLD

seniors accessing suitable aged care and other seniors' services; culturally appropriate aged care and support for Aboriginal seniors; disability awareness training to assist people to work with older people with disability; mentors for people with disability to assist them to participate in activities.

The Framework lists "community networks to reduce social isolation" as a strategy under the heading "Economic security and protection of rights" – recognition that social isolation can erode personal safety.

The Framework recognises that a welcoming community involves "supporting initiatives that bring the generations together and reinforce respect for older people and reduce social isolation". Creating opportunities for older people to contribute means finding ways to combat ageism, celebrating their contributions and facilitating ways they can share their skills and experience with younger generations.

3.6.3 Current status

Social isolation

COTA WA suggests that while most seniors are socially connected and age in place successfully, many do not.⁵³⁰ Despite the availability of various recreational programs and activities provided and/or supported by local governments, seniors' organisations and clubs, some people remain isolated or socially disconnected.

While the Department of Sport and Recreation, which works closely with local governments, claims to contribute significantly to easing social isolation through programs such as ActiveSmart and Your Move, which are focussed on getting people "physically active and connected in the local community",⁵³¹ it also acknowledges that there is a need for more innovative programming solutions to get more people to attend community facilities.

A community or seniors centre can be a life-saver, as expressed by a Mandurah senior who has found purpose in life by volunteering daily at Ac-cent (community centre).⁵³² But what of the people who find it difficult to get to community facilities? Ageing-in-place, while the preferred policy position of the government and most often the preference of the older person, comes with its own set of challenges; in communities where access to services and transport is difficult and family members are far away, seniors run the risk of becoming isolated. As more than one witness commented, the

530 Submission No. 11 from COTA WA, 23 June 2014.

531 Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014; Submission No. 9 from Department of Sport and Recreation, 19 June 2014.

532 City of Mandurah, *Briefing*, 12 September 2014.

highlight of the day might be the social contact provided by the Meals on Wheels delivery.⁵³³

Affordability and access to transport are obvious barriers to social inclusion.

*Clearly, people are constrained by income. If they cannot travel, for example, to volunteer, to visit relatives or to go to medical appointments, their participation in society is limited by that. If we add on to that the increase in fees and charges, they are really being squeezed. Social isolation is a big issue; people are stuck in their own homes, cannot get out and do things, and certainly we would not say that creates an age-friendly community.*⁵³⁴

Feedback from the ageing community in Melville confirmed that seniors would like more discounts for recreation activities and more free or low cost community events, gatherings and entertainment.⁵³⁵ Seniors surveyed in the City of Rockingham also cited affordability as an issue, along with inadequate promotion of events.⁵³⁶

The City of Cockburn, in its Age-friendly Strategic Plan (2009), recognises that demand for community-based, proactive, social-based services and activities will escalate and that local governments will increasingly be called upon to meet the community needs of older people.⁵³⁷

The City of Rockingham also acknowledges that it has an important role “to provide and support activities for seniors to participate in sport, recreation, cultural pursuits and the broader physical environment in the community”.⁵³⁸ This is implicit in the DLGC’s recently released guide to address social isolation, *Stay connected and be involved*, which advises readers to contact their local government administration as their first step to finding community activities and support.

The guide also lists other organisations, such as Volunteering WA, Act Belong Commit and Mature Adult Learning Association. But the theme of the document is that the key to resolving social isolation is staying connected with the community, and this is by extension the responsibility of local government.

533 Ms Margaret Ernest, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014. Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014.

534 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p3.

535 Submission No. 1 from City of Melville, [5 June 2014].

536 Sustainable Development Facilitation, *City of Rockingham Active Ageing Strategy 2009-2014*.

537 Submission No. 8 from City of Cockburn, 16 June 2014, p22 of Attachment.

538 Sustainable Development Facilitation, *City of Rockingham Active Ageing Strategy 2009-2014*, p45.

Local governments already provide or support seniors' centres, recreational programs, and services such as mobile libraries (which deliver books to homebound seniors). Many seniors' centres and community centres provide a pick-up service for their activities and organise bus outings. However, the opportunity for informal connections was also considered important. Rockingham seniors considered opportunities to meet new friends as one of the most important ways of improving social participation, and recommended greater support for volunteers to connect with the less mobile members of the community.⁵³⁹

Age and Opportunity, Republic of Ireland
Bealtaine Festival

Bealtaine ("May" in Gaelic) is a festival that celebrates creativity in older age and takes place annually throughout the month of May in Ireland. The Bealtaine festival, co-ordinated by state-funded, not-for-profit organisation Age and Opportunity, promotes inclusiveness and the increased participation of older people in Irish society. The festival promotes positive views on ageing and people's capacity to grow and be creative in older age. Bealtaine has made a visible impact on the involvement of older people in the arts throughout Ireland either as audience members, participants or volunteers. The festival is regarded as a good model of practice for a creative ageing event for older people. It provides strategic advice to others worldwide (including Australia) about the development of festivals and arts programmes for older people.

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The Committee was advised that Independent Living Centre support workers have found value in going a step beyond simply having a cup of tea with someone in their home; rather, staff will try to identify activities the older person was previously involved in and try to reconnect them with those activities and communities, thereby widening their social support circle.⁵⁴⁰

City of Cockburn seniors have said they would like more opportunity to participate in intergenerational activities⁵⁴¹ (a WHO recommendation). An easy way of doing this was to invite aged people into schools to team up with one or two children, but it did not happen enough, according to National Seniors.

539 *ibid.*

540 Ms Hilary O'Connell, Occupational Therapist, Independent Living Centre WA, 10 September 2014, p4.

541 Submission No. 8 from City of Cockburn, 16 June 2014, Attachment.

*I think we probably have a sort of latent grandma–grandad inside us, and when these seniors come and mix with these children and help them with a bit of schoolwork or listen to them read, I think it is wonderful, and I would encourage schools to be involved in that sort of program.*⁵⁴²

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**Vernon, British Columbia, Canada
Meadows School Project –
Intergenerational Immersion Initiative**

The aim of this grassroots project was to bring students and older adults into more meaningful contact than occasional school visits to a residential aged care facility. Since 2000, the Meadows School Project model has seen a class of intermediate students relocate to a makeshift classroom in an assisted-living facility (Coldstream Meadows) for two months of the school year. The program combined curriculum and learning, volunteering and service, and one-on-one friendship making. This meant residents and students were “immersed” in the project, giving them both time to connect on a deeper level. Plans are underway to expand the program to more schools.

Chronicled in a documentary *Whose Grandma Are You?* the project has won many awards and much acclaim. Most recently it was short-listed at the IFA International Innovative Intergenerational Solidarity Competition. The judges, chaired by Dr Beard, UN WHO, said, “this project demonstrates forward-thinking advancements... and should be adopted worldwide.”

COTA WA also sees a need for more programs to deal with the life transitions which may be a catalyst for social isolation (e.g. bereavement, onset of an illness, retirement, cessation of driving).⁵⁴³ These were well-known and could be anticipated, but there were few programs (for example pre-retirement planning sessions) to assist people to deal with them.

While the *Stay connected and be involved* booklet lists risk factors (such as reduced mobility due to ill-health, fears about safety, lack of transport) and possible outcomes of social isolation (e.g. poor nutrition, heavy drinking, falls), its suggestions focus on involvement in activities, rather than addressing the precursors.

Technology can also assist in reducing isolation for some seniors, with applications such as Skype enabling them to keep in visual contact with friends and family. The eFriends

542 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014, p8.

543 Submission No. 11 from COTA WA, 23 June 2014.

Project, set up by local organisation Befriend Inc, provides personalised technology training and is earning a reputation for assisting older people living in their own homes or in retirement villages. The convenience of iPads has also proved successful in opening up new worlds to seniors.

*Whereas they did not realise certain activities were available, they have reconnected with old friends, and then they have gone out and met those friends, and planned the train journey, and have done all of those sorts of things as well, which has been quite successful.*⁵⁴⁴

However, ILC points out that there needs to be a support system in place for such technology to be helpful to seniors. (*This is discussed further in section 3.9, Communication and Information.*)

Finding 19

The demand on local governments to provide affordable, accessible and innovative ways to engage seniors and address issues of social isolation will escalate as the ageing population grows.

Finding 20

There are few programs to help older people deal with the life transitions which are known catalysts for social isolation.

Recommendation 24

The Department of Local Government and Communities should include information on the link between life transitions and social isolation in the *Stay connected and be involved* booklet, and ensure there are programs available to address this issue.

Respect

The assertion that older people are a burden to society is well-documented and was noted by several contributors to this Inquiry. Seniors who packed the Perth Town Hall in June to protest at cuts to concessions expressed outrage at their treatment, with one suggesting that they were being treated like animals and “culled out”.⁵⁴⁵

The appointment of a full-time Age Discrimination Commissioner at the Australian Commission on Human Rights in 2011 is an indication that age discrimination is considered a serious issue,⁵⁴⁶ and for the first time WA’s Equal Opportunity

544 Ms Hilary O’Connell, Occupational Therapist, Independent Living Centre WA, 10 September 2014, p4.

545 Orr, A., ‘WA Seniors’ rally brings Perth Town Hall to capacity’, WA Today, 20 June 2014. Available from: <http://www.watoday.com.au/wa-news/wa-seniors-rally-brings-perth-town-hall-to-capacity-20140620-zsgbc.html#ixzz3IdqW5AeY>

546 Submission No. 11 from COTA WA, 23 June 2014.

Commission reported that in 2013-14 age discrimination was one of the top three complaints (7.6 per cent), overtaking sex discrimination (7.2 per cent).⁵⁴⁷

The problem is compounded for older people with disabilities, who are characterised primarily as economically dependent recipients of care. According to The Centre for Cerebral Palsy, despite some successful initiatives by governments to change this image, it persists, and more needs to be done to represent older people with disabilities as making positive contributions to society.⁵⁴⁸

I always say to our friends, “We are not old; we are antique—very valuable antiques.” If a chair is old, we just put it in the dump, but if it is an antique, all of a sudden it becomes very valuable. And I think old people are very, very valuable.

— Carlo Pennone

There was support for the WHO recommendation that older people are “given opportunities to share their knowledge, and included in community decisions which affect them”. The Injury Control Council WA (ICCWA) said that the Framework should go beyond references to respect, inclusion, involvement and contribution and give seniors the right to self-determine – “for seniors by seniors”.⁵⁴⁹ The Framework itself should be “underpinned by ongoing input from seniors”⁵⁵⁰ and older people should be involved in “monitoring the city’s progress and acting as age-friendly city advocates and advisers”.⁵⁵¹

Alzheimer’s Australia WA chief executive officer Hon. Rhonda Parker expressed a similar sentiment to the Committee, saying the “nothing about us without us” mantra used by people with disability was also being adopted by those with dementia.⁵⁵²

And National Seniors said that the “extremely articulate” members of its Policy Advisory Group should be represented on high level mainstream committees, not just seniors’ committees, as the voice of seniors.⁵⁵³

Mr Pennone felt that the government should take a stronger lead in campaigns to bolster respect for the elderly, in the same way as they sponsor public health advertising campaigns.⁵⁵⁴

547 Emery, K., 'More claims by men than women', *The West Australian*, 30 September 2014, p9.

548 Submission No. 11 from COTA WA, 23 June 2014, p58.

549 Submission No. 13 from Injury Control Council of WA (Inc), 27 June 2014, p6.

550 *ibid.*

551 *ibid.*, p10.

552 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, Transcript of Evidence, 11 June 2014.

553 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Group, National Seniors, *Transcript of Evidence*, 11 June 2014, p4.

Respect and understanding should extend to the business and retail industry, which, according to several contributors, needs to train staff in how to deal with older people.

*I do not feel that seniors honestly believe they are listened to; after you are 60, they say you are invisible. And often I watch people in shops, seniors, and someone will ask them a question, someone who is serving, and they take a while to process an answer, so the person usually just walks away I think that is something that could be done in places like Myer or Kmart ... that have this interface with the public where they can be trained to give that wait time: listen and question but do not just walk away impatiently because that irks people and they feel, "Why bother, no-one listens to me."*⁵⁵⁵

While Alzheimer's Australia WA is looking to roll out a training toolkit to help banking and retail staff to recognise and deal with customers with dementia,⁵⁵⁶ there does not seem to be an equivalent for the ageing population in general. City of Melville has researched international age-friendly retail approaches, sharing its suggestions with the Chamber of Commerce, but says that "little work has been done with businesses or the private sector in terms of promoting age- friendly practice".⁵⁵⁷

The Committee is of the view that while a lot is spoken and written (in local government ageing strategies, for example) about the importance of respecting the senior members of our society, there is little or no action to encourage this.

The DLGC might consider establishing a report card for seniors, similar to the Women's Report Card it set up to measure the progress of women using a series of key indicators in areas such as health, work and education. The NSW government is in the process of developing a population ageing report card.

Finding 21

Many older people do not feel they are treated with respect and understanding and there are very few initiatives to address this.

Recommendation 25

The Department of Local Government and Communities should provide training programs or develop a training toolkit to assist public and private sector organisations

554 Mr Carol Pennone, President, Italian Australian Community Services, *Transcript of Evidence*, 20 August 2014.

555 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014, p4.

556 Ms Rhonda Parker, Chief Executive Officer, Alzheimer's Australia Western Australia, *Transcript of Evidence*, 11 June 2014, p3.

557 Submission No. 1 from City of Melville, [5 June 2014], p6.

to treat older people with respect and understanding. In addition, an advertising campaign promoting the capabilities of older people should be developed.

Recommendation 26

The Department of Local Government and Communities establishes a Seniors Report Card to measure changes in attitudes towards seniors.

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Age-friendly Manchester *Cultural Offer for Older People*

Manchester is regarded as the first city in the world to take a public health-led collaborative approach with the arts community to develop a citywide, strategic approach to engaging older people with creative activity. The Cultural Offer for Older People program set out to target older Mancunians.

The aim was to connect older residents with the city's museums, theatres and galleries in such a way that was meaningful, affordable, enhanced their quality of life and encouraged the development of social networks. A community ambassador scheme working with older people, known as Culture Champions, is also in place.

Cultural organisations now produce marketing materials specifically targeted at older people, offer discounts/promotions/special offers for older people, program specific events designed to appeal to older audiences; and run an engagement or outreach program for older people.

As part of the program popular venue Band on the Wall has My Generation Club Nights for the over 50s that include dance workshops, live music and DJ sets.

Inclusion

People who typically experience exclusion from mainstream services and activities include those from culturally and linguistically diverse (CaLD) groups, members of the lesbian, gay, bisexual, transsexual and intersex (LGBTI) community, and people with disability (including dementia). The Committee recognises that this does not change with age.

Culturally and Linguistically Diverse groups

It is estimated that by 2026, around 20 per cent of older West Australians will be from a CaLD background.⁵⁵⁸ According to 2011 Census data, WA communities with the largest numbers of CaLD seniors were the Italian, Dutch, Indian, German and Malaysian communities. Communities with the largest numbers of CaLD seniors who did not speak English well were the Italian, Vietnamese, Chinese, Malaysian and Croatian communities.

Those who were once able to speak English may have lost this ability as they have aged, reverting to speaking only their mother tongue.⁵⁵⁹ Hence, there is an ongoing need for interpreters in aged care facilities. While the aged care industry employs a relatively high number of migrants, the languages they speak, as new migrants, are different to those spoken by earlier waves of migrants. But an extra incentive may be required in order to attract people who can speak a second language, such as Italian, into poorly-paid work such as aged care.⁵⁶⁰

Parents whose children have lived a significant part of their lives in Australia and adopted an Australian lifestyle may also struggle. Where once they may have expected to be part of an extended family, their adult children are working full-time and are busy with their own families; their own siblings may still be in their country of origin, leaving them vulnerable to social isolation.

Evidence suggests that parents who migrated to Australia later in life to join their adult children can find it difficult to adjust to their new life.⁵⁶¹ According to Chung Wah CAC's Theresa Kwok:

That is why I see so many conflicts when parents arrive. In fact it is hard for them to adapt to each other ... even with the strong notion that parents (and their children) have to live together. Most of them still try their best to do that but there are cases where they are disillusioned So you can hear all this grumbling among themselves and talking. What they say is, "Now I am a dumb person. I am a bad person at home because the kids with the grandchildren only speak English. I do not understand what they are talking about. When the

558 Office of Multicultural Interests WA (2012), *Ageing in Culturally and Linguistically Diverse Communities: An analysis of trends and major issues in Western Australia*, p1. Available at: [http://www.omi.wa.gov.au/resources/publications/localgovernment/Ageing_Report\(NR2\).pdf](http://www.omi.wa.gov.au/resources/publications/localgovernment/Ageing_Report(NR2).pdf)

559 Mr Carol Pennone, President, Italian Australian Community Services, *Transcript of Evidence*, 20 August 2014.

560 *ibid.*

561 Ms Vanessa Harvey, Acting Executive Director, Office of Multicultural Interests, *Letter*, 7 October 2014.

*phone rings, I just get away instead of picking up the phone because I know I cannot answer that.*⁵⁶²

Mrs Kwok says that in such situations seniors are better off moving out and seeking other social contacts “instead of just sticking to their own and thinking only about their children”. They needed to mingle with other seniors – hence the importance of multicultural organisations such as Chung Wah CAC.

As well as providing a HACC service, Chung Wah CAC provides a range of services for Asian communities, including the Asian Aged Care Program for people with complex care needs, respite care, a community visitors’ scheme and a college for seniors (Evergreen College).

Similarly, the Italian community has established a number of services and programs for seniors, such as Italian Australian Community Services (which provides translations, social security advice and outings for seniors), and the Associazione Giovani Di Uba Certa Eta (Young people of Certain Age), which hosts lunch dances once a month for about 450 seniors. The 24-hour Italian radio station (broadcast from Melbourne) was also an important service for alleviating social isolation. According to its instigator:

*One old lady said, “After my husband died, I was just staying home waiting to die, and now I feel like I’m reborn again, getting all this entertainment.”*⁵⁶³

However, CaLD communities that have not been established for as long as the Chinese and Italian communities do not have access to the same specialised community-based services, nor are there any over-arching government programs to address the gaps in services to CaLD communities.

The ILC’s Gerri Clay notes that while WA is more multicultural than any other State in terms of percentage of population, the approach to policy and funding is “segmented and fragmented”. With so many cultural groups there was a need for strong leadership to ensure that approaches happening in isolation at a grassroots level could be replicated elsewhere.⁵⁶⁴

The Office of Multicultural Interests (OMI) says that seniors are identified as a priority group in its *Strategic Plan 2014-18*. Its 2012 report, *Ageing in Culturally and Linguistically Communities: An Analysis of Trends and Major Issues in Western*

562 Mrs Theresa Kwok, Chief Executive Officer, Chung Wah Community and Aged Care, *Transcript of Evidence*, 25 June 2014, p6.

563 Mr Carol Pennone, President, Italian Australian Community Services, *Transcript of Evidence*, 20 August 2014, p3.

564 Ms Gerri Clay, Executive Director, Independent Living Centre WA, 10 September 2014, p5.

Australia,⁵⁶⁵ was designed to inform State Government policy and planning in addressing the needs of older people from CaLD backgrounds. The report highlights the need for an up-to-date multicultural aged care strategy and policy, which should include the provision of culturally appropriate aged care services.

People from CaLD backgrounds also had difficulty accessing information about services and navigating their way around the complex system of aged care services and programs, according to the report.

The OMI is able to distribute a limited amount of funding to multicultural organisations to assist with seniors programs. Between 2011 and 2014, it provided \$91,574 through its Community Grants Program (CGP) to assist the Australian Arab Association, ISHAR Multicultural Women's Health Centre and Italian Aged care Inc to provide information sessions and cultural activities for seniors.

It has received three proposals for the latest CGP round, all of which aim to improve aged care services delivery by supporting mainstream providers to deliver culturally appropriate programs and services. It has convened two forums/meetings (in October 2013 and May 2014) with community aged care groups who are keen to be part of an ageing network for CaLD communities.⁵⁶⁶

Finding 22

There are not enough culturally appropriate aged care or seniors services to meet the needs of older people from CaLD backgrounds.

LGBTI community

Exclusionary practices and discrimination experienced by LGBTI seniors has gone largely unrecognised, partly due to a lack of awareness and understanding on the part

There are approximately 24,000 older LGBTI adults in WA, making this the largest recognised 'special needs' group who are potentially recipients of aged care services.

— GRAI (Media Release, 11 April 2014)

of service providers. Apart from a prevailing (and incorrect) assumption that seniors are not sexually active and therefore do not have a sexual identity, LGBTI seniors are also reluctant to reveal their sexual identity due to prior negative experiences.⁵⁶⁷

Nevertheless, LGBTI people account for 10 per cent of the population and "do not disappear at 65 years of age".⁵⁶⁸ Just as heterosexual people

565 Updated in February 2014 to reflect 2011 Census data.

566 Ms Vanessa Harvey, Acting Executive Director, Office of Multicultural Interests, *Letter*, 7 October 2014.

567 Submission No. 14 from GLBTI Rights in Ageing Inc (GRAI), 29 June 2014.

568 *ibid.*, p3.

identify as heterosexual into old age, people with other sexual identities maintain this central element of their being.⁵⁶⁹

According to research conducted by GLBTI Rights in Ageing Inc (GRAI) and Curtin University in 2010, 86 per cent of residential care providers in WA said they did not have any LGBTI people in their care.⁵⁷⁰ New York-based group SAGE (Services and Advocacy for GLBT Elders) reported the same experience in the US, and said it was usually because people were not comfortable revealing their sexuality. Providers needed to ask themselves why this was the case, and needed to provide extra signals that they were in a welcoming place.⁵⁷¹

There are currently no aged care providers in WA that offer a residential service for same sex couples. However, providers could become more accommodating by allowing residents to feel comfortable about disclosing their sexuality and expressing it openly.

Self-assessment tools for service providers to determine the extent to which they are GLBTI friendly have been developed by SAGE and the Georgia Department of Human Services, and, closer to home, by Gay and Lesbian Health Victoria. SAGE said that this was one way for GLBTI people to identify providers that were welcoming (the other way being by word-of-mouth).⁵⁷²

In WA, GRAI has a two-year contract to deliver Commonwealth-funded training to the aged care sector as part of a program being rolled out by the National LGBTI Health Alliance and the Aids Council of NSW. GRAI believes service providers – and their staff in particular – are keen to provide safe and inclusive services now that they are aware of the discriminatory practices and the sadness they cause.⁵⁷³

However, they still see a need “for policy initiatives that promote the recognition of and support for the needs of LGBTI elders in the provision of services and in consideration of their differentiated needs”.⁵⁷⁴

This should extend beyond residential care. Many LGBTI elders, already more isolated by dint of the fact that they are less likely to have children and more likely to be single than their heterosexual counterparts, were also reluctant to join mainstream seniors groups.

