



**Submission to the
2011 - 2012
Queensland Budget**

November 2010

About National Seniors Australia (NSA)

National Seniors Australia (NSA) is the largest organisation representing Australians aged 50 and over to government and business. Over a quarter of a million Australians aged 50 (**including over 90,000 in Queensland**) and over have already chosen to join us for the personal benefits we offer and the positive difference we make to the lives of Australians 50 and over.

We give our members a voice – we listen and represent our members' views to governments, business and the community on the issues of concern to the over 50s.

We keep our members informed – by providing news and information to our members through our Australia-wide branch network, comprehensive website, forums and meetings, bi-monthly lifestyle magazine and weekly e-newsletter.

We provide a world of opportunity – we offer members the chance to use their expertise, skills and life experience to make a difference by volunteering and making a difference to the lives of others.

We support those in need – as a not-for-profit organisation, we raise funds and redirect monies received to older Australians who are most in need.

We help our members save – we offer member rewards with discounts from over 7,000 business across Australia, we offer discount travel and tours designed for the over 50s, and we provide older Australians with affordable, quality insurance to suit their needs.

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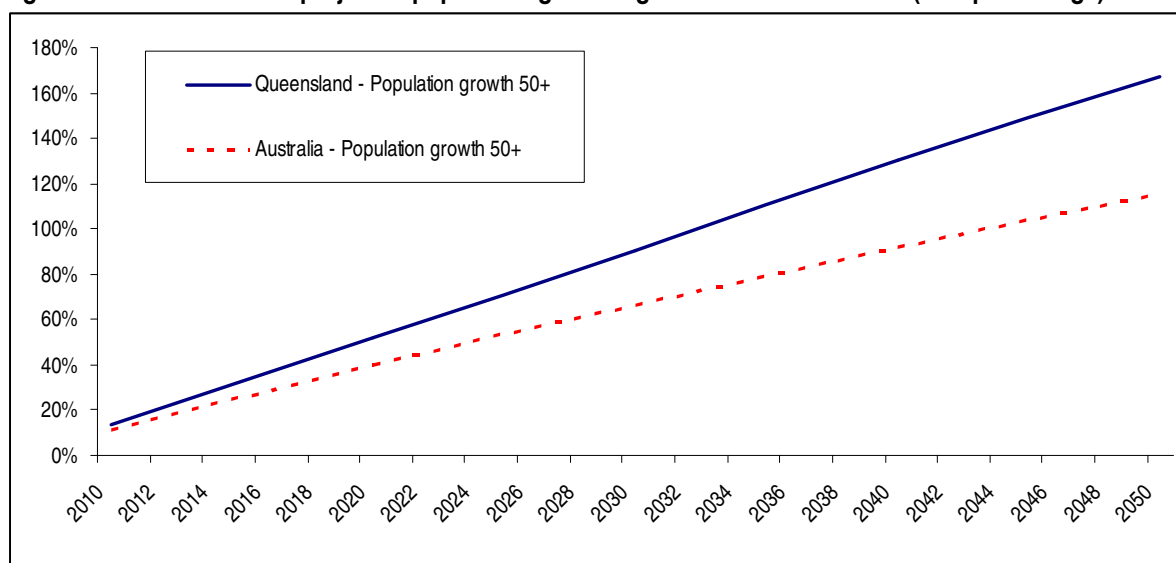
A Demographic Snapshot

At 30 June 2009 the estimated resident population of Queensland was 4.43 million with a median age of 36.1 years compared to 36.8 years nationally. At June 2009, over half a million Queenslanders (545,800 people or 12.3% of the population) were aged 65 years or older. This represents an increase of 81,200 people since June 2004, when the proportion of people aged 65 years and over in Queensland was 11.9%¹. After New South Wales, Queensland has been witnessing the second largest increase in people aged 65 and over.

Queensland is projected to experience the largest percentage increase in population between today and 2056, almost doubling the 2009 population of 4.43 million to 8.7 million people by 2056. As a result Queensland is projected to replace Victoria as Australia's second most populous state in 2050².

However, Queensland's population, as Australia's overall population, is not only growing, it is also ageing. This is already evident in the current age structure, and is expected to continue, resulting from low levels of fertility combined with increasing life expectancy at birth. It is predicted that by 2056, there will be a greater proportion of people aged 65 years and over than today, and a lower proportion of people aged under 15 years. In fact, it is estimated that by 2056, people aged 65 and over will make up about a quarter of Australia's population³.

Figure 1 - QLD & Australia projected population growth aged 50+ from 2010–2050 (as a percentage)*



(Based on ABS 3222.0 - Population Projections, Australia, 2006 to 2101 – Series B 2008)

Future Challenges and opportunities

The demographic changes outlined above and the overall ageing of the Queensland population will present a number of challenges for government, business and the community as the demand for essential services including health and care services increase accordingly. Decisions made today will greatly impact on the State's ability to adapt to demographic changes in the future.

