



National Seniors
Association

2008-2009
Budget Submission
to the
Western Australian
Government

National Seniors Association

National Seniors Submission to the Western Australian Government

September 2007

Prepared by:

**WA Policy Group &
National Policy Office**

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Executive Summary

National Seniors welcomes this opportunity to highlight some of the pertinent issues identified by the Western Australian State Policy Group (SPG) and the broader Western Australian membership and we look forward to a favourable outcome for our members in the 2008/09 State Budget. Please do not hesitate to contact the Chair of our Western Australian SPG, David Carvosso, on (08) 9368 4645 should you have any queries relating to this submission or should you require any additional information.

This submission has focused on nine (9) priority policy areas. These policy areas were identified and comprehensively researched by the Western Australian SPG, in collaboration with National Seniors National Policy Office. The Western Australian SPG enables National Seniors to more effectively channel the ideas and initiatives of our local members and better represent them to the Western Australian Government, business and the broader community.

For the purposes of this submission, National Seniors wishes to specifically highlight the following key recommendations:

1/ Breast screening

The Western Australian Government take leadership through the Australian Health Ministers Conference (AHMC), in calling for the widening of the target age range for the BreastScreen Australia program; so that women aged 70 and over receive reminders to claim their free mammogram every two years

2/ Commonwealth/State Relations

The Western Australian Government urge the Council of Australian Governments (COAG) to immediately establish a National Council comprising Commonwealth, State and Territory Ministers responsible for Ageing, which would report directly to COAG and be responsible for developing strategic responses to the Intergenerational Report and other national ageing issues

3/ Continence subsidisation

The Western Australian Government review the current administration of the Continence Management and Advice Service (CMAS), in order to better realise the intended benefits of the scheme, and to lessen the cost pressures faced by all seniors in the purchase of continence aids

The Western Australian Government ensure that funding for the Continence Management and Advice Service (CMAS) is reviewed every 12 months to better reflect actual demand

4/ Energy rebate

The Western Australian Government increase the energy rebate for holders of the WA Seniors Card, to a level that is equivalent to the supply charge for both electricity and gas. This rebate should continue to be attached to the electricity account in order to be equitable to non-reticulated gas users in rural areas

5/ Ministerial Advisory Council on Ageing

The Western Australian Government immediately establish a Ministerial Advisory Council on Ageing (MACA) comprising representatives from a broad range of community groups, which would report directly to the Western Australian Minister for Seniors and would be responsible for providing strategic advice on seniors issues

6/ Mental Health (Depression)

The Western Australian Government continue to provide financial support and work collaboratively with local government to ensure an adequate and varied range of community events and activities that encourage seniors to remain physically and mentally active

The Western Australian Government increase awareness of older people's mental health issues amongst GPs, and continue to engage GPs in mental health system reform

The Western Australian Government ensure community awareness of mental health issues affecting seniors in particular being able to recognise signs communicated by older people and being attentive to behaviours that may indicate a relapse or problem

7/ Oral health

The Western Australian Government urge the Health and Community Services Ministerial Council to establish a dedicated unit that will lead and oversee the implementation of the recommendations contained in the National Oral Health Plan (2004 – 2013), specifically those that concern older Australians

The Western Australian Government develop a program to educate dentists about the specific needs of older patients, in particular those entering residential aged care facilities

The Western Australian Government provide additional funding for the Aged Care Dental Program administered through Dental Health Services to ensure that annual free dental examinations and care plans for aged care residents are made more comprehensive

The Western Australian Government provide additional funding for oral health training for carers operating under community aged care packages (CACPs) and home and community care packages (HACC)

8/ Stamp duty

The Western Australian Government provide seniors holding Pensioner Concession Cards, Commonwealth Seniors Health Cards or WA Seniors Cards with the same stamp duty exemption as first home buyers when downsizing their homes. A senior would only be eligible for this concession once

The Western Australian Government eliminate stamp duty impost on home and contents insurance for seniors holding Pensioner Concession Cards, Commonwealth Seniors Health Cards or WA Seniors Cards

9/ Transport reciprocity

The Western Australian Government work collaboratively with other State and Territory Governments towards achieving a universal Seniors Card, in order to facilitate portability of travel concessions

About Us

National Seniors is the largest senior's organisation in Australia with nearly 300,000 individual members across 170 branches nationwide. In Western Australia alone, National Seniors has approximately 25,000 members, 22 branches and both a metropolitan and rural zone. National Seniors is also a not-for-profit community organisation with the following objectives:

- To provide economic and social benefits for people 50 years and over;
- To represent its members views to Government at all levels; and
- To make donations and provide service and advice to charitable institutions assisting people 50 years and over.