569 Johnston, T. and Carl D., 'GLBT Training Successes in Unfriendly Environments', presentation at the n4A Answers in Aging Annual Conference and Tradeshow, Dallas, Texas, 12-16 July 2014.

570 Submission No. 14 from GLBTI Rights in Ageing Inc (GRAI), 29 June 2014.

571 Johnston, T. and Carl D., 'GLBT Training Successes in Unfriendly Environments', presentation at the n4A Answers in Aging Annual Conference and Tradeshow, Dallas, Texas, 12-16 July 2014.

572 *ibid.*

573 Lowe, June, 'Chair's Report', *GRAI Matters*, March 2014.

574 Submission No. 14 from GLBTI Rights in Ageing Inc (GRAI), 29 June 2014, p3.

*Unfortunately mainstream seniors' groups are often not very comfortable places for LGBTI seniors who feel they 'don't belong', often cannot share stories of grandchildren, and would shock the company should their own stories be revealed.*⁵⁷⁵

Finding 23

Older people whose sexual orientation or gender identity is not heterosexual face discrimination in aged care facilities and exclusion from mainstream seniors' groups.

People with disability

There are two types of older people with disability: those with long-term disability who have grown old; and those who have developed a disability as a result of ageing.

Studies on participation in community groups by people with disability show a distinction between the two groups, with those with late onset disability more likely to be included than those with early onset disability. People with long-standing disability were less likely to have good social networks outside the family or their place of residence and were less likely to use community services and facilities or participate in community activities without assistance.⁵⁷⁶

According to a FaHCSIA study, while seniors' groups were receptive to the needs of seniors with disabilities, their engagement was primarily with people who had acquired a disability as the result of ageing. Seniors with disability were often excluded because of lack of aids at the community group, inappropriate activities, the attitudes of current users, insufficient knowledge and experience of staff/volunteers, and transport issues.

Lack of post-employment support has been found to be a major issue for disabled people in supported employment who retire, often triggering depression and deterioration in health.

*Their disability gives them an added layer of vulnerability and in their isolation, loneliness and vulnerability they are often targets of abuse and crime.*⁵⁷⁷

Given that most people with disability had a limited understanding of retirement and were often distressed and confused about stopping work, there was a need for better transition to retirement programs.

According to a report by The Centre for Cerebral Palsy included in the COTA WA submission, a pilot study undertaken in Perth on the transitions to retirement for people with disabilities found that the services provided by service providers were

⁵⁷⁵ *ibid.*, p2.

⁵⁷⁶ Submission No. 11 from COTA WA, 23 June 2014, pp63-64.

⁵⁷⁷ *ibid.*

“patchy and unco-ordinated”. Taking time to plan for retirement was regarded as the most important factor for a smooth transition.

*It was estimated that 5-10 years was required for people to find local community groups that were to their liking and to build friendships and relationships. Parting with work mates and severing relationships were seen as the most difficult aspects of retirement. Therefore forming friendships and being comfortable in the chosen activity and community organization is seen as important to successful transition.*⁵⁷⁸

People with disability who had not been employed were at risk of poverty and were frequently unable to generate the savings necessary to meet the costs of auxiliary services needed as a consequence of ageing, according to the NSW Industry Group on People Ageing with Disability. However, they may have difficulty accessing government support, particularly if they had not yet reached 65.⁵⁷⁹

While it is common for people with longstanding disabilities to experience premature ageing before the age of 65, eligibility for aged care services begins at 65. People experiencing early onset ageing could be perceived as too ‘old’ to receive disability services but too ‘young’ by the aged care services that focus on the needs of the frail aged.

This case study example was provided by The Centre for Cerebral Palsy, as part of the COTA WA submission:

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

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

⁵⁷⁸ *ibid.*, p61.

⁵⁷⁹ Submission No. 11 from COTA WA, 23 June 2014, p58.

The use of chronological age to determine what supports and services are offered is regarded as a problem by both the disability sector and the aged care sector, and there is an “urgent need” for the two sectors to work together.

NDSWA says that there is no dedicated funding to meet the specific challenges of ageing people with disability with respect to access to community facilities, appropriate housing, and health and wellbeing.⁵⁸⁰

In terms of accessibility to buildings and transport, people with disability and the aged both stand to benefit from universal design principles, but being inclusive requires more than this.

Alzheimer’s Australia WA has been making progress in raising awareness and understanding of people with dementia, and has plans to make WA a dementia-friendly state. Dementia sufferers face issues of exclusion in many different ways – for example patterned carpet, large tracts of glass and stairs can be confusing and prohibit a person with dementia from attending an event or facility.

In recognition of the difficulties of socialising for dementia-sufferers and their partners, Alzheimer’s Australia WA developed some social activities specifically for people with dementia. (See *age-friendly accolades* box).

Alzheimer’s Australia WA Date Night

Alzheimer’s Australia WA has started a supper club for people with dementia and their spouses who found that going out to a restaurant had become unpleasant.

“If there were unusual behaviours people would stare or take note and the like, so in the end they withdraw and stay home. Now we run a supper club – we call it Date Night – where couples who have dementia can come. We set the table, put candles on the table, make a meal and it is just going out for dinner together, and there are like-minded people with similar experiences.” – Rhonda Parker, Alzheimer’s Australia CEO.

age-friendly
accolades
at home

Finding 24

Older people with disability who had been employed struggle with the transition from work to retirement.

580 Submission No. 10 from National Disability Services, 20 June 2014.

Finding 25

Older people with disability are often excluded from mainstream seniors' groups.

Recommendation 27

Older people with disability must be considered in policies and programs which target inclusion.

3.7 Employment, training and volunteering

The ageing of the State's population and subsequent forecast decline in the total labour force participation rate will require governments and industry to examine ways in which older people can be encouraged either to stay in the workforce longer, or to re-enter the workforce. This will require the provision of training and reskilling programs.

Many older people who have retired from the workforce still wish to be engaged in meaningful activities (not necessarily related to their area of work). With older people remaining healthier post-retirement than in the past, there is likely to be a greater supply of older people capable of performing voluntary work. Volunteering is recognised by the State Government as being of great significance to the social, cultural, economic and environmental wellbeing of the State.⁵⁸¹

3.7.1 WHO checklist

- Range of opportunities to work, including flexible work arrangements (supported by employee organisations).
- Policy and legislation to prevent discrimination.
- Employment of older workers promoted and encouraged.
- Retirement as a choice (not mandatory).
- Employment programs and agencies dedicated to older people.
- Availability of retraining, such as in new technologies and for voluntary positions.
- Opportunities for training in post-retirement.
- Work is accessible (e.g. transport is available, disability friendly).
- Support for self-employment and entrepreneurs.
- Range of volunteering options available, with volunteer skills matched to positions.

⁵⁸¹ Department for Communities, *Vital Volunteering 2011-2016*, Government of Western Australia, Perth, May 2011, p1.

- No cost imposition for volunteering (reimbursement for expenses).
- No deduction of earnings from pensions/income support.

3.7.2 What the Framework says

An age-friendly society should be creating opportunities for older people to contribute by providing:

- lifelong learning and re-training opportunities;
- strategies to encourage mature age employment, education and training; and
- support for volunteering.

Strategies that would help to achieve this include:

- Career and training advice delivered through Workforce Development Centres;
- Work and skills training/retraining for pre-seniors (especially women);
- Online skills training;
- Training models that recognise different learning abilities/styles;
- More flexible work conditions/transition to retirement strategies/family friendly practices to encourage people to stay in the workforce longer/return to the workforce;
- Encouraging employers to recruit older workers;
- Participation in national skills training reform strategies targeting mature age workers; and
- Informal learning activities to develop skills/encourage participation.

3.7.3 Current status

Employment

The Productivity Commission reports that labour force participation falls significantly as people reach 55 and is negligible for those over 70.⁵⁸² Even though the labour force participation rate of every working age group is projected to grow in the next 40 years, the participation rate overall will decline because of the higher numbers of people moving into retirement. The overall participation rate for Australia is projected to drop to 56.3 per cent by 2044-45. WA's workforce participation rate is predicted to decline

⁵⁸² Productivity Commission, 'Economic Implications of an Ageing Australia', Research Report, Commonwealth of Australia, Canberra, 2005.

to the same rate (56.3 per cent) by 2051, a reduction of 12 percentage points in the 40 years from 2011.⁵⁸³

The implication is that there will be fewer taxes collected to pay for the increasing ageing-related expenditure (mainly pensions and health care); hence, older people need to be encouraged to work. The longer older people work, the less demand on government expenditure.⁵⁸⁴

While the Productivity Commission is concerned about declining workforce participation brought about by an ageing population, others are less pessimistic about the ability of the economy to cope with fewer people in the workforce. One researcher notes that the predicted participation rate does not fall to as low as it was in the 1960s (thanks to the increasing participation of women in the workforce), and with less age-based discrimination and more opportunities the participation rate could rise, even in the 65-plus age group.

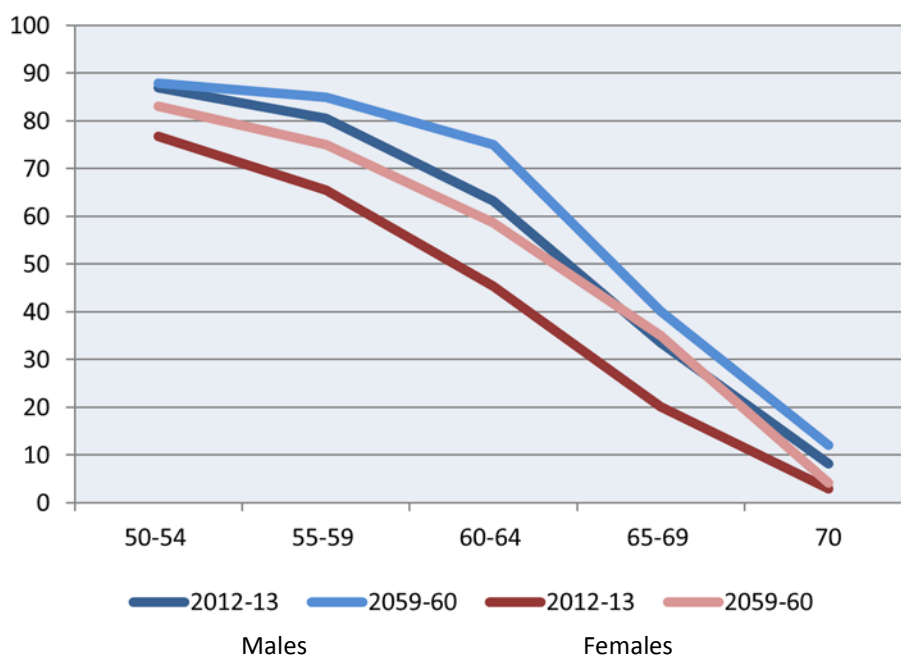


Figure 8: Current and projected workforce participation rates for Australian men and women aged 50 and over.⁵⁸⁶

583 *ibid.*

584 Submission No. 11 from COTA WA, 23 June 2014.

585 Betts, K., *The Ageing of the Australian population: triumph or disaster?*, Monash Centre for Population and Urban Research, Monash University, April 2014, p1. Available from: <http://apo.org.au/research/ageing-australian-population-triumph-or-disaster>

586 Data sourced from: Productivity Commission, 'An Ageing Australia: Preparing for the Future', Research Report, Commonwealth of Australia, Canberra, 2013.

Australia's participation rate of 61.4 per cent for those aged 55-64 years could rise to become more in line with countries such as New Zealand and Sweden, which have rates over 70 per cent.⁵⁸⁷

Economic arguments aside, there are compelling reasons for older people to participate in the workforce, not least the benefits to physical and mental health (assuming they are in work that they enjoy and is suitable).⁵⁸⁸

And statistics suggest that many mature-aged people, too late to benefit from compulsory superannuation, want to participate more. In Australia in 2011, 185, 000 people aged between 55 and 64 and 132, 000 people over the age of 65 were not currently working and wanted a paid job. Of those, only about a third in the 55-64 age group and about four per cent 65 and over had registered as officially unemployed, suggesting that many have been discouraged from searching for work.⁵⁸⁹

A working life of around 3-4 days a week, commencing at 10.00 am and concluding at 2.00 pm would enable an older person to use their senior's card for public transport, miss the peak hour rush and participate in the workforce and all the positive outcomes for both employers and the person concerned inherent in such participation. The major sticking point in our system is the need to change employer expectations about what constitutes working hours. -

Baptistcare

In June 2012, almost one-fifth (19%) of people on the Newstart allowance (for job-seekers) were aged 50 to 59, and almost one in ten (9.1%) were aged 60 to 64.⁵⁹⁰

Nearly 100 000 workers aged 55 years or more also wanted to increase the number of hours that they work, according to the Productivity Commission. Half said that their main difficulty in being able to do this was a lack of vacancies/too many applicants, while a fifth said it was because they were considered too old by employers.⁵⁹¹

Discrimination on the basis of age is one of the major barriers to employment participation. Data from the 2012 Household, Income and Labour Dynamics in Australia

(HILDA) study shows that 67 per cent of people aged 54 to 65 and 50 per cent aged 66

⁵⁸⁷ *ibid.*

⁵⁸⁸ Submission No. 11 from COTA WA, 23 June 2014; Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014.

⁵⁸⁹ Productivity Commission, 'An Ageing Australia: Preparing for the Future', Research Report, Commonwealth of Australia, Canberra, 2013, p86.

⁵⁹⁰ Betts, K., *The Ageing of the Australian population: triumph or disaster?*, Monash Centre for Population and Urban Research, Monash University, April 2014, p1. Available from: <http://apo.org.au/research/ageing-australian-population-triumph-or-disaster>

⁵⁹¹ Productivity Commission, 'An Ageing Australia: Preparing for the Future', Research Report, Commonwealth of Australia, Canberra, 2013.

plus had experienced age-based discrimination when applying for jobs. This could be overt (a policy of not recruiting anyone aged over 50),⁵⁹² but mostly it was due to negative stereotypes about the abilities of older workers,⁵⁹³ or that an older worker was a poor investment, particularly if they required training.⁵⁹⁴

Counter to the argument that employing an older person costs employers, Age Discrimination Commissioner Susan Ryan said recently that not employing older workers could be costing the nation's economy \$10 billion a year.⁵⁹⁵

According to a Department of Training and Workforce Development (DTWD) report,⁵⁹⁶ the negative stereotypes – or myths – associated with older job-seekers include:

- a propensity for more injuries;
- being more susceptible to chronic illness;
- that they lack the capacity for training and using new technologies; and
- that they are less productive in the workplace.

Evidence suggests that there is either no substance to these beliefs, or that they are minor obstacles easily overcome by appropriate training or simple modifications to workplace design or working conditions.

Apart from discrimination based on stereotypes related to age, a number of groups⁵⁹⁷ have identified other barriers or disincentives to workforce participation. These include:

- The unsuitability in older age of occupations that are physically demanding – hence, the need for re-training (*see section below on training*);
- As the economy has changed, industries in which the older person acquired skills may no longer exist (which again could be addressed by re-skilling or re-training);

592 Betts, K., *The Ageing of the Australian population: triumph or disaster?*, Monash Centre for Population and Urban Research, Monash University, April 2014, p1. Available from: <http://apo.org.au/research/ageing-australian-population-triumph-or-disaster>

593 *ibid.*

594 Woodley, N, 'Bias against older workers endemic and 'quite frightening', according to Age Discrimination Commissioner Susan Ryan', ABC News, 17 September 2014. Available at <http://www.abc.net.au/news/2014-09-17/bias-against-older-workers-quite-frightening/5750006>. Accessed on: 17 October 2014.

595 *ibid.*

596 Department of Training and Workforce Development, *Challenges to Workforce Participation*, Government of Western Australia, 2010, pp9-10.

597 For example: COTA WA; Betts; and Department of Training and Workforce Development, *Challenges to Workforce Participation*, Government of Western Australia, 2010.

- Inflexibility of employment arrangements and employer expectations of working hours. Flexible hours may enable someone with caring responsibilities for a partner or grandchild to work part-time, and also to take advantage of free public transport for seniors in non-peak hours;
- Outdated job search skills (for example, how to use social media to find work);
- Re-training and up-skilling barriers;
- Physical and mental health barriers brought about by ageing;
- Complexity of the tax system– for example, income tests on the age pension, tax rates and tax thresholds, and the design of other social welfare programs;
- Issues around employment agencies, whose performance is measured on how quickly they can find people work. The work may not be particularly suitable but the job seeker is expected to take it;
- The lure of leisure activities. The ABS reported in 2011 that the average age at which people intended to retire was 62.9 years.

As outlined in its main workforce participation strategy document, *Skilling WA*, the WA Government proposed to address the participation of under-represented groups (including mature-aged) in the workforce by encouraging industry and the public sector to promote and facilitate their participation, with the State Government providing best practice examples of workplace flexibility.

The Department of Commerce would develop a Workplace Flexibility and Participation Program, and the DTWD would develop a proposal for Career Centres and Workforce Development Centres to take on a case management role for under-represented groups.

The DTWD said it would partner with community and government organisations, such as COTA WA and WACOSS, to develop initiatives. There were also a number of proposed training-related strategies which will be discussed below.

In terms of encouraging employers to show leadership in employing older people, the DTWD was vague about formal initiatives but said that data showed that there were a greater number of older workers employed now than five or 10 years ago. There was also convincing anecdotal information that employers were more open to employing older workers. However, the director general provided only one specific example of an

employer (in Kalgoorlie) who had kept on employees beyond the age of 60 because he believed they made better workers.⁵⁹⁸

The Public Sector Commission had a workforce plan – and encouraged all government departments to have workforce plans – in which the engagement of older workers was a common theme, according to the DTWD director general. The WA Public Sector Commission’s *A Guide to Managing an Ageing Workforce: Maximising the experience of mature-age workers through modern employment practices* sets out in detail the steps that need to be taken by a government agency to be regarded as age-inclusive, including an assessment tool.

However the DTWD said it was not the role of government to set policy for other sectors, who would be guided only by the *Skilling WA* strategy goal of increasing participation.⁵⁹⁹

Nevertheless, the Committee joins COTA WA in recommending that the Public Sector Commission’s guide be promoted and extended to the local government and private sectors.

While it was suggested that a campaign similar to the disability inclusion campaign “Count Me In” might be considered to encourage employment of older workers, Dr Shean said the emphasis

age-friendly
accolades
abroad

New York City AgeSmart Employer Award

The first awards program to recognise the importance of generational diversity in the NYC workforce and in particular, to highlight the positive significance of older workers.

One of the 2013 winners, Ristorante Settepani and Settepani Bakery, has 50 employees, half of whom are older. Staff of all experience levels and ages continually receive training and keep skills current, especially when it comes to new technologies. They place a strong emphasis on cross-training all incoming staff, believing that this creates stronger teams. Settepani also provides multiple training formats to accommodate workers and encourages co-mentorship between older and younger employees. For example, a young cook trained an older supervisor, a very experienced head chef, to use the new mandatory online ordering system. Settepani also provides job flexibility as employees’ needs and lives change. A porter, around age 70, whose physical limitations bar him from being able to do heavy lifting, is scheduled during non-shipment hours, enabling him to remain in his role.

598 Dr Ruth Shean, Director General, Department of Training and Workforce Development, *Transcript of Evidence*, 17 September 2014.

599 *ibid*.

should be on encouraging employers to retain workers – more a case of “Don’t Push Us Out”.⁶⁰⁰

Once a person had left the workforce it was more difficult for them to re-enter at an older age. This was certainly the evidence before the Committee from a number of witnesses who said that it was difficult for someone who had been retrenched as a mature aged worker or had been absent from the workforce for other reasons (such as caring responsibilities) to find work.⁶⁰¹

Dr Shean does not believe that an affirmative action policy to ensure older people are recruited is necessary or desirable. Employers, in the public sector at least, were bound to employ the best person for the job. “Encouragement for people to go back and retrain is perhaps the most productive thing that can happen here.”⁶⁰²

The DTWD also does not see any need to provide an employment service targeted at older people, preferring “to put our resources into generic employment services that do not discriminate according to age”. However, given that the challenges for older job-seekers are different from other job-seekers, a number of other jurisdictions offer such services,⁶⁰³ and COTA WA is convinced of the benefit of having a bespoke service for seniors here.

*Assisting older individuals to re-enter the workforce and understanding employers’ needs requires an employment service staffed by well trained, knowledgeable and committed people.*⁶⁰⁴

That did not always appear to be the case with existing generic services, according to COTA WA.

Incentives to employ mature-aged workers exist at the Commonwealth level through the Restart scheme – which offers employers up to \$10,000 to employ a job seeker aged over 50 – and the Corporate Champions program, which offers employers one-on-one assistance to become better at recruiting and retaining older workers.

600 Dr Ruth Shean, Director General, Department of Training and Workforce Development, *Transcript of Evidence*, 17 September 2014.

601 Ms Margaret Ernest, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014; Submission No. 11 from COTA WA, 23 June 2014.

602 Dr Ruth Shean, Director General, Department of Training and Workforce Development, *Transcript of Evidence*, 17 September 2014, p6.

603 For example, DOME in South Australia, GreyHair Alchemy in Brisbane, Silver Temp in NSW and a number of online job boards for seniors e.g. Adage and www.olderworkers.com.au

604 Submission No. 11 from COTA WA, 23 June 2014, p43.

But there is no State-based equivalent. The most that is offered is advice through the Department of Commerce on flexible work options to attract and retain mature-aged employees, and information on the benefits of phased retirement.

The DTWD has acknowledged that an award to recognise employers who embrace older workers would be a worthwhile initiative. (See *age-friendly accolades* box.)

Employers need to be encouraged to employ older workers, according to *Skilling WA*, but there are no programs or incentives to ensure that they do. The onus seems to have been placed on workers to make themselves more attractive to employers, without employers being required to do much to accommodate their needs.

Finding 26

Discrimination against workers on the basis of age persists but the State Government has done little to address this.

Recommendation 28

The guide and assessment tool developed to help State Government agencies become more age-inclusive should be extended to the local government and private sectors.