¹ Australian Bureau of Statistics (ABS), 3235.0 - Population by Age and Sex, Regions of Australia, 2009

² ABS, 3222.0 - Population Projections, Australia, 2006 to 2101

³ ABS, 3235.0 - Population by Age and Sex, Regions of Australia, 2009

Decisions made today will also enhance the state's ability to respond to the increasing diversity which characterizes the growing population segment of those aged 50 and over. At the one end of this spectrum, the 'baby boomers' population bulge is not only bringing increased numbers, but also new issues and expectations of retirement, such as ageing at home and employment flexibility⁴. At the other end, increasing life expectancies are supporting marked growth in the number of people aged 85 and over which increases demand for health services, accommodation and other infrastructure⁵.

National Seniors notes that the Queensland Government acknowledges these future challenges and opportunities in its *Positively Ageless – Queensland Seniors Strategy 2010-2020* and welcomes that the government is committed to reviewing the implementation progress of the ten year strategy every two years by developing new action plans which build on previous achievements and identify new goals and challenges, taking into account further reforms to health and aged care services deriving from the implementation of the National Health and Hospitals Network, which sees the federal government taking full policy and funding responsibility for health and aged care in Australia.

⁴ Australian Institute of Health and Welfare (AIHW) (2007), *Older Australia at a glance*, 4th edition, Canberra: AIHW.

⁵ Ibid.

Executive Summary

National Seniors aims to increase significantly the importance of ageing and associated matters on the national and state/territory agenda as this will enable planning to occur regarding the important financial and social implications deriving from an ageing population. Demographic change will present a number of challenges for the Queensland Government, state business and the broader community as the demand for essential services, including health and aged care, will increase accordingly. It is the leadership and decisions that the Queensland government take now which will demonstrate and establish its readiness to cope with changing service demands and workforce patterns as Queensland's population ages.

National Seniors Australia welcomes the opportunity to highlight some of the pertinent issues identified by the State Policy Group and the broader membership. The priorities outlined in this submission are considered to be feasible for Government, and focus on recommendations that fit into four main policy priority areas identified within the Queensland Government's Positively Ageless –Queensland Seniors Strategy 2010-2020.

Budget priorities

1. **Healthy and active communities- Areas for action include:**

- Support national reforms which will integrate health and aged services, strengthen primary health care services, out-patient, sub-acute, respite and palliative care support in the community.
- Implement a best practice model of primary health care which includes early identification, assessment and intervention programs for older persons.
- Increase funding for public awareness education programs for the early recognition of Alzheimer's and related dementias.
- Ensure mental health assessment, early intervention, and follow-up care for people suffering from depression and anxiety.
- Ensure adequate funding for respite care services.
- Provide funding to offer dental services to those in residential care settings or those receiving care in their homes.
- Trial the usage of mobile dental vans to provide dental health services to people in residential aged care homes and those being cared for at home under the HACC scheme.
- Fund training programs to increase awareness of the importance of oral hygiene amongst aged care staff and community care workers.
- Support the federal government in the introduction of a national dental health program such as the proposed Denticare scheme.

- Increase the travel component of the PTSS to at least 30 cents per kilometre.
- Increase the accommodation component of the PTSS to at least \$60 per night and remove the four night lead-in for non-concession card holders.
- Upgrade administrative arrangements to enable patients to use specialist of choice without claims for the additional subsidy.

2. Supporting communities- Areas for action include:

- Amend the eligibility age and other eligibility criteria for the QLD seniors card to align them with all other states and territories: Queensland seniors should be eligible for the Queensland *Seniors Card* if they are:
 - aged 60 years or older
 - a permanent resident of Queensland
 - working 20 hours or less per week in paid employment
- Develop and implement age friendly transport options.
- Introduce free travel off-peak and on weekends for concession card holders in Queensland.
- Increase regional and rural traveller's access to the go card by making it available for purchase from regional post offices or designated service centres
- Promote and adequately fund the Grandparents Information Hotline.
- Provide additional funds to continue 'Time for Grandparents Program' and its extension.
- Provide funding on a continuing basis to publicise and celebrate Grandparents Day annually.

3. Productive and engaging communities- Areas for action include:

- Provide employers with incentives to retain and hire older workers
- Fund on a continuing basis a media campaign targeted at private sector employers aimed at eliminating age discrimination in the workplace.

4. Sustainable communities – Areas for action:

- Review the Tenant Participation Program to support seniors facing eviction from rental accommodation.
- Provide adequate public housing for seniors.
- Continue and extend the Solar Panel Bonus Scheme.

1 Healthy & active communities

1.1 Preventative Health Care

As the population in Queensland is ageing, government spending is projected to significantly increase in the areas of health and aged care. This will impact on all levels of government, and, as stated by the National Health and Hospitals Reform Commission in its Final Report *A Healthier Future for all Australians*, the proposed reforms will have a far reaching effect on the delivery of health care services generally and across Australia: “redesigning the health system to meet emerging challenges is to **connect and integrate health and aged care services** for people over the course of their lives”⁶ (bold in the original).