National Seniors offers members a vast range of services and benefits and is an influential vehicle for contributing to policy debates affecting seniors in Australia. Policies are developed based on membership input. This includes input through branches and member organisation forums. The organisation has a pre-eminent role in representing, advocating for and serving senior Australians.

The **National Policy Office (NPO)**, based in Canberra, facilitates National Seniors overall policy development and implementation process at both the national and state/territory levels. The NPO works closely with the National Seniors Productive Ageing Centre (NSPAC) in informing the research agenda and the policy development process.

The **National Seniors National Policy Group (NSNPG)** established in 2006 provides the overarching framework within which policies developed by the membership of National Seniors are determined. The NSNPG plays a key role in the development of policies that are submitted to the National Seniors Board for endorsement and assists with the implementation of the approved policies contained in National Seniors National Policy Document.

The **National Seniors Western Australian Policy Group (WA SPG)** was established in 2006 and plays a key role in identifying policy priorities for seniors in Western Australia. The WA SPG acts as a conduit between the National Seniors Western Australian membership, relevant community organisations and the National Policy Group, on policy issues of importance to seniors.

The **National Seniors Productive Ageing Centre (NSPAC)**, established in 2002, is co-funded by National Seniors in collaboration with the Department of Health and Ageing. It is a corporate entity in its own right, that is, a not-for-profit company limited by guarantee and governed by a Board of Directors. NSPAC's role is to research issues which impact on the ability of seniors to contribute productively to the economy and society. The NSPAC will shortly be co-located with the National Policy Office in Canberra in order to facilitate closer collaboration between National Seniors policy and research capabilities.

Issues & Recommendations

1 Breast Screening

In Australia, breast cancer is the most common invasive cancer diagnosed in females with an estimated 13,000 women diagnosed each year.¹ Furthermore, women aged 70 and over made up almost 23% of all breast cancer patients in 2006.

National Seniors strongly endorses the *BreastScreen Australia Program* and would like to take this opportunity to recognise the significant achievements the program has made through the active recruitment and screening of women for early detection of the disease. The program has no doubt contributed to the fall in the age-standardised rate of death due to breast cancer since 1990 and is now rightly recognised as one of the most comprehensive population-based screening programs in the world.²

However, while recognising these considerable achievements, National Seniors would also like to draw attention to certain areas of the program which require adjustment or additional investment, in particular age eligibility requirements for regular reminders.

Currently, state and territory services are not required by national program policy to send out reminders to women not in the target age-range (50-69), and accordingly *BreastScreen WA* sends out reminders every two years to women only in the specified age-range (50-69). An unknown proportion of time each month is then set aside for those who fall outside of this age range and who are therefore required to initiate the scheduling of a screening themselves.

While the incidence rate of breast cancer is highest for women in the current target age-range (50-69), the incidence rate for women aged 70 remains comparatively high.³ In recognition of the high incidence rate amongst older women and in order to ensure that as many people as possible benefit from diagnosis and treatment, it is essential that age limits on reminders be removed.

The removal of an upper age limit for screening reminders will provide a number of older Western Australian women with a greater sense of security and peace of mind.

Recommendations - National Seniors recommends that:

The Western Australian Government take leadership through the Australian Health Ministers Conference, in calling for the widening of the target age range for the BreastScreen Australia program, so that women aged 70 and over receive reminders to claim their free mammogram every two years

¹ Australian Institute of Health and Welfare. 2006. *Breast Cancer in Australia – An Overview* .p.xv

² Ibid. p.xvi

³ Australian Institute of Health and Welfare. 2007. *BreastScreen Australia. Monitoring Report 2003-2004*. p.18

2 Commonwealth/State Relations

Given that the ageing portfolio straddles Commonwealth, state and local responsibilities, it is crucial that the various levels of government work collaboratively if ageing initiatives are to be planned, developed and implemented in an effective manner. Unfortunately, there is a current lack of cohesion across government, which is resulting in poor strategic direction, gaps in service delivery and poor information dissemination.