Recommendation 29

An employment agency dedicated to the specific needs of older workers should be established.

Recommendation 30

The Department of Training and Workforce Development should establish an annual award to recognise age-friendly employers.

Training

As already alluded to, one of the problems facing older workers who have been retrenched is that the skills they had are no longer required. But this does not mean that they are not capable of learning new skills.

People will tell you that old dogs cannot learn new tricks – not true. Older people can learn until the day they die ... perhaps they do not have a skill that they can apply any more as a baggage handler, for example, but they have competencies in other areas that can be transferred. Sometimes they need assistance to make the bridge between what they used to do and what they are doing in a new

*occupation. People are certainly capable of doing that, and we need to assist people to make that transition.*⁶⁰⁵

The DTWD recognises the importance of retraining and re-skilling, and for some, the *Future Skills* training subsidies will be an option. *Future Skills* is the State Government's new way of prioritising training according to industry need by offering subsidies for eligible students taking up a priority course. Dr Shean said that "... for priority industry training, if you are 60 and you decide to retrain, you have every opportunity to do that at the same level of subsidy as a 22-year-old. Age is no discriminator."⁶⁰⁶

Dr Shean said the fact that the Certificate IV in Training and Assessment was the most popular government-funded course in the 60-plus age group was an indication that older people were planning to move into work areas that were less physically demanding.

*That suggests that this is people returning as trainers from their area of skill, and possibly tradies; so people who have spent a lifetime as a chippie come back and do a Certificate IV in Training and Assessment and then teach, either in the government sector or in the private sector....*⁶⁰⁷

The number of seniors enrolled in vocational education or Adult and Community Education courses increased by 33 per cent between 2006 and 2011. ACE provides a range of accredited formal courses for those looking to re-enter education, training and employment, as well as learning activities that are non-accredited and non-formal in nature. These are designed to contribute to the development of a person's skills and knowledge and encourage social participation.

According to *Community Learning in Focus: A Strategy for Adult and Community Education in Western Australia (2009-2018)*,⁶⁰⁸ ACE is designed to:

- increase participation in community and work life through learning activities that foster personal development;
- build pathways for adults of all ages into further education, training and/or employment through language, literacy, numeracy and other access programs providing education, self-management and work readiness skills;

605 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p6.

606 Dr Ruth Shean, Director General, Department of Training and Workforce Development, *Transcript of Evidence*, 17 September 2014, p9.

607 *ibid.*, p7

608 Department of Education and Training, 'Community Learning in Focus: A Strategy for Adult and Community Education in Western Australia', DEET, 2009. Available from: http://www.dtwd.wa.gov.au/dtwcorporateinfo/Annual-reports-publications-and-presentations/Documents/EDU15324_web.pdf

- provide people who are marginalised or disadvantaged with opportunities to learn and achieve, often with community organisations working together to deliver programs;
- promote, encourage and support lifelong learning pathways;

These are all pertinent to older people looking to further their skills and extend their education. However, Dr Shean said that older people who wanted to do “hobby courses” would find it harder to do so than in the past. Some of the most popular courses were iPads for Beginners, French for Beginners and Creative Art.

Some people may have been applying that training to their employment, according to Dr Shean, “but if we are focusing on taxpayers’ money being used to train people who are going to make a contribution back to the State, that age group probably is not going to be strongly represented”.⁶⁰⁹

Clearly, the emphasis on vocational training for priority industries will exclude many seniors, who may need to look to other providers to improve generic skills, such as computer and technology literacy.

Computer literacy is becoming essential for seniors to be able to navigate their way around everyday services, and also offers many social benefits. There have also been studies that suggest computer use reduces the risk of dementia.⁶¹⁰

COTA WA provides technology skills courses for seniors, and many local governments through their libraries also provide computer training for seniors. However another suggestion is that employment agencies provide more of these services. COTA WA posits that with the move away from blue collar jobs to professional and paraprofessional work, training and career development should be a core part of an employment service.⁶¹¹

Columbia Centre for Ageing’s Ruth Finkelstein says that it is incumbent on society to make retraining available, since very few people are lucky enough to have work that they want to do, or are capable of doing, forever.

In the US, two groups with early pensioned retirement – police and firefighters – are typically being retrained as nurses for their second careers, bringing into play some of

609 Dr Ruth Shean, Director General, Department of Training and Workforce Development, *Transcript of Evidence*, 17 September 2014, p8.

610 ABC Radio National, Health Report, “Computer use part of the story in delaying dementia”, <http://www.abc.net.au/radionational/programs/healthreport/computer-use-part-of-the-story-in-delaying-dementia/4266096>; also Almeida OP, Yeap BB, Alfonso H, Hankey GJ, Flicker L, Norman PE, “Older men who use computers have lower risk of dementia.” *PLoS One*, vol.7, no.8, 2012; epub 44239.

611 Submission No. 11 from COTA WA, 23 June 2014.

the same purposes and skills of their previous careers. Other such complementary career transitions for later life could be contemplated, according to Assistant Professor Finkelstein.⁶¹²

Finding 27

Training and reskilling will be required for the increasing number of older workers whose skills have become obsolete or who need to move into a less physically demanding field of work.

Recommendation 31

The Department of Training and Workforce Development should ensure that older workers have access to subsidised training in all industries – not just priority industries, as is the requirement subsidies under the *Future Skills* program.

Volunteering

Volunteering is not something that is exclusive to older people, and in fact the State Government's strategies on volunteering (outlined in *Vital Volunteering 2011-2016*) do not specifically mention older volunteers. However, almost a third (29%) of people aged 65 or more performed volunteer work in WA (2006 figures) and many older people are, of course, recipients of volunteer labour. As the population ages, there will be more demand for informal support for older adults, and, potentially, a greater supply of older volunteers.

Australia-wide, people in the 65 to 84 age group contribute the most volunteer hours, even though they are not the largest group of volunteers, and more than 75 per cent of Australians aged 50 and over plan to volunteer during their retirement.⁶¹³

Estimating the monetary value to the economy of volunteers is notoriously difficult,⁶¹⁴ but one study suggests that it is worth more to the nation than the mining industry – that is, more than \$200 billion a year.⁶¹⁵ Hence, arguments about older people costing the nation tend to fall flat once the contribution they make through volunteering is taken into account.

Although there is a body of recent research on volunteering in general there seems to be little investigation of the particular needs and challenges of older volunteers. One challenge noted by COTA WA relates to concessions for seniors. Were concessions on drivers' licences, motor vehicle licensing and public transport to be discontinued or

612 Asst Prof Ruth Finkelstein, Associate Director, ILC - Columbia Aging Centre, *Briefing*, 10 July 2014.

613 Submission No. 11 from COTA WA, 23 June 2014.

614 Productivity Commission, 'An Ageing Australia: Preparing for the Future', Research Report, Commonwealth of Australia, Canberra, 2013.

615 Submission No. 11 from COTA WA, 23 June 2014.

eroded, the capacity of seniors to participate in volunteer activities would be impacted. This would have knock-on effects for health and well-being, given the role of volunteer participation in reducing social isolation.

This should be considered in light of the finding that 71.6 per cent of volunteers incur out of pocket expenses whilst volunteering, and only 14.4 per cent are reimbursed in full by the organisation.⁶¹⁶

The DLGC says it has undertaken extensive community consultation and research as well as a survey of local governments in 2010-2011 to identify trends influencing volunteering practices and issues likely to challenge the development of volunteering.⁶¹⁷ The director general said the DLGC has released a number of guidelines and has worked closely with Volunteering WA (the key support service for volunteering in WA) to ensure there are appropriate opportunities for seniors in volunteering.⁶¹⁸

However, not all local government areas seem to be benefitting. The City of Rockingham, recognised as an age-friendly community by WHO, does not have a much-needed volunteer resource centre.

*... it is hard for us to actually get volunteers. One of the actions is to support the employment opportunities, the incentives for over 50s. The residents want to pursue and re-establish a volunteer resource centre, but as we have spoken about today, that is impossible with no money. And who is responsible? We need something to happen.*⁶¹⁹

Certainly, the value provided by volunteers to the Ac-cent community centre in Mandurah is well-appreciated. The main body of work is performed by about 80 volunteers, and the centre management says the centre could not function without it. Senior volunteers perform a range of roles from reception and administration duties to driving the bus and working in the kitchen.⁶²⁰

An issue generating discussion in the US which does not seem to have been recognised here is the ability of organisations to provide new and appropriate challenges for older volunteers. According to the National Association of Area Agencies on Ageing (n4A) in

616 Volunteering WA, '2011 State of Volunteering in WA Report'. Available at: , http://volunteeringwa.org.au/assets/downloads/2011-state-of-volunteering-in-wa_key-findings.pdf Summary Accessed on: 3 November 2014.

617 Department for Communities, 'Vital Volunteering 2011-2016', West Perth, May 2011, p6.

618 Submission No. 18 from Department of Local Government and Communities, 9 July 2014.

619 Mrs Julie McDonald, Coordinator, Community Capacity Building, City of Rockingham, *Transcript of Evidence*, 10 September 2014, p12.

620 City of Mandurah, *Briefing*, 12 September 2014.

Washington, many new retirees want to volunteer but shun the old volunteering models (e.g. envelope stuffing) which they do not find fulfilling. Research has found that there is often a mismatch between the work volunteers want to do and how non-profit organisations engage volunteers; hence, volunteers become discouraged. One-third of baby boomer volunteers leave within the first year. Charities and organisations needed to shed the “nice but unnecessary” attitude to senior volunteers. Non-profits often had a shortage of resources and capacity which could be met by effectively using volunteers.

One way to do this was to recruit “empowered teams” – a multi-skilled group of 55-plus volunteers who were sponsored by an agency but became self-directing. Organisations doing this achieved the highest return on investment and the needs of the volunteers were better aligned with the organisation’s needs. n4A developed a training program (see *age-friendly accolades* box) to implement this model of volunteering to address service needs in the ageing community.

Washington, DC
PowerUP!

age-friendly
accolades
abroad

PowerUP! Is a training program to teach organisations how to use self-directed teams of volunteers to work on specific age-related projects. The self-directed teams are a multi-skilled group of volunteers who share responsibilities for addressing a challenge or opportunity in their community. Through time, the team is empowered to take full responsibility for its own functioning and for results.

PowerUP! helps organisations to align the mission of the organisation, the characteristics of volunteers, and the aging service needs of the community. Examples of projects in the US using self-directed teams:

- Complete Streets (Wichita, Kansas) – volunteer team is developing strategies to provide input to pedestrian plans to make them more age-friendly; it convened a forum for mayoral candidates and invited them to articulate their position/commitment to Complete Streets.
- Cultural toolkit (Santa Fe, New Mexico) - volunteer team developing a toolkit for engaging neighbourhoods in conversations about what makes a liveable community for different cultural groups as they age.
- National Centre on Senior Transportation - sponsoring a project to involve older adults and people with disabilities in planning, developing and coordinating the transportation needs of their community.

WA could consider a similar strategy to ensure that retirees in WA do not become an under-utilised resource. In addition to its mainstream service, Volunteering WA runs Y Volunteer – a volunteering service for youth – as well as a corporate volunteering service. A service tailored to older volunteers would be timely.

3.8 Economic security, safety and protection of rights

3.8.1 WHO checklist

The WHO guide does not contain a specific section on economic security and there is no checklist for safety and protection of rights. The guide does mention economic exclusion in the section on respect and social inclusion, and safety is raised in the section devoted to outdoor spaces and buildings. The Framework, however, deals with these issues on more detail.

3.8.2 What the Framework says

The Framework makes reference to the fact that as people age, concerns about economic security, personal safety and support in times of need can intensify. A strategic approach that ensures the protection and the security of older adults and simultaneously encourages “good planning and self-reliance” is an important attribute of an age-friendly community, according to the Framework.

The Framework details a number of concessions and rebates provided by the State Government, including: the *Cost of Living Rebate* to recipients of the Seniors Card; the *Safety and Security Rebate*; *Cost of Living Assistance concession*; a range of concessions to pensioners and seniors in relation to ownership costs, including water and local government rates and utility charges. An online portal, *Concessions WA*, has been established to provide information dedicated to government rebates and concessions.

According to the Framework, WA Police provide crime prevention and safety information and presentations to seniors’ groups, an example of this being the *Safety for Seniors* brochure. WA Police also offers individual support to seniors who have been victims of crime.

Also in place to ensure the economic security and protection of rights for older West Australians is the online scam awareness portal, known as *Scamnet*. Provided by the Department of Commerce through its consumer protection division, *Scamnet* serves to detect, alert and educate the community to scams.

The *Older Person’s Rights Service* was set up to provide legal advice to seniors plus the support of a social worker to assist with various issues, including elder abuse.

Advocare also assists in this area, providing a free professional advocacy service to help seniors understand their rights and complaint-making mechanisms. The Framework

also notes the multi-agency network, made-up of state government and non-government agencies, known as the Alliance for the Prevention of Elder Abuse (APEA). APEA oversees the development and delivery of strategies relating to elder abuse.

The Framework mentions the work of the Department for Communities (as it was then) in providing counselling and other support to carers through Carers WA. The Disability Services Commission also supports people with a disability who are ageing and their carers in planning for major milestones throughout the life course.

Since 2010, West Australians have been able to use enduring powers of guardianship and advanced health directives to help plan for decisions for their future.

Noted under the heading “Where to next”:

- maximising personal safety through information, programs and support;
- providing information that will allow people to plan for and develop self-reliance; and
- supporting community members in need.

The Framework draws attention to the unacceptability of elder exploitation and abuse, and how to prevent and respond to it. It lists the prevention of elder abuse and intervention strategies, including mediation and legal support, as central to protecting older people’s rights. Also essential was elder abuse awareness training and education for service providers or those in close contact with older people.

3.8.3 Current status

Concessions and income security

On the same day that the *Credit Suisse Global Wealth Report*, the leading reference on global wealth, announced that the median Australian adult was worth \$258,000⁶²¹; Foodbank released its *2014 Hunger Report*. Despite our purported wealth there are significant numbers of people going hungry.⁶²²

According to ACOSS, while median incomes have continued to increase, a substantial proportion of the population goes without a decent standard of living.⁶²³ In 2012, 14.8 per cent of people over the age of 65 were living below the poverty line (half the median income).

621 Credit Suisse, *Global Wealth Report*, Credit Suisse Research Institute, Zurich, Switzerland, October 2014.

622 Foodbank Australia, *Foodbank Hunger Report 2014*, Foodbank Australia, North Ryde, NSW, October 2014.

623 Australian Council of Social Service, *The Poverty Report 2014*. Strawberry Hills, NSW: ACOSS, 2014.

Depending on the specific circumstances of the older person, government subsidies will either assist in lifting an older person out of poverty or make life somewhat more comfortable for an older person who is already above the poverty line.^{624,625}

According to COTA WA:

*Seniors' finances are largely inflexible and sudden changes to income streams, which have been anticipated and acted upon in good faith, can be catastrophic.*⁶²⁶

Typically social protections in the form of government concessions and subsidies bolster resilience by lessening an individual's vulnerability to fluctuations in the cost of living.⁶²⁷ The Framework notes the importance of concessions and subsidies in the lives of many older Western Australians.

Although measuring poverty is notoriously fraught,⁶²⁸ it is widely acknowledged that there is an increasing gap between the rich and the poorer in Western Australia.⁶²⁹ The numbers relying on concessions is also growing.⁶³⁰

Government assistance forms an important part of supplementary retirement income to those with inadequate asset accumulation and fixed incomes, according to COTA WA.⁶³¹ But the Committee heard that WA lacks an overall strategic concessions policy framework.⁶³²

In its submission COTA WA stated that:

Concessions policy epitomises the lack of a planned and co-ordinated approach to the ageing population, despite having been discussed in

624 Bloom, D.E., Jimenez, E. and Rosenberg, L., 'Social protection of older people', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, pp86-87.

625 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014.

626 Submission No. 11 from COTA WA, 23 June 2014.

627 Bloom, D.E., Jimenez, E. and Rosenberg, L., 'Social protection of older people', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p83.

628 Submission No. 11 from COTA WA, 23 June 2014.

629 Bankwest Curtin Economics Centre, *Housing Affordability: The real costs of housing in WA*, Focus on Western Australia Report Series, no. 2, Bentley, WA: Bankwest Curtin Economics Centre, April 2014, p28.

630 Hon Sue Ellery, MLC, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 19 June 2014, p4179.

631 Submission No. 11 from COTA WA, 23 June 2014; Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

632 Submission No. 11 from COTA WA, 23 June 2014.

*state government reviews and recommendations having been made to inform the development of an efficient and effective system.*⁶³³

COTA WA also detailed the ongoing concerns the Auditor General has had relating to the lack of appropriate controls over “a co-ordinated whole of government approach to targeting, monitoring and evaluating the social concession systems since 1992”.⁶³⁴

The Committee is concerned that for the fourth year running,⁶³⁵ the Auditor General gave a *qualified opinion* arising from the audit of the accounts and financial statements of the Department of Local Government and Communities (DLGC) regarding payments to seniors:

*Controls over payments to seniors for the Cost of Living Rebate and the Safety and Security Rebate were inadequate. The Department does not have adequate controls in place to confirm the ongoing eligibility of seniors on its database to the Seniors Card. In particular, Seniors Card application forms that were processed prior to June 2004 were destroyed. Therefore, I was unable to obtain sufficient appropriate audit evidence about the eligibility of rebate recipients. Consequently, I was unable to determine whether Grants and Subsidies expenditure in the current and prior year Statement of Comprehensive Income was fairly presented.*⁶³⁶

The demographic shift associated with an ageing population is likely to increase the community’s call on existing concessions. But according to COTA WA, the lack of means testing “compromises the impact of concessions in reducing disadvantage”. Concessions needed to be better targeted and programs better designed.⁶³⁷

There were anomalies in the current suite of concessions that needed to be addressed, and the branding of some concessions was confusing – for example the similarly-named *Concessional Rate of Duty on Residential Property* and the *Residential Rate of Duty Concession*.⁶³⁸ The *Cost of Living Rebate* is a payment or a “cash injection” while the *Cost of Living Assistance Payment* is in fact a rebate.

633 *ibid.*, p12.

634 *ibid.*

635 Emery, K. ‘Crackdown on benefits for seniors’, *The West Australian*, 17 October 2014, p38.

636 Department of Local Government and Communities, *Annual report 2013-14*, Government of Western Australia: Perth, WA, 2014, p69.

637 Submission No. 11 from COTA WA, 23 June 2014, p15.

638 *ibid.*

This confusing language runs counter to the Frameworks principle of providing clear and simple information that permits people to plan for and develop self-reliance.⁶³⁹

It has also been pointed out that the application processes vary widely and can be very complicated, which may deter some eligible seniors from applying. The application processes for some concessions appear to be unrelated to the value of the benefit.⁶⁴⁰ Curiously, lower-value payments can require greater proof of eligibility than some higher-value concessions.⁶⁴¹

COTA WA also advocates over-hauling the eligibility criteria for receiving the WA Seniors' Card. The Framework points to the WA Seniors' Card program for citizens who have turned 60 as being "one of the most generous in Australia".⁶⁴² Current cardholders are entitled to a range of government concessions and discounts from more than 500 businesses listed in the *WA Seniors Card Discount Directory*.⁶⁴³ In 2013 there were 345,836 cardholders, with annual projected growth calculated at 10, 000.⁶⁴⁴ In the last financial year, 19, 022 new cards were issued.⁶⁴⁵

The eligibility criterion regarding working hours was unregulated and there was no on-going monitoring of paid hours worked.⁶⁴⁶ It was possible that cardholders who worked in excess of 25 hours per week, making them ineligible for the card, were continuing to derive benefits from it.⁶⁴⁷

Inconsistent eligibility criteria for other concessions was also noted. For example concessions on annual water supply charges between the Water Corporation, Aqwest and Busselton water were different.⁶⁴⁸

The Committee heard a number of times that a review of State-based concessions would be welcomed.⁶⁴⁹

639 Department for Communities, *An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017*, Government of Western Australia, Perth, December 2012, p17.

640 Submission No. 11 from COTA WA, 23 June 2014.

641 *ibid.*

642 Department for Communities, *An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017*, Government of Western Australia, Perth, December 2012, p16.

643 Department of Local Government and Communities, *WA seniors' card*. Available at: <http://www.communities.wa.gov.au/seniors-card/Pages/default.aspx>. Accessed 14 November 2014.

644 Hon Helen Morton, MLC, Minister for Mental Health; Disability Services; Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 19 June 2014, p4179.

645 Department of Local Government and Communities, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p27.

646 Submission No. 11 from COTA WA, 23 June 2014.

647 *ibid.*

648 *ibid.*

649 *ibid.*; Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014; Submission No. 16 from Carers WA, 4 July 2014.

The Treasurer, Mike Nahan said in the budget speech that there will be a review of concessions to inform next year's budget process "to make them simpler and more equitable".⁶⁵⁰

A Directors' General Steering Committee, chaired by the Director General of the Department of Training and Workforce Development, has been established to look into the administration of grants and social concessions.⁶⁵¹

COTA WA chief executive officer Ken Marston said the current concessions framework was inequitable, inefficient, poorly targeted and unsustainable,⁶⁵² and he is concerned that seniors' views will not be represented in the government review:

*...a review, in my mind, is not a simple cost-cutting exercise; it is the reallocation of resources, and there may well be people in the community who need more and we need to make sure that those who need it the most get it.*⁶⁵³

Carers WA has also called for a review, suggesting that older people on a carer payment be eligible for concessions in the same way as people on the age-pension are eligible. There was little recognition among State Government agencies tasked with distributing concessions that recipients of carer payments are pensioner concession card holders.⁶⁵⁴

Finding 28

The approach to concessions for seniors is poorly planned and controlled.

Recommendation 32

The State Government needs to design a concessions policy and framework that will ensure concessions for seniors target the people most in need.

There has been some conjecture as to the amount that the WA Government spends on concessions, rebates and free services for seniors.⁶⁵⁵ The Premier has quoted a figure of \$430 million a year.⁶⁵⁶ Federal funding has in the past contributed to concessions, rebates and free services for seniors in WA. However, in the 2014-15 Budget the

650 Hon Mike Nahan MLA, Treasurer, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), p3084.

651 Mr Michael Barnes, Acting Under Treasurer, *Transcript of Evidence*, Standing Committee on Estimates and Financial Operations, 10 June 2014, p9.