The National Health and Hospitals Reform Commission Report, *A Healthier Future for all Australians*, also identified the need to embed prevention and early intervention into every aspect of the health system, which is essential if the health system is to be redesigned to meet emerging challenges.⁷ It is essential for the Queensland Government to adopt a greater preventative focus in those areas of health care which fall under its jurisdiction, as a greater focus on preventative health will lessen health costs for government, now and in the future, and will greatly improve the quality of life for the individual.

The report states that acute care and emergency services work reasonably well but people living with chronic disease, complex health problems and social problems are more likely to be the older and frailer group. The need to redesign services around the people it services becomes obvious.

Aged care is a key component of the health system that will impact on the whole direction of health reform. Failing to address the causes of poor health by not instituting preventative health education measures especially as people get older will not assist government in containing overall health expenditure and will not improve the life for older Australians⁸.

Following recommendations made by the NHHRC and subsequent decisions reached at the Council of Australian Governments meeting of 19-20 June 2010, the Federal Government has taken on full policy and funding responsibility for primary health care, community care and aged care, commencing 1 July 2011, while State Governments such as the Queensland Government will continue to have responsibility for ensuring services are delivered at state level. It is anticipated that this will be accompanied by a significant transition period, as reforms are being phased in.

Sub-acute care

Sub-acute care is a level of care needed by a patient who does not require hospital acute care, but who requires more intensive skilled nursing care than is provided to the majority of patients in a skilled nursing facility. Many older Australians are unnecessarily admitted to hospital due to a lack of appropriate sub-acute care services, particularly in the community. Sub-acute care includes rehabilitation, palliative care, mental health and geriatric services, in both hospitals and the community.

Sub-acute patients are often medically fragile and require special services, such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management care. Sub-acute care can

⁶ National Health and Hospitals Reform Commission (NHHRC) (2009), *A healthier future for all Australians*, Final Report, Canberra.

⁷ Ibid.

⁸ National Seniors Australia (2010), *Seniors Vote 2010*, Brisbane.

significantly improve patients' health and quality of life by restoring their independence, allowing them to live with as much comfort and dignity as possible.

National Seniors believes that sub-acute or recovery care plays an important role in the health system, contributing to patient outcomes and relieving bed pressures in acute care. For older patients, sub-acute care is essential in continuing treatment and rehabilitation plans for a full recovery.

However, many parts of Australia have poorly developed sub-acute services. This means older patients may not get adequate rehabilitation following a stroke or hip replacement to allow them to return to an active life. It also means they may stay in hospital longer than necessary, taking up beds and scarce staff resources. National Seniors subsequently advocates for more funding for sub-acute care services.

Anecdotal evidence suggests that lack of and/or restricted availability of sub-acute care services further leads to inappropriate sharing arrangements of rehabilitation facilities. For example, it appears sub-optimal that a patient recovering from a stroke or a hip replacement, but with full cognitive abilities should have to share a room with three patients suffering dementia. This potentially could impact on the rehabilitation progress of the non-dementia patient and it is suggested that a psychological assessment is being conducted prior to submission to a particular rehabilitation unit.

Respite Care

According to the 2003 Survey of Disability, Ageing and Carers, there were 2.5 million carers aged 15 years and over (16% of the population) which provided informal assistance to someone with a disability or someone who was aged 60 and over. Over one-fifth (22%) of male carers were aged 65 years or over, compared with 16% of female carers⁹.

In its final report, NHHRC recommends "improved access to respite care arrangements to assist carers sustain their role over time and that the health of carers should also be a priority of primary health care services dealing with people with chronic conditions"¹⁰. National Seniors welcomes this recommendation, as statistics as well as anecdotal evidence suggest that older parents are more likely to provide care than younger people and that when they need to access respite care for their loved ones, find it difficult to access respite for their ageing parents or adult disabled children¹¹.

Areas for Action

- **Support national reforms which will integrate health and aged services, strengthen primary health care services, out-patient, sub-acute, respite and palliative care support in the community.**

1.2 Mental Health

Achieving good levels of mental health is fundamental to the well-being of individuals, their families and the community, as mental health problems and mental illness can potentially cause disability, a poor quality of life, increased dependence on drugs, and reduced productivity.

⁹ Australian Bureau of Statistics (ABS) (2008), *A Profile of Carers in Australia 2008*, cat. no. 4448.0.

¹⁰ National Health and Hospitals Reform Commission (NHHRC) (2009), *A healthier future for all Australians*, Final Report, Canberra.

¹¹ Queensland Government (2010), *Positively Ageless – Queensland Seniors Strategy 2010-2020*, Brisbane.