A national Ministerial Council that reports directly to the Council of Australian Governments (COAG) and has specific responsibility for the broad range of issues that affect older Australians (e.g. health and aged care, mature age employment, financial security, housing affordability and positive ageing) is required to overcome the current dysfunctional arrangements.

The complexities and overlaps inherent in aged care provision are one example of an area that would greatly benefit from a dedicated national Ministerial Council.

While some aged care services are funded by the Commonwealth others are jointly funded by the Commonwealth and the States. There are some (17) seventeen different funding arrangements for community care services including: Home and Community care (HACC); Veterans Home Care; Community Aged Care Packages (CACPs); Carer Respite Services and many more – all with varying eligibility requirements.

The lack of cohesion and direction across government in respect to aged care has no doubt contributed to the current situation: a complex web of services and funding sources, that is increasingly difficult for individuals and their families to navigate.

Recommendations - National Seniors recommends that:

The Western Australian Government urge the Council of Australian Governments (COAG) to immediately establish a National Council comprising Commonwealth, State and Territory Ministers responsible for Ageing, which would report directly to COAG and be responsible for developing strategic responses to the Intergenerational Report and other national ageing issues

3 Continence Subsidisation

Almost four million Australians are estimated to have some degree of incontinence with the prevalence of incontinence increasing with age in both men and women.⁴ In the 75 and over age group, 42 per cent of men and 44 per cent of women suffer some form urinary incontinence.⁵

Incontinence is also a significant health issue across the lifespan with physical, social and economic implications for the individual, their carers and the community. Many people with incontinence find it is necessary to use continence products such as pads, pants, uridomes, catheters, urine drainage bags or bedding protection to manage their condition.

For some people, the continence products may be needed long term. Consequently, the cost of these products becomes very expensive, putting unreasonable pressure on the household budget.⁶ Incontinence is also a major inhibitor for seniors participating in the broader community, including employment and is intrinsically linked with social isolation and a greater reliance on government financial support. Affordable aids and equipment are therefore vital to ensure quality of life for seniors with disabilities and chronic conditions.

Older Australians out of necessity spend more on health compared to other age groups, and have therefore been more susceptible to increases in the cost of health services and prescribed medicines, including continence aids and equipment. On average, self-funded retirees spend proportionally more of their total household expenditure on health, around 15%, compared to around 7% for Age Pensioners.⁷ While still a considerable cost pressure for Age Pensioners, pressures related to health costs are even more evident for self-funded retirees, who do not receive the same concessions under the *Continence Aids Assistance Scheme (CAAS)* as those in receipt of a pensioner concession card.

The provision of continence aids through schemes administered by state or territory governments varies widely. Both the type of product and the amount available may differ depending upon which state the person lives in.

National Seniors recognises and welcomes the implementation of a *Continence Management and Support Scheme (CMAS)* in Western Australia from February this year, as providing community-based management and advice and access to product subsidy to people with ongoing continence conditions who are financially disadvantaged and who are unable to access existing assistance schemes.

⁴ Department of Health and Ageing. Available at: <http://www.bladderbowel.gov.au/ncms/default.htm>. Accessed at 13 August 2007

⁵ Chiarelli, P., Bower, W., Wilson, A., Sibbrit, D., Attia, J. (2002). *The prevalence of urinary incontinence within the community: A systematic review*. Report prepared for the Australian Government Department of Health and Ageing.

⁶ Continence Foundation of Australia. Available at: http://www.continence.org.au/funding_schemes.html. Accessed at 28 August 2007

⁷ Australian Bureau of Statistics. 2006. *6463.0 Analytical Living Cost Indexes for Selected Australian Household Types*

However, our members are concerned that funding for the scheme does not reflect actual demand and that as a result of these funding pressures the administration of the scheme is poor. In particular, the current method of distribution under the scheme through *Silver Chain* is inefficient and is serving to undermine the scheme's intended benefits. This is particularly evident in country regions where *Silver Chain* visits are irregular.

While sufferers of a range of conditions such as diabetes can access relevant products through community pharmacies on a needs basis, under CMAS continence products can only be ordered every six months. In the instance of an individual having ordered six months supply of product only to unexpectedly move into high level residential care, or hospital, the product is wasted.