652 Submission No. 11 from COTA WA, 23 June 2014.

653 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014.

654 Submission No. 16 from Carers WA, 4 July 2014.

655 Hon Adele Farina, MLC, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 19 June 2014, p4185.

656 Hon Colin Barnett, MLA, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 24 June 2014, p4428.

Commonwealth Government withdrew its funding to the tune of \$107 million dollars over four years, with the early termination of the *National Partnership Agreement on Certain Concessions for Pensioner Concession Card and Seniors Card holders*.⁶⁵⁷

To compensate for the \$25 million dollar loss of Federal funding in the current financial year, the State Government halved the *Cost of Living Rebate* (CoLR) to WA Seniors' Card holders.⁶⁵⁸ The CoLR is a cash payment of \$82 (previously \$163) for singles and \$123 (previously \$245) for couples to ameliorate the impact of rising living expenses.⁶⁵⁹

As National Seniors Policy Advisory Group representative Margaret Erneste stated, seniors are "on shaky ground":

... we do not know what will happen in the next budget. We do know the Commonwealth has cut out a lot of money to the States, so ultimately we are just hoping that will not be passed down to us.

She said that Minister for Seniors and Volunteering Tony Simpson had assured seniors that everything would continue.

*"Are you sure?" he was asked. "Yes, I promise you, everything will continue." And then we were told, and it was a member from the Seniors Card, "No, it'll only go on until the next budget. So, do not set your heart on it."*⁶⁶⁰

Many seniors in WA also struggle with cost of living expenses. Costs of living (including electricity, water, sewerage and drainage, public transport, motor vehicle charges, emergency services levy, stamp duty and residential gas) have increased 48.6 per cent since 2008.⁶⁶¹

The Department of Child Protection and Family Services (DCPFS) administers the Hardship Utility Grant Scheme (HUGS) which provides financial assistance to eligible applicants experiencing financial hardship to pay their water, gas and electricity bills, to ensure continuation of connection and supply.⁶⁶²

657 Hon Helen Morton, MLC, Minister for Mental Health; Disability Services; Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 19 June 2014, p4181.

658 Hon Colin Barnett, MLA, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 24 June 2014, p4428.

659 *ibid.*, p4429.

660 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

661 Hon Sue Ellery, MLC, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 19 June 2014, p4179.

662 Department of Child Protection and Family Services, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

But WACOSS is advocating for the introduction of a concessional electricity tariff to provide proportional assistance to low-income households at high risk of utility hardship.⁶⁶³ WACOSS asserts that better integration of financial hardship services would lead to a shift from a “revolving door approach to one of greater prevention and transformative interventions”.⁶⁶⁴

WACOSS undertook comprehensive research into the emergency relief sector in Western Australia in 2012, revealing significant “churn and cross-referral between emergency relief services, along with high levels of unmet need”.⁶⁶⁵ It reported frustrations by staff at their inability to address the underlying causes of financial hardship.⁶⁶⁶

Much to the chagrin of many seniors, the *Safety and Security Rebate Scheme* (SSRS) was amended with effect from 1 January 2014.⁶⁶⁷ The SSRS allows *WA Seniors Card* holders to claim a rebate of up to \$200 to upgrade or replace home safety measures if they have previously received the security rebate and then experienced a break-in from 1 January 2014.⁶⁶⁸

These criteria now make it more difficult for seniors to qualify for the rebate.⁶⁶⁹ As at June 2014, eight applications had been received and only four had been approved.⁶⁷⁰ This is in stark contrast to the 46,000 people that applied for the SSRS in the previous four years of the scheme.⁶⁷¹

In justifying the restructure of the SSRS, the Minister for Seniors and Volunteering, Hon. Tony Simpson explained that the previous rebate had reached its capacity and that the government was now focused on personal devices instead.⁶⁷²

A \$200 rebate is available to *WA Seniors Card* holders for personal devices, including portable noisemakers; one-way alerts; intercom monitors; monitored systems; non-

663 Western Australian Council of Social Service, *2015-16 Pre-Budget Submission: The Difference We Can Make*, West Perth, WA: WACOSS, 2013, pp23-24.

664 *ibid.*

665 Western Australian Council of Social Service, *Emergency Relief Scoping Report: Giving Shape to the ER Sector*. Perth, WA: WACOSS, 2013.

666 *ibid.*

667 Hon Tony Simpson MLA, Minister for Seniors and Volunteering, *Better security for seniors*, Media Statement, 13 December 2013.

668 Department of Local Government and Communities, *Safety and security rebate*. Available at: <http://www.communities.wa.gov.au/seniors-card/government-concessions-and-rebates-WA-Seniors-Card/Pages/Safety-and-security-rebate.aspx>. Accessed 14 November 2014.

669 Wearne, P., ‘Seniors to lose \$200 payment’, *The West Australian*, 24 April 2014, p11.

670 Hon Helen Morton, MLC, Minister for Mental Health; Disability Services; Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 24 June 2014, p 4318.

671 Hon Tony Simpson MLA, Minister for Seniors and Volunteering, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 25 June 2014, p4574.

672 *ibid.*

monitored systems; and fall detectors.⁶⁷³ There had been more than 2000 applications for the personal security device rebate for the period 1 January 2014 to 31 July 2014.

Finding 29

Seniors are finding it difficult to meet the new criteria to qualify for the Safety and Security Rebate Scheme.

Protection of rights

Under the heading “secure in ageing” the Framework talks of the “protection of rights”. A rights-based approach sets out the essential principles that provide an older person with decent human rights protection.⁶⁷⁴ The Framework promotes the use of *advance planning mechanisms*. These comprise legal instruments (such as enduring powers of attorney; enduring powers of guardianship; advance health directives; and wills) that assist Western Australians to plan for their future.⁶⁷⁵

A statutory review of the *Guardianship and Administration Act 1990* is underway.⁶⁷⁶ A report is being finalised by the Department of the Attorney General. According to the Attorney-General, Hon Michael Mischin:

*...the terms of reference for the statutory review focused on the operation and effectiveness of the Guardianship and Administration Act to determine whether the act provides effective guardianship and administration arrangements for persons with a decision-making disability; if the State Administrative Tribunal is operating efficiently and effectively in respect to such matters; and if the act supports the effective operation of enduring powers of attorney, enduring powers of guardianship and advance health directives and the making of treatment decisions and decisions relating to medical research.*⁶⁷⁷

Enduring powers of attorney, enduring powers of guardianship and advance health directives have been the subject of much discussion.⁶⁷⁸ Currently there is no uniform

673 Department of Local Government and Communities, *Safety and security rebate*. Available at: <http://www.communities.wa.gov.au/seniors-card/government-concessions-and-rebates-WA-Seniors-Card/Pages/Safety-and-security-rebate.aspx>. Accessed 14 November 2014.

674 Campion, Vivienne, ‘Older persons: Rights, protections, and the impact of ageism’, presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

675 Department for Communities, *An Age-friendly WA: The Seniors Strategic Planning Framework 2012-2017*, Government of Western Australia, Perth, December 2012, p17.

676 Hon Michael Mischin, MLC, Attorney General, *Letter*, 29 August 2014.

677 Hon Michael Mischin, MLC, Attorney General Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 18 February 2014, p73.

678 House of Representatives. Standing Committee on Legal and Constitutional Affairs, *Older people and the law*. Parliament of the Commonwealth of Australia: Canberra, ACT, 2007.

legislation in place in Australia. This is problematic in a society that is increasingly mobile.⁶⁷⁹

Every member of the WA community is presumed to be capable of managing their own affairs and making reasonable judgements about themselves, their safety and their finances unless a contrary position is proven by the State Administrative Tribunal.⁶⁸⁰

The Framework speaks of “self-reliance”⁶⁸¹ and “informed planning throughout the life course”.⁶⁸² There are a number of factors that impact on a person’s ability to make reasoned decisions that are in their own best interests. These may include: dementia; an intellectual disability; an acquired brain injury; or a mental illness.⁶⁸³

In WA the responsibilities of the agencies tasked with protecting the rights of people with a decision-making disability are enshrined in the *Guardianship and Administration Act 1990* (WA), which is:

*... designed for the protection of adult persons whose faculties may be impaired, for any reason, and who are therefore in need of protection and assistance so as to ensure that their financial affairs and other welfare is not jeopardised.*⁶⁸⁴

The principles by which adults with a decision-making disability are catered for in Western Australia are outlined in Section 4 of the *Guardianship and Administration Act 1990* (WA). A guardian or an administrator is only appointed when a person’s needs can no longer be met in a less restrictive manner.⁶⁸⁵

The proactive use of supported and facilitated decision-making is another way of combatting elder abuse.⁶⁸⁶

679 Chesterman, John, ‘Improving our protection of at-risk adults’, presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

680 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p5.

681 Department of Local Government and Communities, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p16.

682 *ibid.*, p17.

683 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p6.

684 Re Full Board of Guardianship and Administration Board [2003] WASCA 26; (2003) 27 WAR 475 at [43] (EM Heenan J), cited in Parry, D.R. and De Villiers, B., *Guide to the proceedings in the Western Australian State Administrative Tribunal*, Lawbook Co.: Sydney, NSW, 2012, p25.

685 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p6.

686 Blake, Meredith, Carroll, Robyn and Webb, Eileen, ‘Decision making about health and hearth: Protecting seniors’ autonomy and welfare’, presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

More than 1200 vulnerable adults in WA are subject to guardianship according to the Department of the Attorney General (DoTAG), representing a 152 per cent rise in the past five years.⁶⁸⁷ DoTAG acknowledges that this is a significant issue impacting on the agency and concedes that it places pressure on the services offered by the Office of the Public Advocate (OPA) and the Office of the Public Trustee (OPT).⁶⁸⁸

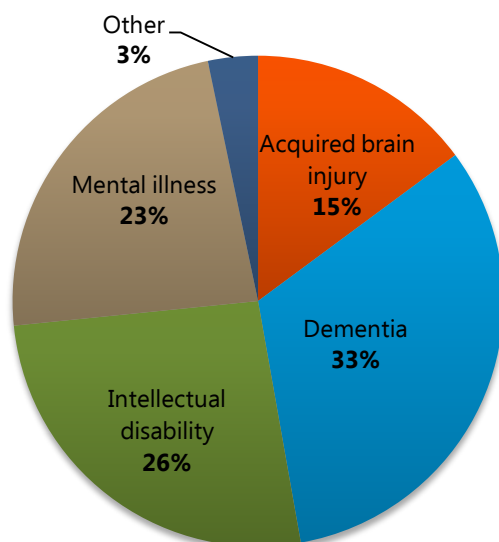


Figure 9: Guardianship orders appointing the Public Advocate by type of decision-making disability as at 30 June 2014

The Office of the Public Advocate (OPA) exists to safeguard the human rights of adults with a decision-making disability to reduce their risk of abuse, exploitation and neglect.⁶⁸⁹ In Western Australia the Public Trustee has responsibility for managing the legal and financial affairs of many vulnerable people in the community.⁶⁹⁰ The Public Trustee ensures equitable access to trustee services for all Western Australians.⁶⁹¹

The OPA has noted the challenges of meeting the growing demands in an ageing population for its guardianship, investigation and advocacy services.⁶⁹² This was echoed by the Public Trustee:⁶⁹³

687 Department of Attorney General, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p5.

688 *ibid.*, p47.

689 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p5.

690 Public Trustee, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p4.

691 Public Trustee, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

692 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

*This demographic change ... will continue to increase the demand for trust management and estate administration services.... Other factors such as the increasing incidence of dementia and longer life expectancies and an overall rise in the number and complexity of cases involving people with decision-making disabilities will also contribute to the demand for trust management and estate administration services.*⁶⁹⁴

The OPA said that servicing the needs of those with dementia would continue to be a significant factor in coming years.⁶⁹⁵

In the last financial year, 41 per cent of cases where the OPA was appointed as the guardian of last resort were for a person with dementia.⁶⁹⁶ There were 925 new matters referred to the OPA by the State Administrative Tribunal (SAT) over the same period, and 46 per cent of these involved a person with dementia.⁶⁹⁷

Further, the OPA reported that it is making treatment decisions for people who have complex medical conditions, chronic illnesses or are terminally ill with greater regularity, owing to the growing numbers of elderly people for whom the OPA is appointed guardian. Compounding the challenge for OPA is:

...carefully weighing up the wishes of the represented person and those of their family members and friends, alongside the views of the treating physicians about what is in a person's best interest regarding treatment or end of life care.

It is interesting to note that as of June 2014, the OPA was guardian of last resort for 1218 people. This represents an increase of 14 per cent on the previous year. Of the total guardianship appointments, 261 people (21 per cent) are aged 80 years and older.⁶⁹⁸ Further, of these 261 people (85 per cent) attribute their primary decision-making disability to dementia.⁶⁹⁹ Sadly, as the OPA states:

This is a reflection of the ageing population, the subsequent increasing prevalence of dementia in the community and the growing number of

693 Public Trustee, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

694 Public Trustee, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p4.

695 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

696 *ibid.*, p3.

697 *ibid.*

698 *ibid.*

699 *ibid.*, p27.

*people without family or friends who are suitable, willing and available to take on the role of decision-maker.*⁷⁰⁰

Adequately servicing the needs of people with a decision-making disability who live outside the metropolitan region is another challenge noted by the OPA.⁷⁰¹

Elder abuse

Speaking at the *Third National Elder Abuse Conference* in Perth in September, retired District Court chief judge Hon. Antoinette Kennedy AO said that more should be done to heighten consciousness in the general population about the presence of elder abuse in our community.⁷⁰²

At the same event, Christine Young, City of Melville director of community development, put the question, “Do age-friendly communities contribute to less elder abuse?”⁷⁰³ Certainly a community attuned to an all-ages friendly environment would be one where elder abuse would not be tolerated in any circumstances.

The Committee heard a number of times that the culture of secrecy that shrouds elder abuse is reminiscent of the way society dealt with child abuse and domestic violence in the past.^{704,705} This is in part due to the fact that the abuser is often a family member. According to aged support service organisation Advocare:

*Clients often explain the guilt and responsibility they feel when their abuser is their own son or daughter, therefore they will not take any action to prosecute the abusers.*⁷⁰⁶

Advocare noted that there seems to be a “growing number of grandchildren living with grandparents and becoming an abuser”.⁷⁰⁷ This is alarming, and worthy of further investigation.

It is pleasing to note that since the publication of the Framework in 2012, elder abuse awareness has advanced somewhat in WA. However, there is still work to be done.

700 *ibid.*

701 *ibid.*, p3.

702 Kennedy AO, Antoinette, ‘Official opening’, presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

703 Young, Christine, ‘Do age-friendly communities contribute to less elder abuse?’, presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

704 Kasunic, Mary Lynn, ‘The state of research in elder abuse: Working with diverse populations’, presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

705 Kalache, Alexandre and Blewit, Richard, ‘Human rights in older age’, in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p89.

706 Advocare, *Annual Report 2013-14*. Advocare: Perth, WA, 2014, p22.

707 *ibid.*

There is no agreed definition of elder abuse.⁷⁰⁸ Definitions vary from jurisdiction to jurisdiction and many myths abound.⁷⁰⁹ Equally problematic is a definition of the behaviours deemed to be abusive.⁷¹⁰ The Committee heard that a definition is important because it determines who is counted as mistreated, who is at risk, what the legislation covers, who is eligible for services, and the type of treatment offered. It also enables the measurement of change over time.⁷¹¹

The DLGC funded the *Alliance for the Prevention of Elder Abuse: Western Australia* (APEA:WA) to develop the *Elder Abuse Protocol: Guidelines for Action*.⁷¹² The guidelines define elder abuse in WA as:

*... any act which causes harm to an older person and occurs within an informal relationship of trust, such as family or friends.*⁷¹³

APEA:WA, which is facilitated by the Department of Health, comprises representatives from Advocare, the Department of Aboriginal Affairs, the Department of Local Government and Communities, the Department of Health, the Disability Services Commission, Legal Aid (WA), the Office of the Chief Psychiatrist, the Office of the Public Advocate, the Public Trustee, WA Police and the Western Australian Local Government Association.⁷¹⁴

Members of APEA:WA work collaboratively to raise awareness of issues surrounding elder abuse, and to influence current attitudes, policies and practices in relation to elder abuse. APEA:WA was established to promote a whole-of-government policy framework for dealing with systemic issues of elder abuse in Western Australia.⁷¹⁵

The *Elder Abuse Protocol* was developed to assist organisations working with older people to respond to the maltreatment of vulnerable older adults.⁷¹⁶ Because of the insidious nature of elder abuse, it often goes undetected and unreported.⁷¹⁷

708 Alliance for the Prevention of Elder Abuse: Western Australia, *Elder Abuse Protocol: Guidelines for Action*, APEA:WA: Perth, WA.

709 Greenwood, Paul, 'Elder abuse: An ageing network priority', presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

710 Clare, M., Clare, B.; Blundell, B. et al, 'Conceptualising elder abuse: Does this label fit?', *Communities, Children and Families Australia*, vol.8, no.1, 2014, pp37-48.

711 McDonald, Lynn, 'Keynote address: Are we getting it right? An international perspective', presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

712 Alliance for the Prevention of Elder Abuse: Western Australia, *Elder Abuse Protocol: Guidelines for Action*, APEA:WA: Perth, WA, 2013.

713 *ibid.*, p3.

714 *ibid.*

715 *ibid.*

716 *ibid.*

717 Greenwood, Paul, 'Elder abuse: An ageing network priority', presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

**Adult Protective Services, Texas
Elder Abuse Suspicion Index (EASI)**

Developed at McGill University and CSSS Cavendish and adopted by the World Health Organisation, EASI was developed as a simple tool to sensitise doctors to elder abuse. The EASI assists in raising a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or specially trained police officers.

The EASI comprises six questions. Questions 1 to 5 are asked by the doctor and answered by the patient in a Yes/No format. A response of "yes" on one or more questions may establish concern about possible mistreatment. Question 6 is answered by the doctor, based on his or her observations of the patient.

APEA:WA estimates that between two and five per cent of older people experience elder abuse, which equates to an estimated 6000 to 15,000 people.⁷¹⁸ These figures cannot be ignored if Western Australia is to consider itself a great place to grow old.

There is also a lack of publically available and verifiable WA Police statistics attributable to instances of elder abuse in Western Australia. This is partly because the crimes that constitute elder abuse are not specifically categorised as elder abuse by WA Police.⁷¹⁹

Many of the forms of elder abuse – such as theft, fraud and domestic violence – constitute criminal offences and are recorded as such.⁷²⁰ It is therefore difficult to quantify the prevalence of elder abuse in WA.

Researchers at UWA's Crime Research Centre have been synthesising qualitative and quantitative information from various organisations working with elder abuse to try to provide an estimate of the extent of elder abuse in WA. However, the use of different definitions between organisations and the absence of service integration had made the task difficult. Agencies needed to work together to create a uniform definition and approach to collecting data.⁷²¹

718 Alliance for the Prevention of Elder Abuse: Western Australia, *Elder Abuse Protocol: Guidelines for Action*, APEA:WA: Perth, WA, 2013, p3.

719 Panaia, Lawrence, 'WA Police on elder abuse', presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

720 WA Police, *Criminal offence descriptions used by WA Police*. Available at: <http://www.police.wa.gov.au/ABOUTUS/Statistics/CrimeOffenceDescriptions/tabid/1213/Default.aspx>. Accessed 14 November 2014.

721 Black-Blundell, Barbara, 'Examination of the extent of elder abuse in Western Australia', presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

Finding 30

Approaches to tackling elder abuse in WA are hampered by a lack of reliable data on the extent of abuse.

Recommendation 33

The State Government must support the Alliance for the Prevention of Elder Abuse WA to work more intensely with community and government bodies to establish reliable statistics on the extent of elder abuse.

Securing financial support from the DLGC and the Department of Health, Advocare was able to establish an *Elder Abuse Helpline* for older people at risk of abuse or currently being abused in April. It is hoped that the new helpline will increase the awareness of elder abuse in Western Australia and will promote best practice.⁷²²

Police are often the first responders when allegations of elder abuse are made.⁷²³ The Committee heard that jurisdictions that invest in training their police services in elder abuse are better equipped to identify the risk signs, investigate the complexities that arise in cases of suspected elder abuse, and prosecute the perpetrators of elder abuse.^{724,725} The Committee heard that some jurisdictions internationally have established multidisciplinary teams to pursue the detection, investigation, and prosecution of elder abuse cases.⁷²⁶

Recommendation 34

WA Police should train officers in ways to recognise signs of elder abuse and ways to successfully prosecute perpetrators.

Financial exploitation

Elder abuse can take many forms,⁷²⁷ including financial or material abuse, neglect, emotional or psychological abuse, social abuse, physical abuse and sexual abuse. Advocare reported that in the last financial year it had undertaken 99 advocacy cases addressing all forms of elder abuse, with a large portion being financial abuse.

722 Advocare, *Annual Report 2013-14*. Advocare: Perth, WA, 2014, p14.

723 Panaia, Lawrence, 'WA Police on elder abuse', presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

724 Chesterman, John, 'Improving our protection of at-risk adults', presentation at the *Third National Elder Abuse Conference*, Perth, WA, 3-4 September 2014.

725 Greenwood, Paul, 'Elder abuse: An ageing network priority', presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

726 Kasunic, Mary Lynn, 'The state of research in elder abuse: Working with diverse populations', presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

727 Alliance for the Prevention of Elder Abuse: Western Australia, *Elder Abuse Protocol: Guidelines for Action*, APEA:WA: Perth, WA, 2013, p3.

In addition, Advocare received 397 calls regarding potentially abusive situations.⁷²⁸ Of the 50 reported cases of financial abuse reported to Advocare, nine of these were identified as misuse of an enduring power of attorney.⁷²⁹

Financial crimes against an older person can be difficult to examine as they often go unreported by the victims. The Committee did however hear that some progressive jurisdictions in the United States have developed innovative approaches to improve their response to elder abuse, which is thwarting this trend.^{730,731}

The Committee's view is that while the helpline is a welcome initiative, more research is needed to understand the extent of the problem. There is also an urgent need to get the law right in this area, as suggested in *Security of tenure for the ageing population in Western Australia*.⁷³²

One of the principles underpinning the Framework states that:

Access to timely information and support is important to uphold the right of seniors to make their own choices.