Chronic mental illness in older people is more likely to increase the levels of morbidity and mortality, as age becomes an additional contributing factor to physical health issues, suicidal behaviour and co-occurring alcohol and other drug problems which people with mental illness often face¹². It has been estimated that on average, one in five Australians will experience depression at some point in their lifetime and that around one million adults and 100,000 young people live with depression each year. While the precise rates of depression and anxiety in older people are not yet known, a recent study suggests between 10-15% of older people living in the community experience depression symptoms and approximately 10% experience anxiety¹³. Rates of depression in residential aged care facilities are thought to be much higher, with a recent Australian study showing 34.7% of aged care residents suffering from depression¹⁴.

While non-government organisations (NGOs) with supporting Federal funding have instituted programs which raise community awareness about depression through peer education, much more needs to be done by governments to increase community awareness of preventative and early intervention programs, as reflected in the mission statement of the Queensland Government's *Queensland Plan for Mental Health 2007-2017*: "To provide a comprehensive, resilience and recovery-based mental health system across Queensland, with emphasis upon promotion, prevention and early intervention"¹⁵.

Alzheimer type dementias are predicted to increase as the community ages. There is a body of evidence¹⁶ suggesting the continuance of all forms of activity can be a factor in combating the onset of symptoms of this costly and debilitating brain disease. Modest expenditure on promoting life-long learning, social engagement, appropriate nutrition and physical activity has the potential to provide substantial savings in the management of dementia.

Many families supporting their relative with early stage dementia become reliant on the services provided by agencies. However, at times families seek full time accommodation for the family to enable them to obtain some measure of respite from a 24 hours a day, seven days a week caring situation. Opportunities should be available for carer respite when required.

As people from culturally and linguistically diverse backgrounds (CALD) age and their cultural customs give way to the economic need of relatives to work to support their lifestyle, more older people from diverse cultural backgrounds will require support in the community and possibly admission to a nursing home. Communication problems develop when the older person lapses back into their native language. In recent times consultations have been held in the community to develop a *Queensland Plan for Multicultural Mental Health 2011-2017*. The development of such a plan is fully supported by National Seniors¹⁷.

Indigenous and CALD older people from rural and remote areas, and especially men, have poor physical health or chronic diseases and mental health records indicating high risk of suicide. Suicide prevention

¹² Department of Health and Ageing (DoHA) (2009), Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014, Canberra.

¹³ Baldwin R (2008), Mood disorders: depressive disorders, in: Jacoby R, Oppenheimer C, Dening T & Thomas A (Eds.), *Oxford Textbook of Old Age Psychiatry* (4th ed.), Oxford: Oxford University Press.

¹⁴ Snowdon J & Fleming R (2008), Recognising depression in residential facilities: An Australian challenge, in: *International Journal of Geriatric Psychiatry*, 23, 295-300.

¹⁵ Queensland Government (2008), *Queensland Plan for Mental Health 2007-2017*, Brisbane.

¹⁶ Fact Sheet *Alzheimer's Disease and Exercise*, viewed 29 November 2010:

[http://www.betterhealth.vic.gov.au/bhcv2/bhcv2/pdf/ByPDF/Alzheimer's_disease_and_exercise/\\$File/Alzheimer's_disease_and_exercise.pdf](http://www.betterhealth.vic.gov.au/bhcv2/bhcv2/pdf/ByPDF/Alzheimer's_disease_and_exercise/$File/Alzheimer's_disease_and_exercise.pdf)

¹⁷ Queensland Government (2010), *Toward Q2: Tomorrow's Queensland*, viewed 19 November 2010:

<http://www.towardq2.qld.gov.au/tomorrow/introduction.aspx>

programs such as the *Older Men in Rural and Remote Areas Suicide Prevention Initiative* for older, mentally ill, persons, particularly older men, should be extended and their funding increased¹⁸. The number of specialist psycho-geriatricians in Queensland is inadequate to meet the growing need of older people with mental health issues.

Areas for Action

Implement a best practice model of primary health care which includes early identification, assessment and intervention programs for older persons.

Increase funding for public awareness education programs for the early recognition of Alzheimer's and related dementias.

Ensure mental health assessment, early intervention, and follow-up care for people suffering from depression and anxiety.

Ensure adequate funding for respite care services.

1.3 Oral Health

Tooth decay and gum disease are two of the most common health conditions in Australia today. In Queensland, it is estimated that around 27 percent of the population experience untreated tooth decay¹⁹. The NHHRC identified improving access to dental health care as a key national priority: "We recommend that all Australians should have universal access to preventive and restorative dental care, and dentures, regardless of people's ability to pay. This should occur through the establishment of the 'Denticare Australia' scheme"²⁰. Subsequently, it is both surprising and disappointing that oral health is not mentioned at all in *Toward Q2- Tomorrows Queensland*, which sets out ten long-term targets the Queensland Government wants to achieve by 2020. It is, however, noted as a key focus area in *Positively Ageless – Queensland Seniors Strategy 2010-2020* but with no supporting action items²¹.