National Seniors is urging the Western Australian Government to recognise that the current administration of the CMAS is undermining its intended benefits, and if improved could better relieve the pressures currently faced by all seniors in meeting the cost of continence aids and equipment.

Recommendations - National Seniors recommends that:

The Western Australian Government review the current administration of the Continence Management and Advice Service (CMAS), in order to better realise the intended benefits of the scheme, and to lessen the cost pressures faced by all seniors in the purchase of continence aids

The Western Australian Government ensure that funding for the Continence Management and Advice Service (CMAS) is reviewed every 12 months to better reflect actual demand

4 Energy Rebate

While rising energy costs have had a significant impact on all Australian households in recent years, associated living pressures have been most pronounced for older Australians.⁸ While all levels of government at all levels provide assistance to lessen the impact of high energy costs, our Western Australian membership believe the current energy rebate scheme provided by the WA Government is failing in its objective:

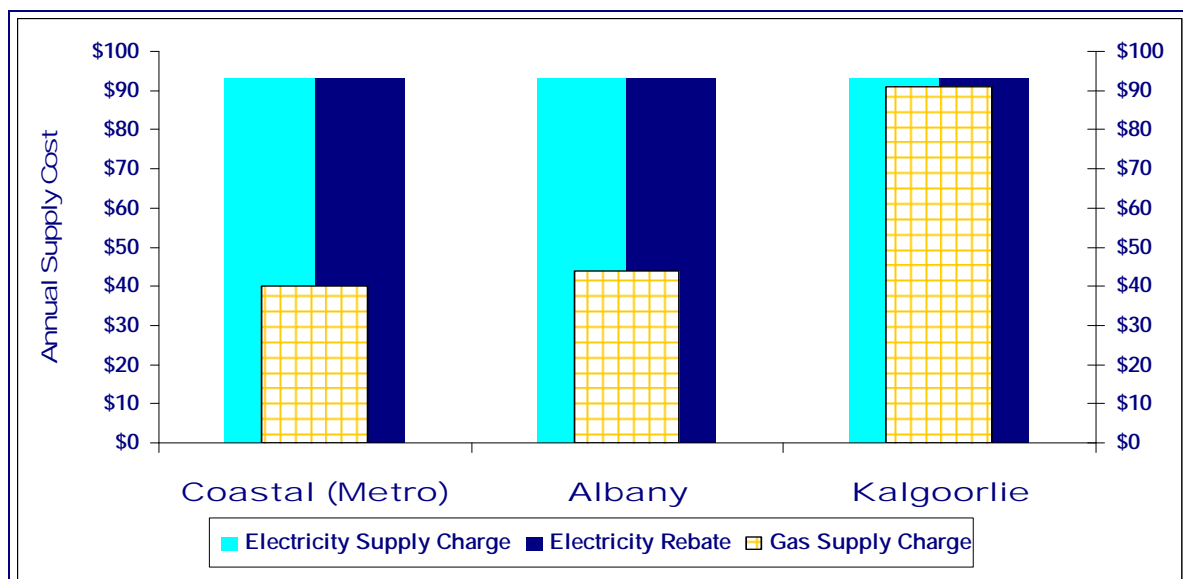
To provide an energy subsidy to people who are financially disadvantaged, in order to assist with the costs of buying energy of all types (electricity, gas, fuel oil, wood, etc).⁹

Historically in WA, electricity and gas were administered by the one Government entity, and during this period, all seniors received a rebate equivalent to the supply charge for both electricity and gas. However, not long after the two utilities were split into *Western Power* and *Alinta*, a gas supply charge was also introduced. While administrative simplicity rightly determines that the subsidy be paid through *Western Power*, the rebate has remained equivalent only to the supply charge for electricity.

Supply Charge Can Exceed Gas Usage

Currently the supply charge for gas ranges (according to region) from 11.02 cents per day (\$40 per annum) to 24.77 cents per day (\$91 per annum) (see Figure 1 below). While gas is the most popular form of heating across all household sizes in WA,¹⁰ across all regions heating is frequently only required for two or three months of the year, and hence for the remainder of the year the gas account purely reflects the supply charge. For older person households, some of whom are not permitted to have a gas cooking appliance, the likelihood of the supply charge exceeding usage is significantly increased. The impact of the supply charge is also compounded in the case of older persons by their typically low, fixed incomes.