Knowing Your Rights and Responsibilities: An Easy-to-follow Guide for Older People (published with the short title *Help Stop Elder Abuse*)⁷³³ was produced by the DLGC and the Northern Suburbs Community Legal Centre to provide guidance on family agreements for seniors. Family agreements are arrangements (often verbal) made between an older person and another party (typically family members, friends or carers).

These agreements may involve an older person providing a benefit to the other party in exchange for a commitment for future care. While family agreements can be attractive, there are pitfalls that all parties, but particularly older people, should be aware of.

The Office of the Public Advocate (OPA) also assists Western Australians with decision-making disabilities, including investigating formal allegations of elder abuse.⁷³⁴ A

728 Advocare, *Annual Report 2013-14*. Advocare: Perth, WA, 2014.

729 *ibid.*, p14.

730 Greenwood, Paul, 'Elder abuse: An ageing network priority', presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

731 Zernial, Carol, 'Elder abuse prevention: The doctor is in', presentation at the *n4A Answers in Aging Annual Conference and Tradeshow*, Dallas, Texas, 12-16 July 2014.

732 Freilich, A., Levine, P., Travia, B. et al, *Security of tenure for the ageing population in Western Australia: Does current housing legislation support seniors' ongoing housing needs?* COTA WA, Perth, WA, 2014, pp34-39.

733 Department of Communities and Local Government XXX Available at http://www.communities.wa.gov.au/Documents/Seniors/Family_Agreements_Guide.pdf

734 Office of the Public Advocate, *Annual report 2013-14*, Perth, WA, p20.

“significant proportion” of the applications made to the State Administrative Tribunal by the OPA pertained to allegations of financial abuse.⁷³⁵

Speaking at the Third National Elder Abuse Conference, Western Australian’s Public Advocate Ms Pauline Bagdonavicius said that suspicions of elder abuse arose in 125 of their 925 investigations. Significantly, more than half of these (58 per cent) related to financial abuse.⁷³⁶

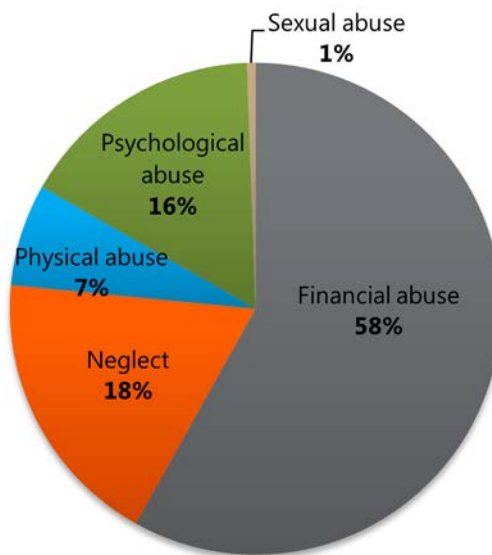


Figure 10: New investigations alleging elder abuse by type of abuse 2013-14.⁷³⁷

The OPA reported that the elder abuse was carried out by a person who saw the opportunity to exploit a vulnerable older adult; and, in the absence of a substitute decision-maker.⁷³⁸ The Committee heard a number of times that financial elder abuse is often a crime of opportunity.^{739, 740}

735 Office of the Public Advocate, Annual report 2013-14, Perth, WA, p20.

736 Bagdonavicius, Pauline, 'The Guardianship and Administration Act 1990 as a Tool to Respond to Elder Abuse', presentation at the Third National Elder Abuse Conference, Perth, WA, 3-4 September 2014.

737 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p25.

738 *ibid.*, p20.

739 Cook, David, 'The issue of trust for online access to money: Growing the identity and financial resilience of the elderly', presentation at the *Third National Elder Abuse Conference, Perth, WA, 3-4 September 2014*.

740 Adamson, Lauren and Blakey, Jenny, 'Elder abuse: How do we empower and protect older people?', presentation at the *Third National Elder Abuse Conference, Perth, WA, 3-4 September 2014*.

The number of new Public Trustee investigations alleging elder abuse for the 2013-14 financial year was 61, comprising 49 trust management clients and 12 private administrator support clients.⁷⁴¹

A partnership between Advocare and the Northern Suburbs Community Legal Centre led to the establishment of the *Older People's Rights Service* (OPRS). OPRS assists older people at risk of, or experiencing, elder abuse – mainly financial abuse.⁷⁴² OPRS predominantly sees clients with issues relating to family agreements, abuse of Enduring Powers of Attorney, some criminal matters, and property matters. According to OPRS applications and representation for the State Administration Tribunal have increased. They have also noted an increase in EPA- drafts.⁷⁴³

OPRS reports that the age range of the clients it services has increased from 70-79 years of age to 80-89 years of age with the 80s group making up the largest number of clients.⁷⁴⁴

Gaps in financial literacy skills have made some older people susceptible to fraud or other types of financial abuse, according to COTA WA.⁷⁴⁵ But sourcing independent financial advice could be difficult:

Few people recognise when they go to a financial adviser, despite the fine print, that he or she has a financial interest in the outcome in terms of trailing commissions, and may gain considerably by selling a particular set of products or a particular product.

*If you go along to your bank, for example, the financial adviser will sell you financial products that come from that bank. It is not independent advice that people are receiving.*⁷⁴⁶

This was borne out by the findings of a recent Senate Committee, which reported that it had:

*...detailed numerous cases where highly vulnerable people were taken advantage of by unscrupulous brokers and in some cases negligent lenders.*⁷⁴⁷

741 Public Trustee, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p14.

742 Advocare, *Annual Report 2013-14*. Advocare: Perth, WA, 2014, p25.

743 *ibid*.

744 *ibid*.

745 Submission No. 11 from COTA WA, 23 June 2014.

746 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p8.

747 Senate Economics References Committee, *Performance of the Australian Securities and Investments Commission*, Senate Publishing Unit, Canberra, ACT, 2014, p105.

The OPA conducts training and information sessions in metropolitan and regional Western Australia on the *future planning tools* available in WA, including enduring powers of attorney and enduring powers of guardianship, as well as more general information on the operation of the *Guardianship and Administration Act* (WA) 1990 and its implications.⁷⁴⁸

3.9 Issues not addressed in the Framework

There are a number of areas of importance to seniors which are barely addressed in the Framework, if at all. While one of the eight WHO domains is communication and information, the Framework does not deal with this topic separately. While the need for information is recognised throughout the Framework, it does not address issues around how information should be provided to seniors.

Apart from “technology-driven skills training”, it also does not talk about the role of technology in the lives of older people (particularly for social networking).

Grandcarers are not mentioned in the WHO guide and are mentioned only once in the Framework, noting that they should be recognised.

And while the lower life expectancy of Aboriginal people is acknowledged and there is recognition that culturally appropriate supports for Aboriginal seniors (including aged care options) are needed, the Framework provides minimal guidance on issues affecting Aboriginal seniors. The Aboriginal Economic Participation Strategy 2012–2016 is mentioned, but there is nothing in this strategy that specifically targets the older Aboriginal population.

The WHO guide speaks broadly about cultural values, but does not specifically mention the needs of Indigenous groups.

This section explores these three under-represented areas, beginning with communication, information and technology.

3.9.1 Communication, information and technology

Age-friendly formats and design

Good communication and information are essential to seniors: growing older is a process of adjustment, and information helps in the transition.⁷⁴⁹ Lack of awareness

748 Office of the Public Advocate, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p20.

749 Public Health Agency of Canada, *Age-friendly Communication: Facts, Tips and Ideas*. PHAC, Ottawa, Ontario, 2010.

about available information, services, or not knowing how to locate needed information can be an impediment to an older person making a well-informed decision.

Insufficient up-to-date information on important matters, such as health, legal rights, benefit entitlements, services and community events can be problematic for older adults.⁷⁵⁰ Consequently older people may not receive benefits or services to which they are entitled or learn about them too late to apply.⁷⁵¹

Conversely, at times older people can be overwhelmed by the sheer amount of information that is available to them. For older adults, managing information overload can be a challenge. Again, the consequence may be that important information is missed.⁷⁵²

According to Ms Hunter from the Independent Living Centre:

*There definitely is a need for a greater awareness of making things more accessible and understood by more people.*⁷⁵³

The most common age-related changes in the brain include decline in working memory related to slower speed processing, limits in capacity and difficulty inhibiting irrelevant information.⁷⁵⁴ Spatial abilities also typically decline with age.⁷⁵⁵

The Independent Living Centre's Gerri Clay put it well:

*That is a common feature in a world that is so dense with information: it is hard to find your way around, even if you are very computer literate and you know what you are after, so if you do not, it is a challenge.*⁷⁵⁶

A common gripe for many older people is that the visual and auditory presentation of information is often unsuitable and can impact their ability to communicate and to absorb information.⁷⁵⁷ The Committee heard that some public places have installed audio loops to assist people with a hearing impairment.⁷⁵⁸

750 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

751 Submission No. 11 from COTA WA, 23 June 2014.

752 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

753 Ms Sally Hunter, Manager, Assistive Technology Services, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014.

754 Davison, Gerald C. and Hagedorn, Aaron, 'Technology and ageing', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012, p109.

755 *ibid.*

756 Ms Gerri Clay, Executive Director, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014, p6.

757 Ms Sally Hunter, Manager, Assistive Technology Services, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014.

758 Submission No. 1 from City of Melville, [5 June 2014].

Auditory information can be spoken too quickly and the language used can sometimes be dense and complicated for an older adult to follow. The use of unfamiliar terms and jargon, for example, can be confusing for an older person.

Given changes in visual acuity, older people may have difficulty distinguishing displays and buttons on electronic equipment. Susceptibility to glare may increase difficulties accessing some devices. Parking ticket machines for example, can be poorly lit and can have unclear instructions which are difficult for an older person to decipher.⁷⁵⁹

Automated telephone systems can be very frustrating and challenging for the older person. Complex telephone commands with too many steps can be confusing. Compounding this is that often there is no opportunity to speak to a “real” person. This may mean that the older person does not get the information that they need.⁷⁶⁰

The closure of locally-based services and the trend towards automating services (as is the case with post-offices and banks) can have a profound effect on the wellbeing of a senior. The interpersonal aspect of communication is very important to seniors.⁷⁶¹

Many older people still prefer to engage with a person face-to-face rather than over the telephone. Interaction with a real person who is helpful, speaks clearly and is unhurried is highly valued by older people around the world.⁷⁶² Western Australia seems to be no exception.⁷⁶³ The Committee believes it is what some would call good old-fashioned customer service.

The Committee heard that Alzheimer’s Australia has developed a suite of materials to help customer service staff in the transport, emergency services, banking and retail industries identify a person with dementia.

Alzheimer’s Australia WA CEO Rhonda Parker explained that it taught service staff to consider that someone’s unusual behaviour may be because they have dementia, and to know how to deal with that.

We will not be able to change the whole world but it will start creating a framework for a conversation and that recognition that people with dementia live in our communities. They come to the shop, they go to the bank, they go to the post office, they catch the bus and sometimes when there is an emergency or a fire or whatever in our home, if the person is in a confused state, are those emergency service personnel

759 Cook, David, ‘The issue of trust for online access to money: Growing the identity and financial resilience of the elderly’, presentation at the *Third National Elder Abuse Conference, Perth, WA, 3-4 September 2014*.

760 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

761 *ibid*.

762 *ibid*.

763 Submission No. 8 from City of Cockburn, 16 June 2014.

*prepared to recognise if it is dementia and if it is, they are able to have a bit of training in how to deal with that.*⁷⁶⁴

A tenet of age-friendly communication is the use of informal channels to reach older people. One way is to regularly provide relevant information in places where older people normally gather; another is to create social occasions to offer information of interest to them. The Committee observed this at Mandurah Ac-cent and the City of Melville Exergaming demonstration.⁷⁶⁵

It is not unusual to hear that the font size on text materials is too small to read. Instructions and some product labels, such as medications, are difficult to decipher.⁷⁶⁶ Ensuring that printed materials use large lettering and the main ideas are shown by clear headings and bold-face type is a useful design element for an older person.⁷⁶⁷

Official forms and contracts which are necessary to complete when applying for services and benefits can be difficult to understand.⁷⁶⁸ Ensuring that plain language is used benefits an older population.⁷⁶⁹

The Public Health Agency of Canada has published a guide, *Age-friendly Communication: Facts, Tips and Ideas* to assist in communicating effectively with people off all ages, but particularly with older people.

*There is no fixed line between a “young” audience and an “old” audience—and no solid boundary between communication “for seniors” and communication for everyone else. Plain language, good design and materials that are easy to use and understand are valued by everyone.*⁷⁷⁰

Information and communication that is age-friendly has universal appeal in that it is likely to be more inclusive and accessible to other parts of the community too: all ages-friendly. An age-friendly community is one that is conscious of the vocabulary that is employed when dealing with, or speaking to, older people. Information and communications are conveyed in a positive and respectful manner.

764 Ms Rhonda Parker, Chief Executive Officer, Alzheimer’s Australia Western Australia, Transcript of Evidence, 11 June 2014,p3.

765 City of Melville, *Briefing*, 27 August 2014; City of Mandurah, *Briefing*, 12 September 2014.

766 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

767 Submission No. 8 from City of Cockburn, 16 June 2014.

768 Submission No. 11 from COTA WA, 23 June 2014.

769 *ibid*.

770 Public Health Agency of Canada, *Age-friendly Communication: Facts, Tips and Ideas*. PHAC, Ottawa, Ontario, 2010, pi.

As Kalache notes:

*All of us must be alert to language based on assumption, language that conveys value judgments or that perpetuates stereotypes about older people. Older people are arguably more diverse than any other age group.*⁷⁷¹

The Framework mentions *seniors* and *pre-seniors*; others speak of the *young elderly* and the *old elderly*;⁷⁷² and others talk of the *old old* cohort (that is, those aged 85 and over).⁷⁷³

The Minister for Seniors and Volunteering, Hon. Tony Simpson, recently said:

*The question we need to ask is, “What is a senior?” so that we can support seniors in our community.*⁷⁷⁴

It is a pertinent question to ask given the diversity of the older cohort in Western Australia. It must be answered in the context of an age-in-everything lens.

Engaging with older people to determine what a preferred language would look like to them would support the Framework and be in keeping with the principles of the Vancouver Protocol.

Alzheimer’s Australia has recently devised a set of language guidelines to:

*...promote the consistent use of appropriate, inclusive and non-stigmatising language when talking about dementia and people with dementia. The guidelines are intended for use by health professionals, service providers, researchers, media as well as carers and family members of people with dementia.*⁷⁷⁵

Recommendation 35

The State Government should develop guidelines on appropriate language for use in government publications aimed at seniors.

771 Kalache, A., *The longevity revolution: Creating a society for all ages*. Report of the Adelaide Thinker in Residence 2012-13. Government of South Australia, Adelaide, SA, 2013, p80.

772 Jackson, Richard, Howe, Neil and Tobias, Peter, *The Global Aging Preparedness Index*. Center for Strategic and International Studies, Global Aging Initiative: Washington, DC, 2013, p46.

773 Australian Institute of Health and Welfare, ‘Ageing and the health system: challenges, opportunities and adaptations’, *Australia’s health 2014*, Australia’s health series no. 14, Cat. No. AUS 178, Canberra: AIHW, June 2014.

774 Hon Tony Simpson MLA, Minister for Seniors and Volunteering, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 25 June 2014, p4575.

775 Alzheimer’s Australia, *The Dementia Language Guidelines*, 2014. Available at: <https://nsw.fightdementia.org.au/sites/default/files/full-language-guidelines.pdf>. Accessed 14 November 2014.

Making information available in a variety of formats - online, by telephone and in print – is desirable in an age-friendly community. For example, the City of Rockingham has a multi-mode distribution list to disseminate its municipal information. Feedback from its constituents revealed that some older adults preferred to receive Council information in a hardcopy format, whereas others preferred to receive it online. They now cater for both preferences.⁷⁷⁶

The City of Melville submission noted that seniors in its catchment wanted to see events and activities listed in the local and community newspapers, shopping centres and retirement villages; that they also wanted to receive information in a variety of formats.⁷⁷⁷

The Committee also heard that broadcasts in vernacular languages were popular with the older culturally and linguistically diverse background (CaLd) cohort in Western Australia.^{778,779} This is noteworthy given that by 2026, one in five Western Australians will be from culturally and linguistically diverse backgrounds.⁷⁸⁰

Newspapers are also an important source of information for older people. Western Australia is fortunate to have a number of free newspapers – some that specifically target seniors. Not every local paper is home-delivered so it can be difficult for some people to gain access. Free newspapers are usually available in shopping centres and libraries.

The Committee heard a number of times about the importance that the local library and community centre plays in the community.⁷⁸¹ The availability of free materials, and access to computers and free training, are age-friendly features. Some libraries offer intergenerational programming and activities.⁷⁸²

It is widely acknowledged that governments and voluntary organisations have a key role to play in the wide dissemination of information to support informed decision-

776 Mrs Julie McDonald, Coordinator, Community Capacity Building, City of Rockingham, *Transcript of Evidence*, 10 September 2014.

777 Submission No. 1 from City of Melville, [5 June 2014].

778 Mr Carlo Pennone, President, Italian Australian Community Services, *Transcript of Evidence*, 20 August 2014.

779 Mrs Theresa Kwok, Chief Executive Officer, Chung Wah Community and Aged Care, *Transcript of Evidence*, 25 June 2014.

780 Department of Local Government and Communities, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014, p67.

781 Ms Christine Young, Community Development Director, City of Melville, Briefing, 27 August 2014; Ms Marzel Norton, Community Development Coordinator, City of Mandurah, *Briefing*, 12 September 2014.

782 Ms Christine Young, Community Development Director, City of Melville, Briefing, 27 August 2014.

making.⁷⁸³ Systematic and effective public distribution services are prized features of an age-friendly community.⁷⁸⁴

A theme that runs through the evidence presented to the Committee was that older people want information to be co-ordinated in an easy-to-access service.⁷⁸⁵ Under its communities portfolio DLGC bears responsibility for co-ordinating information support services tailored to the needs of older Western Australians.⁷⁸⁶

The DLGC states that it:

*...supports seniors indirectly through the agencies and organisations that have a close working relationship with older people.*⁷⁸⁷

An example of an information service tailored to the specific needs of seniors is the Seniors' Card Centre run by COTA WA on behalf of DLGC and co-located with the Department of Commerce's Seniors' Housing Centre in the central business district.⁷⁸⁸

A seniors' information and referral telephone service which is operated by volunteers at the Seniors' Card Centre in Perth is also available. The volunteers are trained to provide referrals and information on issues such as accommodation options, education, finance, business, health and lifestyle.⁷⁸⁹

Another seniors' specific information source is the *WA Seniors Directory*, published by the DLGC. A recently updated version is available in hardcopy or online through the DLGC website.⁷⁹⁰ The directory consists of information about state government concessions and business discounts available to seniors throughout Western Australia.

783 World Health Organization, *Global age-friendly cities: A guide*. WHO, Geneva, Switzerland, 2007.

784 *ibid*.

785 Professor Chris Phillipson, Co-Director, Manchester Institute for Collaborative Research on Ageing (MICRA), *Briefing*, 3 July 2014; Mr Paul McGarry, Senior Strategy Manager, Age-friendly Manchester, *Briefing*, 3 July 2014; Asst Prof Ruth Finkelstein, Associate Director, ILC - Columbia Aging Centre, *Briefing*, 10 July 2014.

786 Department of Local Government and Communities, *Annual Report 2013-14*. Government of Western Australia: Perth, WA, 2014.

787 *ibid.*, p27.

788 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014.

789 Department of Local Government and Communities, *Seniors Information Service*, 2014. Available at: <http://www.communities.wa.gov.au/communities-in-focus/seniors/Pages/Seniors-Information-Service.aspx>. Accessed 14 November 2014.

790 Department of Local Government and Communities, *Seniors Card Discount Directory*. Available at: http://www.communities.wa.gov.au/Documents/Seniors%20Card/SC_DiscountDirectory_2014-16.pdf. Accessed on 14 November 2014.

A search facility for *Service Stations Offering Driveway Service* is also available on the DLGC website.⁷⁹¹ This may be useful for an older person with diminished agility and mobility wanting to find out which service stations have attendants operating the bowser and receiving in-car-payment for the fuel.

The DLGC also co-ordinates a seniors' speakers program, where experienced senior presenters can engage with and assist older adults who are unaware of the benefits and concessions that are available to them or how to apply for them.⁷⁹²

The seniors' speakers program delivers two presentations: *Ageing Well* which covers the key attributes to successful ageing, the benefits and concessions available to older people (including the WA Seniors Card), and guidelines to ageing healthily and actively; and the *Benefits and Concessions* which looks at services and support to help people to remain at home.⁷⁹³

Technology

Although seniors have been associated with the rapid uptake of computer technology, this is not the case for all seniors.⁷⁹⁴

Among Western Australia's diverse range of older people, some are computer literate, while others are not competent with technology. The Committee heard that some seniors are averse to technological change because they are "frightened of technology; ...they think they are going to break things".⁷⁹⁵

*We had a training day yesterday, for example, and we teach them how to plug in the Xbox to the TV and set it up from scratch so they know how it all works. The lady goes, "Oh, I can't do that, my husband always uses the remote control", so she has not even had any experience of using a remote control for her TV or the DVD player in the home. I think there is still quite a high percentage out there that do not experience technology as it is today.*⁷⁹⁶

791 Department of Local Government and Communities, *Service Stations Offering Driveway Service*. Available at: <http://www.communities.wa.gov.au/seniors-card/Pages/Find-a-discount.aspx>. Accessed on 14 November 2014.

792 Department of Local Government and Communities, *Seniors' Speakers Program*. Available at: <http://www.communities.wa.gov.au/seniors-card/Pages/Senior-Speakers-Program.aspx>. Accessed on 14 November 2014.

793 *ibid.*

794 Davison, Gerald C. and Hagedorn, Aaron, 'Technology and ageing', in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012.

795 Mrs Leanne Novatscou, Project Manager, Seniors Exergaming WA, Seniors Recreation Council of WA, *Transcript of Evidence*, 18 June 2014, p2.

796 *ibid.*

It would be short-sighted to assume that every older person has access to a computer or a mobile telephone, according to City of Cockburn research.⁷⁹⁷ This needs to be taken into consideration when offering services to a diverse older cohort so as not to exclude people.

For those older adults who do not use computers, the online-world can lead to increased feelings of exclusion. The trend towards the digitisation of documentation and services serves only to exacerbate such feelings.