Oral health problems are preventable and are linked to general health. Poor oral hygiene can also increase the likelihood of ill health and depression and can result in a withdrawal from society leading to social isolation which in itself leads to increased incidence of mental and physical illness. Oral health care is expensive at standard consultation costs of over \$100, compared with standard consultation costs of \$65 for a GP, which is reduced for the individual to about \$31 after applying the Medicare rebate. More complicated procedures can cost \$500 plus. Medicare rebates applying to dental services are limited and there is little direct oversight on fees charged by dentists.

The introduction of a free, means-tested bi-annual dental health check for people aged 65 and over for example could be seen as a first step to a federally funded universal dental scheme such as Denticare. National Seniors suggests that the State and Territory governments should support such a scheme which

¹⁸ Ibid.

¹⁹ Australian Institute of Health and Welfare (AIHW) (2007), *Australia's dental generations: The National Survey of Adult Oral Health 2004–06*, Dental statistics and research series, AIHW, Canberra, viewed 25 November 2010: http://www.arcpoh.adelaide.edu.au/project/distribution/nsaoh_pdf%20files/nsaoh_report.pdf

²⁰ National Health and Hospitals Reform Commission (NHHRC) (2009), *A healthier future for all Australians*, Final Report, Canberra.

²¹ Queensland Government (2010), *Positively Ageless – Queensland Seniors Strategy 2010-2020*, Brisbane.

would improve dental care for older people, particularly people who cannot afford the cost of private health insurance or the long waiting times which they currently face without serious impacts on their quality of life²².

Oral hygiene programs for nursing home residents and house-bound clients receiving CACPs, EACH and EACH-D packages should be developed further to reduce the impact on chronic disease and overall cost to the public purse as “poor oral health may increase a resident’s risk of chest infection, heart attack and/or stroke”²³. It should also be taken into consideration that many older people are unable to access dental care because of transport or limited mobility.

National Seniors therefore urges the Queensland government to seriously consider the provision of mobile dental health services for older housebound people in residential aged care and for those being cared for at home on CAPS packages. This could be facilitated in a cost-neutral way by utilising mobile dental vans used by schools which would be available after school hours and on weekends. Financial outlays would be limited to ensuring that the dental van is easily accessible for older mobile with mobility impairment or disability. Further, fly-in dentists could accompany the flying doctor in remote areas of the state.

Areas for Action

Provide funding to offer dental services to those in residential care settings or those receiving care in their homes.

Trial the usage of mobile dental vans to provide dental health services to people in residential aged care homes and those being cared for at home under the HACC scheme.

Fund training programs to increase awareness of the importance of oral hygiene amongst aged care staff and community care workers.

Support the federal government in the introduction of a national dental health program such as the proposed Denticare scheme.

1.4 Aged care

Waiting times for accessing nursing home beds and the reduced overall availability of beds leads to a backup of older people holding up beds in acute care settings. Residential care facilities are reportedly forfeiting bed licenses due to financial pressures (no profit). Reduced funding for nursing homes leads to reductions in staff numbers and the standards of clinical care²⁴.

The number of older people diagnosed with dementia is increasing and more are being cared for at home for longer. The effectiveness of CACPs packages needs to be tested. Anecdotal reports suggest allocated hours of care may be cut back due to financial pressure. HACC services are also being accessed by the disabled and chronically ill young people, as well as the older person (for whom the

²² National Seniors Australia (2010), *Seniors Vote 2010*, Brisbane.

²³ Fricker A and Lewis A (2009), *Better Oral Health in Residential Care – Final Report*, prepared for the Australian Government Department of Health and Ageing under the Encouraging Best Practice in Residential Aged Care Program, Adelaide.

²⁴ Queensland Government (2010), *Positively Ageless – Queensland Seniors Strategy 2010-2020*, Brisbane.

original HACC was introduced in 1985 with the goal to keep frail older persons out of nursing homes). HACC packages by nature have a limited life as elderly demented or chronically ill person most likely will eventually require admission to a nursing home for full time nursing care.

1.5 Patient Travel Subsidy Scheme

The Queensland Health's Patient Travel Subsidy Scheme (PTSS) provides assistance to patients, and in some cases their carers, to enable them to access specialist medical services that are not available locally. A subsidy is provided to approved patients and carers to assist in the cost of travel and accommodation to the nearest specialist medical service that is more than 50 km from the patient's nearest hospital. The PTSS has been in operation for many years with only minor adjustments to the travel component in 2007/08, namely an increase in the subsidy from 10 cents to 15 cents per kilometre. Whilst welcome, this increase was only minimal and did not include any change to the accommodation assistance also available under the PTSS. Accommodation assistance continues to remain at \$30.00 per night for commercial accommodation.

In the *Positively Ageless – Queensland Seniors Strategy 2010-2020*, it is stated that an action would be “exploring ways to improve patient travel for health visits particularly in rural and remote areas”²⁵. National Seniors concurs that more needs to be done in this area and that the PTSS needs to be enhanced, especially since the Queensland government scrapped the state's 8.4 cents per litre fuel subsidy scheme from 1 July 2009, despite rising fuel costs.