Figure 1 – The Annual Gas Supply Charge for WA Seniors (According to Region)



⁸ Australian Bureau of Statistics. 2006. 6463.0 Analytical Living Cost Indexes for Selected Australian Household Types

⁹ WA Office for Energy. Taken from http://www.energy.wa.gov.au/3/3207/64/state_governmen.pm on 9 August 2007

¹⁰ Australian Bureau of Statistics. 2007. Domestic Use of Energy & Water WA (4652.5) p.3

Continued Attachment to Electricity Account

In 2006, of the estimated 800,800 households in WA, almost all used mains electricity, 68% used mains gas, and 17% used solar energy.¹¹ The energy rebate should therefore continue to be attached to the electricity account in order for all seniors to benefit, including those in country areas who are required to purchase bottled gas. Seniors purchasing bottled gas are often required to pay a rental for the gas cylinders representing a cost pressure equivalent to a supply charge for reticulated users. This could be alleviated through a supply charge rebate.

Maintaining the attachment of the rebate to the electricity account would also save *Alinta Gas* from having to establish new protocols in their billing format if a separate gas rebate was introduced. It would also presumably reduce the need for the Western Australian Government to liaise with a variety of suppliers for the recoup from government of this rebate.

Environment

It is also worthy of note that gas heating is often referred to as the green solution and environmentally more friendly than the production of electricity. At odds with this, the status quo provides a financial incentive for seniors to use electricity over gas.

Recommendations - National Seniors recommends that:

The Western Australian Government increase the energy rebate for holders of the WA Seniors Card, to a level that is equivalent to the supply charge for both electricity and gas. This rebate should continue to be attached to the electricity account in order to be equitable to non-reticulated gas users in rural areas

¹¹ Australian Bureau of Statistics. 2007. Domestic Use of Energy & Water WA (4652.5) p.2

5 Ministerial Advisory Council on Ageing

Seniors issues in Western Australia straddle State and local responsibilities, as well as a broad range of portfolio areas (i.e. health, aged care and housing). It is therefore crucial that the various levels of government, as well as the various departments, work collaboratively in order for ageing initiatives to be planned, developed and implemented in a more effective manner, and for fresh ideas to be brought to the table.

Currently, there is a lack of cohesion across these sectors, which is resulting in poor strategic direction, gaps in service delivery and poor information dissemination. A Ministerial Advisory Council on Ageing that reports directly to the Minister for Seniors, and has specific responsibility for the broad range of issues that affect older Western Australians is required to overcome the current dysfunctional arrangements.

As illustrated by the table below, in all other states and territories Ministerial Advisory Councils advise governments on a range of issues affecting older people and in doing so help to shape government policy.

State & Territory	Advisory Body	Date Created
NSW	NSW Ministerial Advisory Committee on Ageing	2002
South Australia	Ministerial Advisory Board	1996
Victoria	Ministerial Advisory Council of Senior Victorians	2001
Queensland	Queensland Seniors Council	2004
Northern Territory	NT Advisory Council on Ageing	2005
ACT	Ministerial Advisory Council on Ageing	2002
Tasmania	Positive Ageing Consultative Committee	2003

In providing a forum for the exchange of information and views between members and government on issues relating to seniors and ageing, the implementation in Western Australia of the model used in other states and territories would lead to:

- greater identification of issues of concern to older Western Australians through the use of personal networks and formal consultation processes;
- accurate and timely advice for the Minister and relevant departments as the need arises, of priority areas for action and future research;
- greater promotion of debate on ageing issues in the community and of the role of older Western Australians in the community;
- prompt advice and evidence based information on major proposed policy and legislative changes and on other specific matters of concern or interest referred to by the Minister;
- detailed consideration and advice on changes needed to existing government policies and legislation to accommodate the changing age demographic in Western Australia; and
- greater support and assistance for the Office for Seniors Interests and Volunteering in the implementation of government priorities such as those articulated in the *Active Ageing Strategy*.

Recommendations - National Seniors recommends that:

The Western Australian Government immediately establish a Ministerial Advisory Council on Ageing comprising representatives from a broad range of community groups, which would report directly to the Western Australian Minister for Seniors and would be responsible for providing strategic advice on seniors issues

6 Mental Health

Depression is one of the most common mental health disorders in older people. However, this age group has traditionally been incorrectly recorded as having the lowest levels of mental illness due largely to depression and mental illness being misdiagnosed as old age or dementia.