On the other hand, technology presents significant opportunities for greater participation and involvement of seniors in community life.⁷⁹⁸ Online services can empower an older person to have greater independence while living at home, by facilitating, for example, online shopping, electronic bill payment, electronic banking and claiming government entitlements online.⁷⁹⁹

There are also advances in telehealth and the telecare-type of approach where people have access to emergency call systems – keeping people safe in their homes.⁸⁰⁰

There is a growing interest in gerontechnology which is the study of the interaction between technology and the unique challenges and needs of older people faced with limited physical or cognitive abilities.⁸⁰¹ The ILC advised that there are technological solutions now available that can “really make a difference” to helping those with complex communication needs.⁸⁰²

Technology has enabled access to support for people sharing a similar situation through peer support networks. As Carer’s WA points out, peer support networks are a cost-effective way to improve carers’ coping strategies, knowledge and networks.⁸⁰³

For some older adults technology has provided opportunities for intergenerational relationships, such as connecting with family members or friends who are based interstate or overseas.^{804,805}

797 Submission No. 8 from City of Cockburn, 16 June 2014.

798 Submission No. 11 from COTA WA, 23 June 2014.

799 Cook, David, ‘The issue of trust for online access to money: Growing the identity and financial resilience of the elderly’, presentation at the *Third National Elder Abuse Conference, Perth, WA, 3-4 September 2014*.

800 Ms Sally Hunter, Manager, Assistive Technology Services, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014.

801 Davison, Gerald C. and Hagedorn, Aaron, ‘Technology and ageing’, in Beard *et al.*, (eds), *Global Population Ageing: peril or promise?*, World Economic Forum, Geneva, 2012.

802 Ms Gerri Clay, Executive Director, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014, p2.

803 Submission No. 16 from Carers WA, 4 July 2014.

804 Ms Gerri Clay, Executive Director, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014.

While not everyone has a smart phone, research from the Australian Communications and Media Authority (ACMA) found that older adults' adoption of mobile telephones had increased from 65 per cent in 2009 to 74 per cent in 2013.⁸⁰⁶

Ms Parker told the Committee about an enterprising project Alzheimer's Australia WA has been working on with students from Central TAFE, who are trialling a smartphone "app" to assist people with dementia who have lost the capacity to verbalise their needs. Alzheimer's Australia WA is working closely with the Chung Wah Association and the Italian community to convert the app to Mandarin and Italian.⁸⁰⁷

Affordable public access to computers for older people in community centres, libraries and other settings where seniors congregate is an important age-friendly feature.⁸⁰⁸ So too is access to free or subsidised computer training, preferably adapted to individual needs and learning-pace and given by a trusted person.

Ms Caitlyn Smith of Age-friendly NYC told the Committee about an initiative by computer retailer Apple at their Upper West Side store. Specifically designed to reach the older adults in that neighbourhood, the store holds free introduction-to-computer classes. The classes are held before the store opens in the morning, when the environment is less intimidating for an older person.⁸⁰⁹

The Committee heard that those who do not own a computer at home tend to access it at their local library or community centre.⁸¹⁰ The Committee visited the Digital Hub at Ac-cent in Mandurah and was told about the popularity of the *Broadband for Seniors* program.⁸¹¹

Broadband for Seniors is delivered by NEC Australia Pty Ltd in partnership with Adult Learning Australia, Australian Senior Computer Clubs Association and University of the Third Age Online.⁸¹² Broadband for Seniors aims to:

805 Mrs Leanne Novatscou, Project Manager, Seniors Exergaming WA, Seniors Recreation Council of WA, *Transcript of Evidence*, 18 June 2014.

806 Australian Communications and Media Authority, *Australians cut the cord*. Available at: <http://www.acma.gov.au/theACMA/engage-blogs/engage-blogs/Research-snapshots/Older-Australians-resist-cutting-the-cord>. Accessed 14 November 2014.

807 Ms Rhonda Parker, Chief Executive Officer, Alzheimer's Australia Western Australia, *Transcript of Evidence*, 11 June 2014, p7.

808 Ms Marzel Norton, Community Development Coordinator, City of Mandurah, *Briefing*, 12 September 2014.

809 Ms Caitlyn Smith, Strategic Assistance Coordinator, The New York Academy of Medicine, *Briefing*, 10 July 2014.

810 Ms Christine Young, Community Development Director, City of Melville, *Briefing*, 27 August 2014; Ms Lisa Gardiner, Co-ordinator, Ac-cent, City of Mandurah, *Briefing*, 12 September 2014.

811 Ms Lisa Gardiner, Co-ordinator, Ac-cent, City of Mandurah, *Briefing*, 12 September 2014.

812 Broadband for Seniors, *NEC Seniors*. Available at: <http://www.necseniors.net.au/about-bfs/>. Accessed on 14 November 2014.

- Provide senior Australians with access to computers and the Internet via free Internet kiosks;
- Support senior Australians to gain confidence and build skills in using new technology, enabling them to fully participate in the digital economy;
- Address the issue of senior Australians feeling isolated and ‘left behind’ in a technological age; and
- Build community participation and social inclusion among senior Australians.⁸¹³

There appears to be a healthy appetite for computer literacy among the WA seniors population. The Committee heard that Seniors Recreation Council runs a program but it is so popular with seniors that it has been fully booked since May 2014.⁸¹⁴ The Committee was told (in June) that the demand is such that there are no vacancies for the rest of the year.⁸¹⁵

*We teach them how to use their telephones, how to use Facebook safely—anything they want to know. Some of them were taught how to use Skype so that they can talk with their children who live overseas now or grandchildren. Everything—iPads, you name it—we are sort of getting things out there to teach them.*⁸¹⁶

National Seniors voiced their disappointment at the discontinuation of the *First Click* and *Second Click* programs.⁸¹⁷ They advocated for the recommencement of the program.⁸¹⁸ Ongoing programs, the Committee heard, are needed to enable seniors to transition to an increasingly online world.⁸¹⁹

Barriers to ICT-take-up by the older population include affordability, accessibility, unfamiliarity with the technology and a lack of confidence in their ability to learn computer skills.

It is a profound shift in the way we live, but some older Australians are finding it hard to keep up. Older people with low internet skills are unable to conduct business or access important services over the web.

813 *ibid.*

814 Mrs Leanne Novatscou, Project Manager, Seniors Exergaming WA, Seniors Recreation Council of WA, *Transcript of Evidence*, 18 June 2014.

815 *ibid.*

816 *ibid.*, p2.

817 Ms Margaret Erneste, Deputy Chair, WA Policy Advisory Committee, National Seniors, *Transcript of Evidence*, 11 June 2014.

818 *ibid.*

819 Submission No. 11 from COTA WA, 23 June 2014.

*They can be isolated from their community and family at a time in their lives when feeling connected is very important. In short, they are often on the wrong side of 'the digital divide'.*⁸²⁰

The Independent Living Centre told the Committee that another potential stumbling block for many older people is a lack of support:

...who is going to be their go-to person who supports them on the phone when their wi-fi drops out"? ⁸²¹

While there are risks associated with going online, the Committee heard that these were outweighed by the benefits.⁸²²

Finding 31

While many seniors have embraced computer technology, some are being left behind and will be disadvantaged by the inability to access online information.

Recommendation 36

The State Government needs to ensure ongoing access to free one-on-one computer and internet training for seniors.

Website accessibility

A recent report suggests that there has never been a better time for seniors, including seniors with disabilities, to join the popular community interactions that occur online (such as connecting with grandchildren, participating in community events and finding information related to interests and hobbies).⁸²³

This may be due in part to initiatives to improve website accessibility such as the international standard for assessing and achieving website accessibility: the Website Content Accessibility Guidelines (WCAG) 2.0.

WCAG 2.0 provides recommendations for making web content more accessible to people with disabilities, as well as those located in areas that have limited infrastructure or online services (e.g. remote or regional areas), and those using alternative online technologies such as mobile/smart phones.⁸²⁴

820 National Seniors Productive Ageing Centre, *Older Australians and the Internet: Bridging the Digital Divide*. National Seniors Productive Ageing Centre, Melbourne, Vic, September 2011, Foreword.

821 Ms Gerri Clay, Executive Director, Independent Living Centre WA, *Transcript of Evidence*, 10 September 2014, p4.

822 *ibid*.

823 Hollier, S. *Helping seniors with disabilities get online: Accessibility features in popular computer and mobile devices*, Media Access Australia and COTA WA, Perth, WA, 2014.

824 Ms Anne Nolan, Director General, Department of Finance, *Letter*, 7 October 2014.

In WA the Department of Finance is responsible for the administration of the Western Australian Government Website Accessibility Policy.⁸²⁵ The Department of Finance provides guidance to agencies about the establishment and maintenance of the State Government's website governance framework to ensure that a consistent approach to managing government websites is followed.⁸²⁶

The Department of Finance has developed a number of supplementary publications including a Web Accessibility Guide and Criteria Checklist to enable agencies to meet the minimum standard requirements, as well as caption requirements for audio and video content.⁸²⁷

Since 1 July 2011, all WA government department websites have been expected to achieve a WCAG 2.0 Level A as a minimum standard. Responsibility for compliance rests with the individual agencies; they are expected to self-fund and implement the WA Government Website Accessibility Policy.⁸²⁸

State government agencies were given a two-and-a-half year timeframe to implement the policy. The generous timeframe allowed agencies to absorb a reasonable proportion of their implementation costs into their regular infrastructure upgrade plans and web development activities.⁸²⁹

Since 2012, three website accessibility surveys have been conducted. The purpose of the surveys was to identify progress, raise awareness of the policy and highlight issues with implementation.⁸³⁰

The survey results reveal that 36 per cent of new websites were complaint (an increase from 24 per cent in the previous year). The Department of Finance noted that as agencies apply the web accessibility principles to their websites, a higher compliance rate will be achieved over time.⁸³¹

The Department of Finance advised that website accessibility data from the Public Sector Commission revealed that only 45 websites from the State Government's suite of 112 websites achieved WCAG 2.0 web accessibility requirements.

Budgetary constraints and a lack of appropriate skills were a "challenge to the implementation of WCAG 2.0," according to the Department of Finance.⁸³²

825 *ibid.*

826 *ibid.*

827 *ibid.*

828 *ibid.*

829 *ibid.*

830 *ibid.*

831 *ibid.*

832 *ibid.*

The City of Melville noted in its submission that it had tweaked its website to make it more user friendly. It now offers larger font sizes.⁸³³

The National Institute in Aging and the National Library of Medicine have devised a guide, "Making Your Website Senior Friendly: Tips from the National Institute on Ageing and the National Library of Medicine".⁸³⁴

3.9.2 Grandparents caring for grandchildren

The number of grandparent carers (also called grandcarers) in WA is unknown, according to Carers WA.⁸³⁵ However one estimate is that there are 2500 grandcarers looking after about 4000 mostly school-aged children.⁸³⁶

Records kept by organisations or schemes which assist grandcarers provide some indication of numbers of grandcarers, but many grandparent carers are reluctant to seek help or are informal carers who do not receive support services , resulting in under-representation in formal records.

This year, 564 grandcarers (supporting 967 grandchildren) received a \$450 annual payment under the Grandcarers Support Scheme, set up by the DLGC.⁸³⁷ The not-for-profit group Wanslea Family Services assisted around 450 grandcarers in the 2013 reporting year.

In December 2013 the Community Affairs References Committee was directed by the Senate to inquire into issues affecting grandparents who take on the primary responsibility for raising their grandchildren. The report of the inquiry was tabled at the end of October 2014. A number of WA organisations made submissions to the inquiry, including the office of the Commissioner for Children and Young People (CCYP), Wanslea Family Services, Grandparents Rearing Grandchildren WA (Inc) and Gosnells Community Legal Centre. They identified many challenges for grandcarers, including:

- Accessing sufficient income to support the children in their care. Many have had to change their employment status to accommodate caring duties, perhaps re-entering the workforce, delaying retirement, or increasing their hours. Others have

833 Submission No. 1 from City of Melville, [5 June 2014].

834 National Institute on Aging, *Making Your Website Senior Friendly: Tips from the National Institute on Aging and the National Library of Medicine*. Revised 2009. Available at: http://www.nia.nih.gov/sites/default/files/making_your_website_senior_friendly.pdf. Accessed on 14 November 2014.

835 Submission No. 16 from Carers WA, 4 July 2014, p10.

836 WACOSS, 'WACOSS eNews Articles: Wanslea Grandcarers Support Scheme'. Available at: http://www.wacoss.org.au/publications/enews/enewsarticles/14-07-31/Wanslea_Grandcarers_Support_Scheme.aspx Accessed on: 6 November 2014.

837 Simpson, A.J., Minister for Seniors and Volunteering, WA, Legislative Assembly, *Parliamentary Debates* (Hansard), 21 May 2014, p283b-309a.

had to change from full-time to part-time work or have left employment to look after the grandchildren. Many economic sacrifices were made;

- Making adjustments to their housing arrangements to accommodate their grandchildren – either renovating or moving house;
- Resolving legal issues – many face legal battles regarding keeping children in their care and are unable to access Legal Aid;
- Concerns about health – many worry about ill-health and death and what will happen to their grandchildren in those circumstances. They may be struggling with physical health issues as well as the stress of raising grandchildren (often as a result of a troubled family situation);
- Social isolation – many lose touch with established social networks due to caring responsibilities; they have to accept losing the freedom that usually comes with retirement;
- Accessing appropriate services such as counselling, health care and education and obtaining information and support with 'parenting' issues, particularly for teenage grandchildren.

In a hearing with this Inquiry, Acting Commissioner for Children and Young People Jenni Perkins said that grandparents were clearly identifying the need for additional support and access to counselling or information. “One of the challenges would be that people do not know where to go or are not aware of what supports might be available.”⁸³⁸

She said that grandparents were often reluctant to come forward and ask for help and were embarrassed by the circumstances that had brought the children into their care.

And they are grieving for the situations that are coming along with their children as well if they are drug and alcohol-related or involve mental health problems. There are a lot of barriers in the way of grandparents seeking help in those situations and we can do more to assist them in that process to get the help they need.

Carers WA said that while a considerable amount of information was available online, not all carers had access to the internet or the time to navigate between multiple agencies. Many may not have the confidence to navigate social, legal and education systems that were different to those in place when they raised their own children.⁸³⁹

838 Ms Jenni Perkins, Acting Commissioner for Children and Young People, *Transcript of Evidence*, 24 September 2014, p4.

839 Submission No. 16 from Carers WA, 4 July 2014, p8.

Ms Perkins said that children in kinship care often had complex needs and grandparents moving into a primary care role were introduced to a complex array of issues involving an equally complex array of services and agencies.

This included government and non-government agencies at a local, State and Commonwealth level working across issues as complex as family law, child protection, housing, financial assistance, education, childcare, physical and mental health services, alcohol and drug services and, in some circumstances, police and justice services.

Ms Perkins said navigation of this labyrinth was “a mighty challenge” and the cooperation of agencies in smoothing the pathways, providing information and guidance, and recognising the role of grandparents was critical.

The Framework mentions the need for recognition of the growing number of grandparents caring for children, in the section on economic security and protection of rights.

A list of services and contacts for grandcarers seeking support is contained in the DLGC’s booklet *Grandfamilies: A Resource for Western Australian Grandparents Raising Grandchildren*. Agencies such as Carers WA and Wanslea Family Services also provide a range of ongoing support services to grandparents.

However, there was a need for services and supports to be provided in a flexible and sensitive way that responded to the diversity of grandparenting situations, according to Ms Perkins.⁸⁴⁰

Carer WA identified the following as necessary to support grandparent carers:

- More research to understand the dimensions and characteristics of the grandcarer population; (The CCYP also notes the paucity of data and research in this area.)
- A review of inconsistent policy responses to informal and formal kinship care, so that the support available to grandparent carers was in line with that provided to formally recognised foster parents.
- Better access to information and respite, legal and financial support. Given the lack of legal status of grandcarers in many settings, this might require individual advocacy services focused exclusively on the issues facing grandparent carers.

840 Ms Jenni Perkins, Acting Commissioner for Children and Young People, *Transcript of Evidence*, 24 September 2014, p3.

- Ensuring promotion of training, respite, counselling, behavioural and child rearing supports is not just targeted at younger parents;
- Advocacy services to help grandparent carers address complex family issues that may require coordination between various agencies and support services.

In her submission to the Senate Inquiry, Ms Perkins noted that Aboriginal and Torres Strait Islander children and young people were significantly over-represented in the child protection system and, in WA, were 15 times more likely to be in out-of-home care than non-Aboriginal children and young people.

“Nearly 70 per cent of Aboriginal children and young people in out-of-home care are placed with relatives⁸⁴¹ and research has shown an increased willingness of Aboriginal families to care for children who have been removed from their parents.”⁸⁴²

CCYP principal policy officer Patricia Heath said it was a challenge for child protection systems throughout Australia to get the balance right in regard to keeping Aboriginal children connected to their families and culture without over-burdening particular family members.

*The grandma can end up with a lot of children in her care that is well beyond her capacity.... one of our concerns is the lack of data we have about what is going on with this increased growth in kinship care. Certainly primarily with grandparents we do not know what we are doing in terms of their capacity to care and their willingness to care, which are two very different things. We need to be careful that we are not overburdening people and we are making sure those placements are safe and good for children.*⁸⁴³

Apart from the role grandparents play in raising grandchildren, the Committee’s attention was also drawn to the Productivity Commission’s inquiry into childcare and early childhood learning which had highlighted the substantial role grandparents play in providing informal childcare for their grandchildren.

841 Citing: Australian Institute of Health and Welfare 2013. Child protection Australia: 2011-12. Child Welfare series no. 55. Cat. no. CWS 43. Canberra: AIHW, p. 42

842 Citing: Higgins, D., Bromfield, L. & Richardson, N. (2005) ‘Enhancing out-of-home care for Aboriginal and Torres Strait Islander young people.’ A report to the Australian Council of Children and Parenting commissioned by the Australian Government, Department of Family and Community Services. National Child Protection Clearinghouse, Australian Institute of Health and Welfare.

843 Ms Patricia Heath, Principal Policy Officer, Office of the Commissioner for Children and Young People, *Transcript of Evidence*, 24 September 2014, p6.

Ms Perkins said that in some ways it was encouraging that relative and kinship care was the fastest growing and predominant form of out-of-home care for children and young people, in that children remained connected to their family.

*However, we are mindful that the circumstances that bring children into the care of their grandparents are often traumatic and can create complex relationships between family members.*⁸⁴⁴

Finding 32

There is not enough statistical information about grandparents caring full-time for grandchildren to properly address the needs of this group.

Finding 33

The needs of grandcarers are often complex and support is difficult to access.

Recommendation 37

Support for grandcarers from different government agencies should be better co-ordinated.

3.9.3 Ageing issues in Aboriginal communities

Aboriginal seniors have special needs in terms of all of the WHO domains and the Framework pathways, but they continue to be the most disadvantaged people in the Western Australian community.⁸⁴⁵

The Framework mentions the Federal *Closing the Gap* initiative to address health outcomes, but does not outline any specific programs for addressing the particular needs of older Aboriginal people.

COTA WA regards Indigenous ageing as having been largely neglected, despite Aboriginal seniors playing an important role in their communities. There was a need for “real engagement and real conversations” with Aboriginal people to ensure that disadvantage in the Aboriginal community did not become compounded in old age.⁸⁴⁶

While in the non-Indigenous population, people aged 50 and over represent 31 per cent of the total population, Indigenous people aged 50 and over account for only 12 per cent of the total Indigenous population. However, their poorer health status and higher levels of socioeconomic disadvantage mean they use healthcare and support

844 Ms Jenni Perkins, Acting Commissioner for Children and Young People, *Transcript of Evidence*, 24 September 2014, p2.

845 Submission No. 11 from COTA WA, 23 June 2014.

846 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p9.

services at higher rates and a younger age than other Australians. In 2008, around 16% of older Indigenous Australians had severe core activity limitations meaning that they required help with self-care, mobility or communications.⁸⁴⁷

In non-remote areas, Aboriginal and Torres Strait Islander adults were one and a half times as likely as non-Indigenous adults to have a disability or long-term health condition. At the same time, 36 per cent of people with a disability had problems accessing services, such as doctors or hospitals.⁸⁴⁸

COTA WA suggests that while some local governments have no doubt made attempts to talk to local Aboriginal people, there has never been a concerted effort to say what age friendliness really means for Indigenous people.

I think we could do better in that area. When we talk about ageing Aboriginal people, we have to recognise that because of their social disadvantage and health issues we need to start younger than (60)
...⁸⁴⁹

The Commonwealth had recognised this, setting a lower age – 45 – at which the delivery of aged care services could begin.

The City of Cockburn's Age-Friendly Communities Consultation Report identifies the need for Aboriginal specific aged care accommodation, and the city does in fact offer a program aimed specifically at its Aboriginal community. Kwobarup Aboriginal Program offers a range of services to frail, aged and disabled Aboriginal people including respite, home help, transport, a cultural art program, activities and outings and information about other Aboriginal specific services provided in the community.⁸⁵⁰

Provision of services to Aboriginal communities is not always straightforward, however. Whilst recognising that they need to cater to the cultural, ethnic or religious diversity of their clients, many service providers did not understand the diversity within each group.⁸⁵¹

For example, even now some service providers do not recognise that Aboriginal people do not comprise a community, instead that their identities are drawn from their kinship and language groups and their

847 Submission No. 11 from COTA WA, 23 June 2014, citing: Australian Institute of Health and Welfare, 'Older Aboriginal and Torres Strait Islander people. Cat. no. IHW 44. Canberra: AIHW.

848 Submission No. 11 from COTA WA, 23 June 2014, p50.

849 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p7.

850 Submission No. 8 from City of Cockburn, 16 June 2014, Attachment.

851 Submission No. 11 from COTA WA, 23 June 2014, p50.

*country. The inherent diversities are often responsible for divergent needs.*⁸⁵²

This is an issue for Indigenous populations in other countries also. The Committee heard that in the US there are more than 500 American Indian tribes that tend to be put in the same box. Groups in remote and isolated communities had a tendency not to reach out for help, but to take care of their own for as long as possible – partly because of a lack of specialised services.⁸⁵³

Carers WA said that new models of respite that were culturally appropriate needed to be developed in consultation with Aboriginal communities, where rates of disability and caring were high. Respite that is respectful of and beneficial to the person with care needs should be available to give carers time to participate in work and other activities, and to spend time with other family members in their care.⁸⁵⁴

Inclusion is an important aspect of an age-friendly community, but COTA WA was not convinced that the age-friendly communities work undertaken to date had been effective in engaging with older Aboriginal people or their communities.