National Seniors is well aware that Queensland spends more in dollars terms on PTSS than any other state or territory, as would be expected considering Queensland's population spread and densities compared to the other states, exacerbated by the vastness of rural Queensland and the inherent lack of attendant medical facilities and support. Hence, Queensland has a disproportionate requirement for PTSS and funding needs to reflect this unique situation.

As well as improving assistance provided under PTSS, a real and visible effort is necessary to improve the medical facilities in rural and remote areas. Some recent improvements are evident but fail to appropriately deal with the dislocate vastness of rural Queensland. National Seniors appreciates that a balance is necessary through PTSS but recipients, particularly seniors, are suffering and consider the subsidy levels currently provided to be inadequate.

An immediate increase in both the travel and the accommodation component is sought – to at least 30 cents per kilometre and to at least \$60 per night for accommodation. At least doubling both would not be inappropriate as would streamlining the administration associated with the scheme.

Administrative improvements are sought, aimed at concurrently assisting both the government and the patient. Currently, a patient must attend the nearest specialist and if they choose an alternative, no assistance is provided. Both parties could benefit by allowing a patient to travel further and be accommodated by family whilst receiving treatment even if the subsidy was paid on the basis of the closer specialist. For example, an agreement might be that if relatives are living in Brisbane, and the patient stays with them, they would claim travel expenses but not accommodation expenses or inter-city travel expenses, therefore the medical expenses to see the specialist of the patient's choice will be cheaper than travelling to a nearer specialist of the GP's choice and claiming both travel and accommodation expenses.

²⁵ Ibid.

Further improvements should eradicate the four night lead for non-concession card holders of whom many are self funded retirees who are acknowledged as suffering from the outcomes of the global financial crisis.

Areas for Action

Increase the travel component of the PTSS to at least 30 cents per kilometre.

Increase the accommodation component of the PTSS to at least \$60 per night and remove the four night lead-in for non-concession card holders.

Upgrade administrative arrangements to enable patients to use specialist of choice without claims for the additional subsidy.

2 Supporting communities

2.1 Concessions

Queensland seniors continue to be disadvantaged based on age when it comes to eligibility for the Seniors Card. While Queensland seniors aged 60 and over are eligible for a *Seniors Business Discount Card*, which offers business discounts only, the eligibility age for the *Seniors Card*, which offers business discounts as well as Queensland Government concessions, is 65+. Additional conditions are that the applicant works less than 35 hours per week. Alternatively, seniors aged 60 to 64 can apply for a *Seniors Card* if they work less than 35 hours per week and hold a concession card from Centrelink or the Department of Veterans' Affairs.

Seniors in all other states and territories are able to obtain a Seniors Card at age 60 and face less rigid eligibility criteria, which means because of the reciprocity agreement between states and territories, interstate visitors aged under 65 can use their *Seniors Card* for concessional travel in Queensland whilst Queenslanders of the same age have to pay the full fare. This could be seen as aged-based discrimination.

National Seniors recommends that the eligibility age and other eligibility criteria for the QLD seniors card be amended as follows to align them with the eligibility criteria in the other states and territories:

Queensland seniors should be eligible for the Queensland *Seniors Card* if they are:

- aged 60 years or older
- a permanent resident of Queensland
- working 20 hours or less per week in paid employment

Free travel during off-peak times and on weekends for seniors holding a concession card has become more readily available throughout Australia, for example in Victoria where free Sunday travel is now planned to be extended to Saturdays. To align with other states, Queensland should introduce an equivalent scheme.

Areas for Action

Amend the eligibility age and other eligibility criteria for the QLD seniors card to align them with all other states and territories:

Queensland seniors should be eligible for the Queensland *Seniors Card* if they are:

- **aged 60 years or older**
- **a permanent resident of Queensland**
- **working 20 hours or less per week in paid employment**

2.2 Go card

The *Positively Ageless – Queensland Seniors Strategy 2010-2020* proposes to support the provision of affordable and accessible public transport for Seniors in Southeast Queensland through the development and operation of an appropriate ticketing scheme. National Seniors does, however, believe that such a scheme should also offer rural and regional visitors public transport in SE Queensland when or if they are required to stay in the city for medical appointments or treatment.

Translink's electronic ticket "*go card*" has been systematically introduced throughout Southeast Queensland for railway, bus and ferry public transport over the past year. *Go cards* can be purchased from selected outlets in Southeast Queensland such as selected train and bus stations, *Seven Eleven* stores, online and by phone (if you have a credit card), and selected news agencies. The card costs \$5.00 and must have a minimum of \$5.00 credit. Credit balances can be topped up by credit card or at a sales outlet.

This method of purchasing *go cards* potentially disadvantages regional and interstate visitors to Brisbane, particularly those who have urgent, unplanned medical visits, leaving no time to purchase online or by phone and wait the appropriate time for the card to be delivered. National Seniors therefore believes that it is pertinent that *go cards* are also made available for purchase at regional Post Offices or similar point of sale (POS) distribution service centres. At these POS centres, registration and recharging of the *go cards* should be available services. This would ensure that people from regional Queensland can also conveniently enjoy the concession benefits that come with the *Go Card*.