All levels of government have recognised mental health as a key National Health Priority Area, and National Seniors acknowledges that the Western Australian Government is no exception, becoming the first state to lift mental health spending to more than 9 per cent of the total health budget in 2006-07.

However, one area which needs greater investment is mental health for seniors; in particular the need for more preventative measures and follow-up care for those diagnosed with mental health problems.

Staying Physically & Mentally Active

Social isolation or low levels of support can limit the opportunities older people have to communicate mental health concerns or suicidal tendencies. Telephone intervention services are popular tools for addressing mental health issues, but the style of provision can prove a barrier for use by older people who may prefer a more interactive, face-to-face approach. Australian studies also show that for issues of depression most people rely on and are more likely to seek assistance from family, friends and community based non-professionals, rather than health professionals.

As well as having an important effect on people with, or concerned about, depression, the knowledge and attitudes of family, friends, neighbours and significant others also helps to preempt depression. However, for those without family or friends, opportunities for social interaction are less prevalent and research has proven that the more opportunities there are for people to interact and communicate, the less likely they are to develop depression or mental illness.

It is therefore crucial that all levels of government, wherever possible facilitate events and activities that encourage seniors to remain physically and mentally active. This should include working with local government in order to:

- allocate specific funding for groups and organisations to assist in developing innovative community support activities for older people;
- work with local businesses to explore the development of a business directory which would provide older people with a calendar of upcoming events;
- work with local government to ensure the development and upgrading of accessible walking tracks and appropriate facilities suitable for older people e.g. public toilets and seating;
- develop partnerships with schools, colleges and universities with a view to sharing facilities to offer more local gym classes, yoga, etc and to expand upon popular programs; and
- work with local sporting groups, organisations and clubs to develop a program of walks for older people which highlight the diverse natural aspects of the State.

(Ideas based on Clarence City Council (Tasmania) Positive Ageing Plan 2007-2011)

Follow Up Care

A critical factor in relation to reoccurring mental health issues is the risk that older people face of not being treated intensely enough for long enough. Depression in later life is typically characterised by an increased likelihood of recourse, slow recovery and increasingly brief periods between episodes. Even frail very old people can respond to antidepressants or psychotherapy and with adequate treatment the rate of recovery and relapse for many older people is the same as in younger cohorts.¹²

Adequate follow up care within the community through, for example, the sufferer's family or general practitioner (GP) is necessary to ensure overall wellbeing and prevent relapses. It has been extensively reported that most suicidal subjects contact their GP in the weeks prior to their death¹³ thus suggesting that GPs are integral to providing follow-up care of older mental health patients.

National Seniors is calling on the Western Australian Government to recognise that older people are a distinct category of mental health sufferers - research has found that suicidal intention in the elderly is more determined, employs violent methods and is less frequently preceded by attempted suicide¹⁴ and would greatly benefit from increased social interaction and adequate follow up care.

Recommendations - National Seniors recommends that:

The Western Australian Government continue to provide financial support and work collaboratively with local government to ensure an adequate and varied range of community events and activities that encourage seniors to remain physically and mentally active

The Western Australian Government increase awareness of older people's mental health issues amongst GPs, and continue to engage GPs in mental health system reform

The Western Australian Government ensure community awareness of mental health issues affecting seniors in particular being able to recognise signs communicated by older people and being attentive to behaviours that may indicate a relapse or problem

¹²Bird, M. and Parslow, R. 2002. Potential for community programs to prevent depression in older people. In *The Medical Journal of Australia* 177 (7).

¹³Leo, D., Hickey, P., Neulinger, K. and Cantor, C. 2001. *Ageing and Suicide*. Australian Institute of Suicide Research and Prevention. Department of Health and Aged Care: Canberra.

¹⁴ Ibid.

7 Oral Health

Preventative health care is increasingly being encouraged across all health areas.