In research conducted by Murdoch University for COTA WA during 2009, various “life transitions” were identified as potentially precipitating or exacerbating social isolation. One of COTA WA’s conclusions following publication of that research was that people from CaLD and Indigenous communities had not been included in the research on social isolation.

*We recognise that these groups have special needs and that there is need for research to determine need and possible initiatives to reduce social isolation in CALD and Indigenous communities.*⁸⁵⁵

City of Mandurah community development staff said that Aboriginal people were unlikely to use a facility such as the Ac-cent seniors centre, and they were investigating ways to engage older Aboriginal people.⁸⁵⁶

DLGC director general Jennifer Mathews said the department needed to look into whether funding from Royalties for Regions could be used to increase services for Indigenous people in regional areas.⁸⁵⁷

852 Submission No. 11 from COTA WA, 23 June 2014, p50.

853 Bluehouse, R., Executive Director, National Indian Council on Ageing, ‘Working Successfully with Diverse Older Adult Populations’, presentation at the n4A Answers in Aging Annual Conference and Tradeshow, Dallas, Texas, 12-16 July 2014.

854 Submission No. 16 from Carers WA, 4 July 2014, p12.

855 Submission No. 11 from COTA WA, 23 June 2014, p27.

856 City of Mandurah, *Briefing*, 12 September 2014.

Wheatbelt Development Commission CEO Wendy Newman said that as an adjunct to the Ageing in the Bush research, her organisation was investigating the cluster housing model – which provides a “critical mass” to make home care service delivery viable – for use with Aboriginal communities.

*For Aboriginal families there is an extra layer – we are calling it the concierge model – so that there is some sort of ability to manage family situations, so that that housing is not used for the purpose that it is not built for, and to help Aboriginal families manage family expectations about what the purpose of the housing is and what it is there to deliver.*⁸⁵⁸

This may be difficult to enforce, given that some elders are responsible for large extended families. Mr Marston said it was necessary to recognise the important contribution that Aboriginal elders make to their communities, particularly in terms of helping younger people.⁸⁵⁹

Improving outcomes for young Aboriginal people was the best way to improve the outlook for older Aboriginal people, according to Ted Wilkes, a Nyungar man and associate professor of Aboriginal research programs at the National Drug Research Institute Faculty of Health Sciences at Curtin University.

Professor Wilkes said it was important to build resilience in young people in order to make elders resilient. At present, elders often struggled not only with health and welfare dependency issues, but also with the loss of status once accorded them in their tribal society. While Aboriginal society was once ruled by elders, they had been increasingly sidelined.⁸⁶⁰

The Committee supports the *Blueprint for Australia* report recommendation that public and private sector organisations be encouraged to develop a Reconciliation Action Plan in relation to ageing.⁸⁶¹

857 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014.

858 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014, p4.

859 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p7.

860 Ted Wilkes, Associate Professor, National Drug Research Institute, Curtin University, ‘Elder abuse in an Aboriginal setting’, presentation at the Third National Elder Abuse Conference, 3 and 4 September 2014.

861 Blueprint for an Ageing Australia panel, *Blueprint for an Ageing Australia*, Per Capita Australia Limited, 2014.

Recommendation 38

Given the diverse needs of the ageing Aboriginal population, the Minister for Seniors formulates a mechanism to consult directly with Aboriginal elders to hear concerns firsthand and determine needs.

Recommendation 39

The State Government conducts an audit of the methods used in consulting older people in Aboriginal communities.

Chapter 4

Effectiveness of the planning framework

Consideration of the management and oversight of the Seniors Strategic Planning Framework by the administering department, whether it has been effective at the local government and State Government levels, and how useful it has been as a guide to creating an age-friendly WA.

... high level strategic ownership is required for truly effective responses for an age-friendly community – City of Melville

AN assessment of the Seniors Strategic Planning Framework involves not only an appraisal of the document itself but of the department which administers it. Both the Framework and the Department for Local Government and Communities have attracted criticism.

Evidence presented to the Committee suggests that the Framework is regarded as a well-meaning document which nevertheless lacks the kind of useful detail that would actually assist agencies and organisations to create age-friendly communities.⁸⁶²

The Committee has also been told of a profound lack of leadership on the part of the DLGC, in terms of the coordination of government agencies, organisations and resources that building an age-friendly state entails.

4.1 Coordination, collaboration and oversight

Collaboration between relevant government departments has been haphazard and inadequate, with the actual implementation of age-friendly practices largely left to local governments with insufficient resources.

There has also been no follow-up or monitoring of the performance of local governments who received funding to develop age-friendly plans, beyond demonstrating the acquittal of the \$10,000 research grant through the submission of a community consultation report.

What the 27 local governments which received the funding to conduct a study of seniors' needs were supposed to do with their findings is unclear, since there was no subsequent funding to implement initiatives to address the issues identified by the research.

⁸⁶² Mentioned in submissions from COTA WA, Baptistcare and NDSWA and in the hearing with WALGA.

The fact that some local governments are doing good things for seniors is almost in spite of the DLGC and the Framework, not because of it. It is as if the strategy was formulated (no doubt with good intentions) and then set adrift on an ocean of indifference.

The DLGC maintains, however, that the Framework was only intended as a guide to inform the policies and programs of other agencies (both State and local). As the department responsible for developing the Framework, they had “taken on a role in terms of gauging what other agencies are doing”.⁸⁶³

The extent of this appears to be convening and chairing a group of senior officers from a handful of government agencies/departments. The DLGC says that the purpose of the Planning for an Ageing WA Senior Officers Group, which has met twice since November 2013, is to share information about what each agency is doing.⁸⁶⁴

However, there seems to be no logic behind which departments are included in the group. Health and Housing are part of it, while key departments such as Transport and Training and Workplace Development are not. Nevertheless, the DLGC claims to know that there is “good work going on in other state agencies” as a result of the Senior Officers Group.⁸⁶⁵

These issues will now be explored in further detail.

4.1.1 At the local government level

The DLGC is up-front about the promotion of the age-friendly program at the local government level (assisted by the merging of the departments for communities and local government) saying that it is “a real focus” and a “priority”.⁸⁶⁶

However, the department seems unsure about what it has actually achieved at the local government level. Assisting 27 local governments to adopt the WHO age-friendly framework is not the same as saying that these communities are age-friendly, as stated in the Framework.⁸⁶⁷ An age-friendly “approach” may simply mean age-friendly initiatives have been considered at the policy level, and may not translate to age-friendly practices on the ground.

863 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p2.

864 Dr Susan Gallacher, Acting Director, Strategy, Research and Initiatives, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014.

865 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p3.

866 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p4.

867 On page 18, the Framework states that as a result of the assistance to the 27 communities, “nearly a third of Western Australian seniors reside in an age-friendly community”.

In its submission, the DLGC corrects the generalisation in the Framework noting that in the 27 local government areas where the framework has been adopted, “the resultant policies and programs are at varying stages from development to completion”.⁸⁶⁸ It is unclear how they could possibly know this, since there is no monitoring of which age-friendly strategies have been implemented, if any.

Director General Jennifer Mathews said that in terms of a formal monitoring process subsequent to monitoring the research grants acquittal, “it has been more about continuing to engage with them ... there is a challenge with local government in terms of planning to what extent you ... encourage best practice and promote it versus turning it into a compliance requirement”.⁸⁶⁹

As for the other 112 local government areas, the DLGC says that it is hoping to get a better sense of what is happening through a local government forum being organised by the recently formed age-friendly communities network, which Local Government Managers Australia (LGMA) has been given responsibility for developing.⁸⁷⁰

As indicated, at present there is no mechanism for ensuring that local governments comply with an age-friendly agenda. The most the DLGC can do is encourage local governments to adopt an age-friendly communities approach as a specific strategy within their Integrated Planning and Reporting (IPR) framework. The IPR framework requires local governments to put in place a long-term Strategic Community Plan and a Corporate Business Plan.

It should be noted that the implementation of the age-friendly and the IPR frameworks is being conducted concurrently with local government reforms, and as a result relations between the State Government and the LGAs could be described as less than cordial.

The DLGC says that it has built in age-friendly communities as an “informing strategy” of the IPR framework⁸⁷¹ – but it has to be said that such a strategy (described as an Active Ageing Strategy) was only one of a handful of informing strategies listed (and certainly not given priority) in the DLGC’s guidelines to the IPR framework.⁸⁷² The DLGC said that although it monitored IPR implementation and compliance, it did not

868 Submission No. 18 from Department of Local Government and Communities, 9 July 2014, p2.

869 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p12.

870 *ibid.*, p4.

871 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p4.

872 Department of Local Government, *Integrated Planning and Reporting – Framework and Guidelines*, West Perth, October 2010.

specifically monitor the age-friendly community part which was “just part of the bigger picture”.⁸⁷³

However, as a new tool that local government is required by legislation to adhere to, WALGA saw the reporting and planning framework as a way to address issues related to ageing communities and enshrine practices into the strategies of local government (the same way as Disability Action Inclusion Plans, following legislation, had been enshrined into the daily operations of local government practice). The DLGC was the ideal agency to oversee this.⁸⁷⁴

But WALGA said that local governments had limited capacity to embed age-friendly approaches into their strategic plans without financial support from the State (and Federal) Government.

*The biggest challenge we face is a lack of appropriate funding streams in which we can embed practices into our strategic plans and, indeed, funding opportunities where we can retrospectively improve existing infrastructure and our facilities so that they are truly age-friendly.*⁸⁷⁵

Funding a pilot program to assist local governments to conduct community research to develop an age-friendly plan was not enough, according to WALGA. While the pilot program rolled out between 2006 and 2011 was well-received, it highlighted the difficulty for local governments in actually addressing the needs of the ageing community.

*It is great to have funding for pilot programs, but it is the implementation of the programs where it actually counts and, unfortunately, there is no provision of funding for local government to access the execution of those programs or, indeed, further enshrine them beyond the 27 local governments that were involved in that particular program.*⁸⁷⁶

Lack of focus on implementation was raised by a number of contributors to this Inquiry, including the Injury Control Council of WA, Baptistcare and COTA WA.

Christine Young, Community Development director with the City of Melville, said the Framework was “a start” but there was no long-term vision ensuring that plans were implemented, and no follow-up funding for action-based plans. Quite a few local

873 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p9.

874 Mayor Troy Pickard, President, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014.

875 *ibid.*, p3.

876 *ibid.*

governments had done the research but “seem to have got stuck – it hasn’t translated out into actions”.⁸⁷⁷

Ms Young said local governments had a responsibility to translate consultation into an action plan, and one way to ensure that that happened might be to provide an incentive by linking grants to those sorts of outcomes.

According to the DLGC, local governments were required to demonstrate that they had conducted “meaningful community engagement” as part of their Strategic Community Plan.⁸⁷⁸ But resources obviously play a big role in determining the extent to which local governments are able to do this. It was left to local governments to employ consultants to undertake the research – an expensive undertaking if done properly. Hence, the quality of the consultation research may vary according to ability to fund it.

According to WALGA, local governments seeking funding through the age-friendly communities strategy would be required to demonstrate that they were aligned to the WHO framework, which also meant conducting community consultation.

*Often the funding that is available is not enough to deliver what is required on the ground ... Pilot funding (for developing an age-friendly community plan) usually is around the \$10,000 mark ... at the end of the day, the work that is involved and what it will cost on the ground is closer to \$45,00 to \$50,000, so there is always a big investment by local government.*⁸⁷⁹

Note, the \$10,000 pilot funding that was made available through the age-friendly community research program has not been offered since 2011.

Finding 34

The Department of Local Government and Communities has no system of monitoring the age-friendly status or progress of local governments.

Finding 35

Since 2011, no State Government funding has been made available to local governments to conduct community engagement research to determine the needs of seniors.

877 Ms Christine Young, Community Development Director, City of Melville, *Briefing*, 27 August 2014.

878 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p9.

879 Ms Jodie Holbrook, Policy Manager, Community, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014, p5.

Finding 36

No State Government funding is made available to local governments to implement age-friendly initiatives proposed by the Seniors Strategic Planning Framework.

Finding 37

There has been no State Government financial support to assist local governments to implement age-friendly practices or initiatives identified by community consultation research as being essential or helpful to the wellbeing of seniors.

Recommendation 40

The Department of Local Government and Communities provides an incentive for local governments to implement age-friendly practices by linking funding to implementation.

Despite the fact that the Framework is the State-endorsed plan (and is also formally supported by WALGA) there is no compunction for councils to adopt it. According to WALGA, many have preferred to take a public health planning approach, which focuses on ways to look after the community from birth until death. They saw public health plans (which all local governments would soon be required to develop) as a way of uniting a collection of separate pilot plans (e.g. alcohol plans, community-centred crime prevention plans and age-friendly plans) which they had already received funding to develop.⁸⁸⁰

Others may use an economic planning process focussing on tourism, for example, and consider how older people fit into that plan. It really depended on where you were as to which model you used, according to WALGA policy manager Jodie Holbrook.⁸⁸¹

Quite possibly, it also depends on which model happens to be offering the best funding. The Committee was told that the money available through the federally-funded Healthy Communities program was more attractive to many councils than the meagre funding offered by the age-friendly communities model.

In a hearing before the Committee the DLGC said that it was looking at allocating \$200,000 to local governments to support the uptake of the age-friendly communities framework. The director general was not sure exactly how the money would be allocated but said it was “about providing across-the-sector support and a resource, particularly in the country areas, to undertake some really good planning in the area of seniors”.⁸⁸² Minister for Seniors and Volunteering Hon. Tony Simpson announced on

⁸⁸⁰ *ibid.* pp6-7.

⁸⁸² Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p6.

November 15 that the money will be used for grants of up to \$10,000 for regional councils to undertake age-friendly projects.⁸⁸³

The DLGC says that in the period from 2010 to 2014, \$450,435 was allocated to the age-friendly communities initiative, which it described as “significant”.⁸⁸⁴ The majority was spent on grants and funding (\$320,000) and community consultations (around \$75,000). The DLGC said it was committed to maintaining a similar level of resources from 2015 to 2017 and would respond to specific initiatives as needed. This would include continued support to the local government sector in implementing age-friendly strategies and services at the local community level.⁸⁸⁵

Earlier in the year, the DLGC provided a \$50,000 grant to the LGMA to establish an age-friendly community network of local governments, in association with WALGA and COTA WA. Part of the grant was for a two-day forum in November to bring together local government officers to discuss age-friendly strategies and approaches and showcase the local governments who had been most successful.

Ms Mathews said part of the rationale behind engaging the LGMA to co-ordinate the AFC network was that it had access to a network of community development officers within local governments across the State.⁸⁸⁶

The Committee suggested that this implied that the DLGC did not have enough people within the department to implement the framework. The DLGC says it has three full-time equivalent positions allocated to supporting the age-friendly communities framework and associated initiatives, supported by staff in other sections of the department.⁸⁸⁷

However, it is the Committee’s understanding that the number of department staff dedicated to seniors has decreased significantly over the last decade and staff are shared across a range of areas.⁸⁸⁸ There is no longer a discrete unit within the department dedicated to seniors, since the former Office for Seniors Interests was absorbed into the DLGC. That the office would be scaled back at a time when the senior population is burgeoning demonstrates a lack of foresight.

883 Simpson, T., Minister for Seniors and Volunteering, *Regional seniors get an age-friendly boost*, Media Statement, Department of Local Government and Communities, 15 November 2014.

884 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, Letter, 16 September 2014.

885 *ibid.*

886 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p5.

887 *ibid.*

888 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014; Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014.

Some local governments also struggled to find staff resources to oversee implementation. Small local governments may have only one community development officer covering many different community areas – not just seniors.⁸⁸⁹

Finding 38

While endorsed by the Department of Local Government and Communities and WALGA, there is nothing to compel local governments to adopt the Age-Friendly Communities framework.

Finding 39

The Department of Local Government and Communities does not appear to have sufficient resources to dedicate to implementing the age-friendly program.

Recommendation 41

To demonstrate that it takes seniors seriously, the State Government should allocate more financial and human resources to the Department of Local Government and Communities and reinstate a dedicated unit for seniors' interests.

4.1.2 At the State Government level

The DLGC collaborates with a number of government agencies in the administration of issues related to seniors – for example, the Department of Finance in the administration of the seniors' concession schemes, and WA Police and the Office of the Public Advocate in the provision of services and information related to elder abuse.

However, cross-government coordination and leadership within State Government was raised as a major concern by a number of witnesses.

As COTA WA noted:

*Being older brings a lot of things into play – we are talking about health, housing, recreation; you name it, older people are doing it, yet we do not have a co-ordinated response to that. We have a Minister for Seniors and Volunteering and a Minister for Health who takes some control of aged care, but we do not have anybody who takes an overarching approach nor do we have anyone who is responsible for the overall planning of this.*⁸⁹⁰

And the City of Melville believed the Framework approach could be strengthened by closer collaborative agreements with key State Government departments. The Irish model, in which the departments of health, transport, housing and communities had

889 Ms Marzel Norton, Community Development Coordinator, City of Mandurah, *Briefing*, 12 September 2014.

890 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p8.

formed a National Implementation Group to ensure they had a co-ordinated approach to age-friendly communities across the country, was a good example of how to do this, demonstrating that “high level strategic ownership is required for truly effective responses for an age-friendly community”.⁸⁹¹

However, the DLGC’s co-ordinating role is minimal, being limited to a couple of in-person meetings (so far) and some “virtual” communication involving members of the Planning for an Ageing WA Senior Officers Group. Some key departments are not part of this group and it is unclear why this is the case. The DLGC does not appear to have given any serious consideration as to who should participate, as indicated by the director general’s response when asked whether the Department of Training and Workforce Development was part of the group: “I do not think they are, but I think that they probably should be, so that is a very good point.”⁸⁹²

Government agencies approached for comment on the usefulness of the Senior Officers Group did not have much to say, apart from the Office of Multicultural Interests (OMI), which expressed disappointment at the decision to make it a “virtual” group, arguing that face-to-face meetings would maximise “the extent to which issues could be discussed, creative solutions generated and explored and partnership approaches investigated”.⁸⁹³ A physical group also increased engagement and accountability, according to OMI. The Department of Finance, however, was under the impression that physical meetings of the group would occur every six months.⁸⁹⁴ The uncertainty surrounding the timing of meetings suggests that if a schedule has in fact been established, it is not widely known.

In its submission, the Department of Sport and Recreation (DSR) (which is not part of the Senior Officers Group) said it had rarely used the Framework in its planning process, but that a collaborative approach was necessary to implement such frameworks. Elaborating during a hearing with the Committee, the DSR’s representative said that the DLGC’s responsibility for a number of different areas meant the department was limited to policy development in relation to seniors.

We are not averse to partnering and working with them. They are not heavy on the ground in terms of doing things. That is not intended as a criticism; that is just a practical reality. We do not have a big

891 Submission No. 1 from City of Melville, [5 June 2014], p5.

892 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p13.

893 Ms Vanessa Harvey, A/Executive Director, Office of Multicultural Interests, *Letter*, 7 October 2014.

894 Ms Anne Nolan, Director General, Department of Finance, *Letter*, 7 October 2014.

*relationship with the Department of Local Government and Communities because of their prescribed roles.*⁸⁹⁵

COTA WA hoped that the State Budget announcement that DLGC would contribute \$100,000 per annum to the Seniors Housing Centre's outsourced activities may see some greater coordination of effort, since up until now the various age-friendly housing initiatives (e.g. the DLGC's age-friendly homes checklist kit and age friendly home maintenance kit, the Disability Services Commission's Liveable Homes material, and the Department for Commerce's Seniors Housing Centre) had been "somewhat unco-ordinated".⁸⁹⁶ COTA WA noted that the Department of Housing had not participated in any of these activities.

Finding 40

Collaboration between State Government departments in relation to planning for ageing and seniors issues is inadequate. This demonstrates a lack of responsibility on the part of the Department of Local Government and Communities.

Recommendation 42

The State Government should investigate models for a formal collaborative agreement between key government departments to ensure that they have a co-ordinated approach to ageing policy, planning and implementation.

Recommendation 43

The State Government should appoint a separate Minister for Ageing who would be responsible for issues affecting both the well-aged (currently the responsibility of the Minister for Seniors and Volunteering) and the frail aged (currently the responsibility of the Minister for Health).

4.1.3 Other types of collaboration

Collaboration on age-friendly approaches with the not-for-profit sector and the university sector were seen as largely unrealised opportunities.

The DLGC said that local governments, as part of the age-friendly community framework and their engagement with seniors, were required to involve not-for-profits. But how to ensure their involvement was something that the department was still exploring. This could be a focus of the department's Community Development Round Table, which brings together the CEOs of WALGA, LGMA and WACOSS to discuss

895 Mr Graham Brimage, Director Strategic Policy and Planning, Department of Sport and Recreation, 24 September 2014, p6.

896 Submission No. 11 from COTA WA, 23 June 2014, p19.

how to get better connections between local government and the not-for-profit sector in particular.⁸⁹⁷

Internationally, age-friendly approaches and practice have included universities and tertiary institutions as key players with research and support provided to further best practice in this field (see section 2.3.1). But, as the City of Melville notes, this connection has not been made in WA, which excludes a valuable opportunity to broaden understanding and develop best practice scenarios.⁸⁹⁸

Recommendation 44

The Department of Local Government and Communities should investigate opportunities and provide support for collaborative research with the university sector.

4.2 Usefulness of the Framework

The DSR was not the only agency that had not found the Framework particularly useful. The OMI also said that the Framework had not provided guidance for its work in relation to CaLD seniors.

*(The Framework) includes as one of its 'sub' principles that seniors are a diverse group, and 'one size does not fit all' but does not make reference to the nature of this diversity or acknowledge the cultural, linguistic and religious diversity of this population cohort.*⁸⁹⁹

Consequently, the OMI had conducted its research and developed appropriate strategies to address identified needs.

COTA WA also highlighted various omissions in the Framework. For example, while economic security and protection of rights is a “pathway” in the Framework, the document merely referred to the concessions available to seniors (through the Seniors Card) and made no recommendations as to policy directions. “In this respect, the Framework is fundamentally flawed and inadequate, given the importance of concessions and retirement incomes.”⁹⁰⁰

897 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014.