National Seniors welcomed that the introduction of the *go card* was accompanied by the retention of single paper tickets as this ensures that infrequent users and tourists remain able to easily access public transport. National Seniors is, however, concerned about the fact that the *go card* will be 30 per cent cheaper for a single journey than the paper ticket. National Seniors is further concerned about both *go card* fares and single paper ticket fares increasing by 15 cent, especially as Queensland seniors are already struggling with financial pressures deriving from increased utility costs. Older people in many cases rely on public transport to maintain connected to family, friends, and the community and to be able to access health and community services. It is therefore imperative that public transport in Queensland is frequent and age-friendly yet remains affordable.

National Seniors welcomes that seniors and pensioners holding a *go card* will pay for the first two journeys they take in a day and then are able to travel for free for the remainder of the day. It is further welcome that the *go card* off-peak discount will be increased from 10 to 15 per cent which provides more incentive to travel during the day and on weekends, which in turn benefits seniors.

National Seniors believes that even more can be done in this regard. Not only discounted, but free travel during off-peak times and on weekends for seniors holding a concession card has become more readily available throughout Australia, for example in Victoria where free Sunday travel is now planned to be extended to Saturdays. To align with other states, Queensland should introduce an equivalent scheme.

National Seniors has in the past approached the Queensland government regarding introducing a combined card of *Go Card* and *Seniors Card*, and commends the government for introducing such a combined card in November 2010. Eligible seniors can now apply for a card which has the *Seniors Card* on one side and the *go card* on the other. Card holders can enjoy the benefits of both cards, and also the *Go Card* in the combined card does not require a deposit.

Areas for Action

Develop and implement age friendly transport options.

Introduce free travel off-peak and on weekends for concession card holders in Queensland.

Increase regional and rural traveller's access to the go card by making it available for purchase from regional post offices or designated service centres

2.3 Grandparents

National Seniors welcomes Initiatives undertaken in the past twelve month to recognise the plight of grandparent carers. It is proposed that this budget builds on the steps taken thus far to maintain the momentum of informing the public. The *Positively Ageless – Queensland Seniors Strategy 2010-2020* identifies a number of actions to support ageing carers and grandparents raising grandchildren.

While promotion of the Grandparents Information Hotline, however, is mentioned as a priority in the *Positively Ageless – Queensland Seniors Strategy 2010-2020*, it is not addressed as a specific action item with a specific funding allocation, despite the hotline already being in operation in conjunction with Seniors Enquiry Line, both operated by Lifeline. The Seniors Enquiry Line was re-launched at the start of Queensland Seniors Week 2010 (20-28 August). It is of vital importance that the Queensland state budget provides funding of \$0.3m for the operation of the lines both for promotion and to provide increased capacity on a continuing basis from that promotion.

\$0.68m is provided for the current *Extending the Time for Grandparents Program* and for its extension. It is important that the budget provides ongoing funding for the continuation and expansion of this program, which included administrative costs.

The Queensland Government has approved the introduction of a day set aside for Grandparents Day, with the inaugural celebration on 7th November 2010. Funds need to be included in this budget and on a continuing basis for an appropriate level of celebrations and to raise public awareness of the direct and selfless contribution of grandparents in families and within the community.

Areas for Action

Promote and adequately fund the Grandparents Information Hotline.

Provide additional funds to continue 'Time for Grandparents Program' and its extension.

Provide funding on a continuing basis to publicise and celebrate Grandparents Day annually.

3 Productive & engaging communities

3.1 Mature Age employment

Over the last 20 years, increased workforce participation amongst older aged groups has been integral to Australia's sustained economic growth. In recognition of this fact, successive governments have actively pursued higher mature age workforce participation rates as a means of increasing productivity and addressing labour shortages, for example through implementation of the Experience Pays Awareness Strategy (EPAS).

While welcome, these programs have had a minimal impact on removing age barriers and creating a level playing field for mature age workers and jobseekers. Research indicates that retrenched mature age workers in Queensland remain significantly less likely to re-enter the workforce compared with younger groups. The average period of unemployment for those over 55+ remains at 57 weeks compared with 23 weeks for those aged 15-24.

The economic landscape has clearly changed as a result of the global financial crisis but mature age employment remains just as important to the state and national economies as it did during the preceding period of economic growth. A report by global investment firm Mercer (2009) has also warned that while the attraction and retention of older workers will not be a priority for many employers in the current period of volatility, the experience and corporate memory of older employees will be critical to rebuilding a business outside of the economic crisis²⁶. Decreasing mature age workforce participation rates will also lead to reduced self-sufficiency in retirement and increased social security expenditure to government.

Faced with a rapidly ageing population and a looming skills shortage, a smart thing to do would be to create a level playing field for older workers. National Seniors Productive Ageing Centre's report *Experience Works* released in 2009 found that Australia could do much more in this regard but is currently fast falling behind its neighbours and major trading partners. Leadership and actions for improving the situation should come from all levels of government, business, unions and the broader community.

Initiatives proposed by the government in the *Positively Ageless – Queensland Seniors Strategy 2010-2020* lists a number of actions relating to the development of age-friendly workplaces, up-skilling employed older workers and supporting them. Such initiatives are welcomed but apart from the *Skilling Queensland for Work* program which currently has funding of \$101million annually, it is important that government funds all of its proposed initiatives.

²⁶ Mercer (2009), *Workplace 2012: beyond the global financial crisis*.

3.2 Age Discrimination

When addressing age discrimination in the workplace, other initiatives to be considered include providing employers with incentives to retain and hire older workers. The introduction of an innovative tax incentive such as the 2009 payroll incentive for apprentices is a good example. This would be revenue neutral as people employed would no longer need unemployment benefits.

The *Positively Ageless – Queensland Seniors Strategy 2010-2020* proposes seminars facilitated by the Anti-Discrimination Commission and the Department of Communities to talk to seniors across Queensland about their rights under anti-discrimination law. A minimum of 300 people are expected to benefit from this initiative. National Seniors welcomes the initiative and urges that this and other initiatives receive appropriate ongoing funding.

Areas for Action

Provide employers with incentives to retain and hire older workers.

Fund on a continuing basis a media campaign targeted at private sector employers aimed at eliminating age discrimination in the workplace.

4 Sustainable communities

4.1 Seniors Accommodation

According to estimates the supply of government housing in Australia is at least 100,000 lower than if it represented the same share of total housing stock a decade ago²⁷. At the same time demand has been increasing. In 2008, Queensland stock of public housing was approximately 57,000 and there was a waiting list of approximately 38,000 households. These numbers can be expected to be higher today. The 2009 Queensland budget delivered 4000 dwellings over the coming three and a half years for public housing across the entire state. While this was a good effort by government, it would have done little to ease the long-term housing stress many older people are facing and to appropriately address increasing demand.

As of June 2009, 29,585 seniors aged 55 years and over were living in government-managed Social Housing²⁸. Within the *Positively Ageless – Queensland Seniors Strategy 2010-2020*, the Department of Communities states one of its actions will be to “provide a range of private housing initiatives to eligible seniors to access or retain appropriate accommodation”. While a number of initiatives are already being facilitated, which are being welcomed by National Seniors, it has to be pointed out that all of them both individually and collectively fail to address the fact that growing waiting lists and housing stocks available are inadequate.

The position of pensioners currently living in private rental accommodation has become precarious with the recent sell off to known villages in South East Queensland to entrepreneurs who will change the village’s status to provide supporting aged care accommodation²⁹

²⁷ Disney J (2007), *Affordable Housing in Australia*.

²⁸ Queensland Government (2010), *Positively Ageless – Queensland Seniors Strategy 2010-2020*, Brisbane.

²⁹ Courier Mail (18 November 2010), *Elderly residents forced out as retirement village operators redevelop*.

Tenants without assets cannot afford to buy into a unit and are told they must leave within a certain time. There is no legal protection for these seniors as the villages are allegedly privately owned and if they have a complaint they need to complain to a certain agency, covered by the Tenancy Act. There is an opportunity here for the Queensland Government to improve this situation by seeking to review loopholes in the Act which allows this to happen and to also increase their housing stocks to provide more cost affordable housing for disadvantaged seniors. Further, it has to be ensured that the development of new public housing stock contains of age appropriate features so that all stock can potentially be used by older people, which becomes even more important as the proportion of older people is increasing. The risk of homelessness of the older members of the community will increase if preventative actions are not developed by government.

Areas for Action

Review the Tenant Participation Program to support seniors facing eviction from rental accommodation.

Provide adequate public housing for seniors.

4.2 Environment

Seniors in general support environmental initiatives, not just for themselves but as a general community concern and to leave a healthy legacy for their children and grandchildren. This has not been addressed by the *Positively Ageless – Queensland Seniors Strategy 2010-2020*.

In *Toward Q2: Tomorrow's Queensland*, targets are given for supporting age-friendly public transport and community transport options for seniors. This budget should allocate funds for the state-wide development of community transport options for seniors.

Further to the *Toward Q2: Tomorrow's Queensland* target of reducing the carbon footprint by 1/3 by 2010, consideration should be given to raising the rebates under the Solar Bonus Scheme in line with rises in the cost of electricity and to make the scheme more relevant and attractive to prospective house holders.

The Federal Government has recently announced a shift in focus from population growth to sustainable population growth. This shift should be adopted by the Queensland government and reflected in all development planning.

The Solar Panel Bonus Scheme should continue to be made available, particularly for seniors suffering because of the increased costs in electricity.

Areas for Action

Continue and extend the Solar Panel Bonus Scheme.