898 Submission No. 1 from City of Melville, [5 June 2014].

899 Ms Vanessa Harvey, Acting Executive Director, Office of Multicultural Interests, *Letter*, 7 October 2014, p3.

900 Submission No. 11 from COTA WA, 23 June 2014, p16.

Workforce participation was recognised as a planning need, but there were no strategies identified that supported the employment of older people – a “conspicuous failure” according to COTA WA.⁹⁰¹

There were no clear directions, policies or practices for the stated pathways of “promoting health and wellbeing” and “opportunities to contribute”; and while there were suggested directions in the Framework to facilitate community connectedness (such as community and neighbourhood houses and Men’s Sheds), “much more could be done to assist seniors to build their social networks”.⁹⁰²

The NDSWA recognised that the Framework provided a strategic vision for the future, but said that there were significant gaps in areas of service delivery for ageing people with disability.⁹⁰³

The needs of LGBTI people were also not addressed, according to GRAI: “As one LGBTI elder put it, ‘I don’t see myself anywhere’.”⁹⁰⁴ Attention to the design of educational resources and health and well-being programs and community services in consultation with LGBTI organisations could ensure greater LGBTI participation.

For the Wheatbelt Development Commission, the only significant omission was the importance of technology – a key enabler in regional WA. It regarded the Framework as the skeleton; “we are putting the muscles on the skeleton. It has been very useful. Certainly the vision for that work is absolutely the vision for our work.”⁹⁰⁵

The ICCWA felt that the Framework should include more references to the WHO documents *Active aging: a policy framework* and *Global age friendly cities: a guide*, especially given the emphasis on implementation in the latter of these. The ICCWA did however welcome the Framework’s endorsement of the importance of preventative health, especially the inclusion of alcohol use which was particularly relevant to injury and falls.⁹⁰⁶

Other strengths, according to the City of Melville, were that it was evidence-based, based on global best practice, and endeavoured to guide and influence good outcomes for communities. Melville supported using the Framework, guided as it was by the

901 *ibid.*, p45.

902 *ibid.*, p28.

903 Submission No. 10 from National Disability Services, 20 June 2014.

904 Submission No. 14 from GLBTI Rights in Ageing Inc (GRAI), 29 June 2014, p3.

905 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014, p4.

906 Submission No. 13 from Injury Control Council of WA (Inc), 27 June 2014.

WHO age-friendly approach.⁹⁰⁷ The City of Cockburn also found the Framework relevant and useful for social planning.⁹⁰⁸

A common criticism of the Framework was the absence of any method of assessing progress – both at local government level (implementation/auditing) and state government level (monitoring/auditing). Baptistcare suggested that the DLGC develop a matrix to identify progress to date against the specific activities identified in the Framework, with further milestones identified for future actions.⁹⁰⁹ ICCWA also mentioned the need for evidence and measurement indicators to be integrated into the Framework in order to understand its effectiveness.⁹¹⁰

Similarly, the Wheatbelt Development Commission identified the need for an easy-to-use audit tool for small regional local governments with limited capacity. Such a tool would identify and prioritise needs and assist in working out the investment required to build an age-friendly community.⁹¹¹

The DLGC has indicated that it will consider how benchmark indicators for the effectiveness of age-friendly communities, currently being developed by the WHO, could be applied to local governments in WA.⁹¹² This would please the City of Cockburn, which has indicated it would be much easier to monitor progress if the Framework used the same outcome areas contained in the WHO guidelines for Global Age-Friendly Cities.⁹¹³

Finding 41

While the Department of Local Government and Communities has said it will consider the forthcoming World Health Organisation effectiveness indicators for use by local governments, there is currently no system in place for local governments to monitor the age-friendly implementation.

Recommendation 45

The Department of Local Government and Communities should adopt the World Health Organisation effectiveness indicators or a similar system as soon as possible, to enable local governments to monitor implementation of age-friendly initiatives.

907 Submission No. 1 from City of Melville, [5 June 2014].

908 Submission No. 8 from City of Cockburn, 16 June 2014.

909 Submission No. 4 from Baptistcare, 16 June 2014.

910 Submission No. 13 from Injury Control Council of WA (Inc), 27 June 2014.

911 Ms Wendy Newman, Chief Executive Officer, Wheatbelt Development Commission, *Transcript of Evidence*, 20 August 2014.

912 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014.

913 Submission No. 8 from City of Cockburn, 16 June 2014.

4.2.1 Has the Framework been effective?

In its submission, the DLGC provides a number of examples as evidence of the successful implementation of the Framework and its principles. They include:

- Department of Regional Development's research for the Ageing in the Bush program and funding for the Creating Age-Friendly Communities in Small Towns project;
- A Positive Ageing in WA scoping project initiated by the Department of Premier and Cabinet;
- The virtual across-government Senior Officers Group;
- The establishment of the WA Age-Friendly Communities Network, co-ordinated by LGMA;
- A high number of requests from local governments state-wide for presentations on the framework/methodology.

In terms of financial commitments, the DLGC said it had budgeted for a range of initiatives to support the implementation of the Framework planning principles. It mentioned joint funding of \$80,000 for an elder abuse Helpline in partnership with the Department of Health, and funding of \$245,551 to the Northern Suburbs Community Legal Centre for the Older People's Rights Service, as well as funding of rebates for personal safety devices.⁹¹⁴

The 2014 annual report lists "the promotion of the Framework to government agencies and community organisations" as one of its major achievements. The annual report also mentions the production of the Age-Friendly Home Maintenance Kit (which was not mentioned in the submission).⁹¹⁵

The annual report lists other achievements pertaining to seniors (although not specifically identified as age-friendly). These are: programs/initiatives related to the provision of the Seniors Card; the cost of living and security rebates; support for grandcarers; support for Seniors Week; and support for community organisations delivering support services.

The DLGC has also recently added two new categories to the WA Seniors Awards which reflect the importance of age-friendly communities:

914 Submission No. 18 from Department of Local Government and Communities, 9 July 2014.

915 Department of Local Government and Communities, Annual report 2013-14, Perth, WA.

- the Age Friendly Communities Local Government Award, which recognises the commitment of a local government authority to collaborative consultations that include and engage seniors in innovative planning or services that support age friendly communities; and
- the Age Friendly Organisation Award, which recognises a community organisation for its innovative planning or service response to the identified needs of seniors.

These are, indeed, an indication that some steps are being taken in line with the Framework that will assist seniors and contribute to building an age-friendly community.

However, after some prevarication, the DLGC director general admitted that various government agencies were only at the stage of identifying age-friendly policy challenges, and had not yet necessarily translated them into service delivery.⁹¹⁶

As the evidence presented has shown, it is a similar story for local governments – irrespective of the DLGC’s statement that WA is “leading the country” in terms of adopting age-friendly communities at the local level.⁹¹⁷ In fact, it appears that very few local governments – even those which received initial community research grants – have implemented age-friendly initiatives.

This is the result of a lack of coordination, collaboration and leadership on the part of the DLGC, as well as insufficient funding being made available for age-friendly programs.

The approach to establishing an age-friendly WA was described as piecemeal by WALGA’s chief executive officer. The two things that would support the establishment of age-friendly communities were funding and leadership.

*...there is no funding and if we are going to do anything, we must be able to identify funding. Second, the key out of all of this is leadership in this area. So when there are almost competing issues, who takes leadership? Who is giving the direction for this? Often it sits in that space where we know something has to be done, but do not know who is taking that leadership role.*⁹¹⁸

916 Ms Jennifer Mathews, Director General, Department of Local Government and Communities, *Transcript of Evidence*, 13 August 2014, p3.

917 *ibid.*, p10.

918 Ms Ricky Burges, Chief Executive Officer, Western Australian Local Government Association, *Transcript of Evidence*, 10 September 2014, p10.

The CEO of the LGMA said although the DLGC had a brief to be a facilitator and promoter of the age-friendly communities framework, there was no clear lead agency in terms of planning “that glides out across to local governments”, and there was no clear funding mechanism either for community infrastructure or for specific programs.

*A concern is that local governments are being left in this space alone and really the State Government needs to better co-ordinate the way in which we approach this issue. If we are left to ourselves, local government will certainly continue to do what we have the capacity to do, and simply by other organisations having vacated the field we will continue to step into that space. But if we are going to achieve the types of outcomes we want for our communities, we will need some assistance...*⁹¹⁹

Local governments, in concert with WALGA and the DLGC, would need to advocate to the State Government to provide that support, according to the LGMA.

According to COTA WA, successive governments had failed to adequately plan for the ageing population. While the age-friendly WA initiative had some strengths, there was still much to be done to meet the needs of the ageing population in WA.⁹²⁰ The strategic framework was not a planning document and did not make any commitments to specific actions to address the many issues and concerns that are arising as the population ages.

*(The Framework) refers to a lot of the stuff that will help, but there is no commitment to actually do anything. We would like to see a much stronger planning framework that makes a commitment to do something; it is not simply a matter of identifying some dot points and saying, “Well, it would be nice if we did these things”. Some commitment to actually doing them would be nice.*⁹²¹

Finding 42

The Department of Local Government and Communities has demonstrated a profound lack of leadership in co-ordinating the implementation of the Seniors Strategic Planning Framework at the state and local government levels.



919 Mr Warren Pearce, Chief Executive Officer, Local Government Managers Australia, *Transcript of Evidence*, 10 September 2014, p8.

920 Submission No. 11 from COTA WA, 23 June 2014.

921 Mr Ken Marston, Chief Executive Officer, COTA WA, *Transcript of Evidence*, 25 June 2014, p8.

Appendix One

Inquiry Terms of Reference

The Community Development and Justice Standing Committee will conduct an inquiry into the policy implications of an ageing community. The inquiry will examine:

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

Appendix Two

Committee's functions and powers

The functions of the Committee are to review and report to the Assembly on: -

- a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;
- b) annual reports of government departments laid on the Table of the House;
- c) the adequacy of legislation and regulations within its jurisdiction; and
- d) any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each committee. Annual reports of government departments and authorities tabled in the Assembly will stand referred to the relevant committee for any inquiry the committee may make.

Whenever a committee receives or determines for itself fresh or amended terms of reference, the committee will forward them to each standing and select committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

Appendix Three

Submissions received

Submission number	Name	Position	Organisation
1	Ms Christine Young	Director, Community Development	City of Melville
2	Mr Otto Mueller	Citizen	
3	Ms Melissa Kelly		Melissa Kelly Consulting
4	Ms Jan Grimoldby (for Rev'd Dr Lucy Morris)	Social Policy Developer	Baptistcare
5	Mr Trevor Lovelle	Chief Executive Officer	Aged & Community Services Western Australia (ACSWA)
6	Mr Brad & Mrs June Whincup	Citizens	
7	Ms Paula Wood (for Ms Sheila McHale	Chief Executive Officer	Palmerston Association Inc.
8	Ms Gail Bowman	Manager, Human Services	City of Cockburn
9	Mr Greg McLennan (for Mr Graham Brimage)	Director, Strategic Policy and Planning	Department of Sport and Recreation
10	Mr Jim Vanopoulos	State Policy Manager	National Disability Services WA
11	Mr Ken Marston	Chief Executive Officer	COTA WA
12	Mr Joe Lenzo	Executive Director	Property Council of Australia
13	Ms Deborah Costello	Chief Executive Officer	Injury Control Council of WA (Inc.)
14	Ms June Lowe	Chair	GLBTI Rights in Ageing Inc. (GRAI)
15	Dr Nicholas Waldron	Clinical Lead	Falls Prevention Health Network
16	Dr Donna Turner	Manager, Systemic Advocacy and Policy	Carers WA
17	Mr Denis Sheedy	Citizen	
18	Dr Susan Gallacher	A/Director, Strategy, Research & Initiatives	Department of Local Government and Communities

Letters received

Name	Position	Organisation	Date
Hon Michael Mischin	Attorney General	Department of the Attorney General	29 August 2014
Mr Timothy Marney	Commissioner	Mental Health Commission	2 October 2014
Ms Anne Nolan	Director General	Department of Finance	7 October 2014
Professor Bryant Stokes	A/Director General	Department of Health	7 October 2014
Ms Vanessa Harvey	A/Executive Director	Office of Multicultural Interests	7 October 2014
Mr Grahame Searle	Director General	Department of Housing	17 October 2014
Ms Gail McGowan	Director General	Department of Planning	28 October 2014

Appendix Four

Hearings

Date	Name	Position	Organisation
11 June 2014	Ms Rhonda Parker	Chief Executive Officer	Alzheimer's Australia Western Australia
	Mrs Margaret Erneste	Deputy Chair	National Seniors Australia, Policy Advisory Group (WA)
18 June 2014	Mrs Leanne Novatscou	Project Manager	Seniors Exergaming WA, Seniors Recreation Council of WA Inc.
25 June 2014	Mrs Theresa Kwok	Chief Executive Officer	Chung Wah Community and Aged Care, Chung Wah Association
	Mr Kenneth Marston	Chief Executive Officer	COTA WA
13 August 2014	Ms Jennifer Mathews	Director General	Department of Local Government and Communities
	Dr Susan Gallacher	Acting Director, Strategy, Research and Initiatives	
20 August 2014	Ms Wendy Newman	Chief Executive Officer	Wheatbelt Development Commission
	Mr Carlo Pennone	President	Italian-Australian Community Services
10 September 2014	Ms Ricky Burges	Chief Executive Officer	Western Australia Local Government Association
	Mayor Troy Pickard	President	
	Ms Jodie Holbrook	Policy Manager, Community	
	Mr Warren Pearce	Chief Executive Officer	Local Government Managers Australia WA
	Ms Jane Elton	Manager, Community Capacity Building	City of Rockingham

	Mrs Julie McDonald	Coordinator, Community Capacity Building	Independent Living Centre WA
	Ms Gerri Clay	Executive Director	
	Ms Sally Hunter	Manager, Assistive Technology Services	
	Ms Hilary O'Connell	Occupational Therapist	
17 September 2014	Dr Ruth Shean	Director General	Department of Training and Workforce Development
	Mr Gary Fitzgerald	Director, State Workforce Planning	
	Professor Leon Flicker	Director	Western Australian Centre for Health and Ageing
24 September 2014	Ms Jenni Perkins	Acting Commissioner for Children and Young People	Office of the Commissioner for Children and Young People
	Ms Patricia Heath	Principal Policy Officer	
	Mr Graham Brimage	Director, Strategic Policy and Regional Services	Department of Sport and Recreation
15 October 2014	Mr Reece Waldock	Director General	Department of Transport
	Mr Mark Burgess	Managing Director, Public Transport Authority	
	Mr Albert Symcox	Manager, Traffic Management Services, Main Road WA	

Briefings

Date	Name	Position	Organisation
3 July 2014 Manchester, UK	Professor Chris Phillipson	Co-director	Manchester Institute for Collaborative Research on Ageing (MICRA)
	Mr Paul McGarry	Senior Strategy Manager of the Age-friendly Manchester programme	Manchester City Council
	Mr Mark Hammond	PhD candidate	Manchester Metropolitan University
4 July 2014 Manchester, UK	Councillor Susan Cooley	Lord Mayor	City of Manchester
10 July 2014 New York, USA	Assistant Professor Ruth Finkelstein	Associate Director, ILC/Assistant Professor	Columbia Aging Centre/Health Policy and Management
	Ms Caitlyn Smith	Strategic Assistance Coordinator	New York Academy of Medicine
	Ms Elaine Rosen	Program Coordinator	Penn South Program for Seniors
	Ms Bonnie Williams	President	Penn South Social Services Inc.

Conferences

Conference title	Location	Date
n4A Answers in Aging Annual Conference and Tradeshow	Dallas, Texas	12-16 July 2014
Third National Elder Abuse Conference	Perth, Western Australia	3-4 September 2014

Appendix Five

Acronyms

ABS	Australian Bureau of Statistics
ACAP	Aged Care Assessment Program
ACROD	National Industry Association for Disability Services (now National Disability Services)
AFRRCI	Age-friendly Rural and Remote Communities Initiative
AHMAC	Australian Health Ministers' Advisory Council
AHS	Affordable Housing Strategy
AHURI	Australian Housing and Urban Research Institute
AIHW	Australian Institute of Health and Welfare
APEA:WA	Alliance for the Prevention of Elder Abuse: Western Australia
BRAID	Bridging Research in Ageing and ICT Development
CaLD	Culturally and Linguistically Diverse
CCYP	Commissioner for Children and Young People
CEACA	Central East Aged Care Alliance
CGP	Community Grants Program
Chung Wah CAC	Chung Wah Community and Aged Care
CoLR	Cost of Living Rebate
COTA WA	Council on the Ageing WA
CRA	Commonwealth Rent Assistance
DKIT	Dundalk Institute of Technology
DLGC	Department of Local Government and Communities
DoP	Department of Planning
DoT	Department of Transport
DoTAG	Department of the Attorney General
DSR	Department of Sport and Recreation
DTWD	Department of Training and Workforce Development
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FINE	Friend In Need - Emergency
GLBT(I)	Gay, lesbian, bisexual, transsexual, (intersex)
GRAI	GLBTI Rights in Ageing Inc
HACC	Home and Community Care
HSB	Home Sweet Home
ICCWA	Injury Control Council of WA
ILC	Independent Living Centre
IOA	Institute on Ageing
IPR	Integrate Planning and Reporting (framework)
KICA	Kimberley Indigenous Cognitive Assessment
LGA	Local government authority

LGBTI	Lesbian, gay, bisexual, transsexual, intersex
LN	Liveable Neighbourhoods
MHC	Mental Health Commission
MICRA	Manchester Institute for Collaborative Research on Ageing
NATSIHMS	National Aboriginal and Torres Strait Islander Health Measures Survey
NDSWA	National Disability Services WA
NORC	Naturally occurring retirement community
NYAM	New York Academy of Medicine
OECD	Organisation for Economic Cooperation and Development
OMI	Office of Multicultural Interests
OPA	Office of the Public Advocate
OPRS	Older People's Rights Service
OPT	Office of the Public Trustee
PATS	Patient Assisted Travel Scheme
PSM	Passenger Satisfaction Monitor
PTA	Public Transport Authority
RAC	Residential aged care
RAS	Regional Assessment Services
RCL	Residential Care Line
SAGE	Services and Advocacy for GLBT Elders
SAT	State Administrative Tribunal
SHC	Seniors' Housing Centre
SSRS	Safety and Security Rebate Scheme
TCP	Transition Care Program
UDIA(WA)	Urban Development Institute of Australia WA
WACHA	WA Centre for Health and Ageing
WACOSS	WA Council of Social Services
WALGA	WA Local Government Association
WAPC	WA Planning Commission
WASCS	Wheatbelt Aged Support and Care Solutions
WCAG	Website Content Accessibility Guidelines
WDC	Wheatbelt Development Commission
WHO	World Health Organisation

Appendix Six

Population 65 and over by local government area

Metropolitan	Regional
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Local Government Area	% of pop 65+	Local Government Area	% of pop 65+
Quairading	24.1	Busselton	16.7
Beverley	24.0	Waroona	16.5
Wyalkatchem	23.9	Toodyay	16.3
Koorda	23.0	Melville	16.3
Brookton	23.0	Williams	16.2
Corrigin	22.6	Fremantle	16.2
Wagin	21.8	Manjimup	16.2
Narembeen	21.7	West Arthur	16.0
Kellerberrin	21.7	Nedlands	16.0
Trayning	21.6	Goomalling	15.7
Coorow	21.2	Murchison	15.7
Denmark	20.7	Cottesloe	15.7
Mandurah	20.5	Kulin	15.5
Claremont	20.4	Northam	15.4
Northampton	20.3	Bunbury	15.3
York	20.1	Cambridge	15.1
Nannup	20.0	Mosman Park	15.1
Dumbleyung	19.8	Three Springs	15.1
Pingelly	19.6	Cunderdin	15.0
Irwin	19.5	Cuballing	15.0
Dandaragan	19.4	Cranbrook	15.0
Murray	19.1	Narrogin	15.0
Boyup Brook	19.1	Morawa	14.9
Mukinbudin	18.8	East Fremantle	14.8
Gingin	18.8	Westonia	14.5
Bridgetown-Greenbushes	18.7	Katanning	14.4
Kojonup	17.9	Stirling	14.4
Albany	17.8	Esperance	14.4
Peppermint Grove	17.7	Dalwallinu	14.3
Plantagenet	17.4	Bassendean	14.3
Dowerin	17.3	Bayswater	14.2
Shark Bay	17.3	Kalamunda	14.1
Donnybrook-Balingup	17.3	Mundaring	13.8
Bruce Rock	17.1	Wickepin	13.6
Wandering	16.8	Belmont	13.5

Local Government Area	% of pop 65+	Local Government Area	% of pop 65+
Nungarin	13.5	Menzies	10.3
Chittering	13.4	Gosnells	10.3
Merredin	13.4	Cockburn	10.3
Moora	13.4	Gnowangerup	10.3
Wongan-Ballidu	13.4	Mount Magnet	10.1
South Perth	13.2	Yilgarn	9.8
Collie	13.2	Jerramungup	9.7
Ravensthorpe	13.2	Swan	9.5
Chapman Valley	13.1	Kwinana	9.3
Cue	13.1	Serpentine-Jarrahdale	9.1
Augusta-Margaret River	13.0	Wanneroo	8.9
Kondinin	12.9	Tammin	8.9
Subiaco	12.9	Perth	8.6
Victoria Park	12.9	Boddington	8.2
Carnarvon	12.8	Capel	8.1
Sandstone	12.7	Kent	7.2
Dardanup	12.3	Perenjori	6.7
Greater Geraldton	12.2	Meekatharra	6.5
Mingenew	12.1	Upper Gascoyne	6.5
Carnamah	11.9	Coolgardie	5.7
Victoria Plains	11.9	Kalgoorlie/Boulder	5.4
Rockingham	11.6	Halls Creek	5.4
Canning	11.4	Yalgoo	5.2
Harvey	11.4	Broome	5.1
Joondalup	11.4	Laverton	4.8
Narrogin	11.3	Wyndham-East Kimberley	4.7
Mount Marshall	11.3	Derby-West Kimberley	4.6
Dundas	11.3	Ngaanyatjarraku	3.9
Exmouth	11.1	Wiluna	3.4
Armadale	11.0	Leonora	3.2
Lake Grace	10.6	Port Hedland	2.7
Broomehill-Tambellup	10.5	Roebourne	2.0
Woodanilling	10.4	East Pilbara	2.0
Vincent	10.3	Ashburton	1.7