Oral health issues in particular are preventable and are strongly linked with general health. Whilst 73% of all Australian adults visited a dentist in the last two years, nearly half visited for a problem rather than a check up.¹⁵ As more people retain their natural teeth, there is a consequential increase in the need for preventative dental treatment over many more years of life. In 2006, more than 60% of the population over 65 years had one or more natural teeth.¹⁶

The *Commonwealth Dental Health Program* was introduced to reduce waiting times for public dental services by giving public patients subsidised access to private dentists. However, the Federal Government has since discontinued the annual funding for the program arguing that the responsibility lies with the states and territories. While some states have increased funding for public dental programs, in general these dental programs have been inadequate and have failed to fill the gap created by the cessation of the Commonwealth program.

National Seniors is concerned with the difficulties older people face in accessing oral health care and with the style of provision in particular: the high cost of oral health care services; long waiting lists; and scarcity of resources, including funding, oral health care practitioners and equipment, must be addressed.

Preventative Measures Needed

Historically, oral health care has focused on reactive provision, meaning attending to problems that have already occurred or emergency procedures.

It is evident that there needs to be more emphasis on preventative measures. According to the Public Health Association of Australia, the most common health condition in Australia today is tooth decay. The nation is facing a crisis in oral health with over half a million people unable to access a dentist for even basic care because of the cost of visiting a private dentist. The waiting time for the very limited public services available can be as long as five years by which time decay is often so entrenched, that the removal of affected teeth is the only option.

Cost Pressure

Oral health care services are also expensive: a standard consultation costs around \$100 (compared to about \$25 to \$40 for a standard GP consultation), and more complicated procedures like root canal work can be as high as \$500 and specialist treatment can amount to thousands (ABC 2004).

Currently there is no Medicare rebate applying to dental services and little direct oversight on fees charged by private dentists. Further, most dental services are provided by the private sector on a fee per visit basis. While concession card holders can receive treatment at the Oral Health Centre in Western Australia, the demand for these services far outstrips supply and for those without private health insurance an appointment can still be a considerable cost pressure.

¹⁵ Australian Council of Social Services (ACOSS). 2006. *Fair Dental Care For Low Income Earners. National report on the state of dental care Info Paper*. Available at: http://www.acoss.org.au/upload/publications/papers/1562_Fair%20dental%20care_%20final.pdf.

¹⁶ Public Health Association of Australia (PHAA). 2006. *Oral Health Policy*. Available at: <http://www.phaa.net.au/policy/contents.htm>. Accessed 2 November 2006.

Residential & Community Care

While residents are eligible to receive an annual free dental examination and care plan under the Aged Care Dental Program, older people in residential aged care facilities face further difficulties in accessing oral health care services. High levels of oral disease amongst older people are compounded in residential care settings because of other medical problems and their increasing frailty. Our members have also expressed their concerns that the cursory annual screenings provided under the program is not thorough and are inadequate at diagnosing all of the major problems.

Currently, large numbers of older Western Australians receive some level of care in their own homes through community aged care packages (CACPs) and home and community care packages (HACC). However, the opportunity for this level of care to incorporate oral health is being severely undermined by the inadequacy of current training requirements for carers, making it difficult for carers to complete simple tasks such as cleaning a person's teeth.

The dental profession, the community and the Western Australian Government must recognise the increasing proportion of aged persons in the community and their changing needs and expectations regarding appropriate dental care. This could include something as simple as educating dentists to clearly label a person's dentures before entering an aged care facility.

Recommendations - National Seniors recommends that:

The Western Australian Government urge the Health and Community Services Ministerial Council to establish a dedicated unit that will lead and oversee the implementation of the recommendations contained in the National Oral Health Plan (2004 – 2013), specifically those that concern older Australians

The Western Australian Government develop a program to educate dentists about the specific needs of older patients, in particular those entering residential aged care facilities

The Western Australian Government provide additional funding for the Aged Care Dental Program administered through Dental Health Services to ensure that annual free dental examinations and care plans for aged care residents are made more comprehensive

The Western Australian Government provide additional funding for oral health training for carers operating under community aged care packages (CACPs) and home and community care packages (HACC)

8 Stamp Duty

Stamp Duty on Downsizing

It is a fact of life that, eventually, most older Australians will move out of their family home in order to live in a smaller unit. The reasons are many and varied, including:

- a reduced income and increased living costs (rates, house and contents insurance);
- the need for proximity to medical services, family or friends; and
- to access the benefits of retirement village living.

Increased living pressures as a result of rising food and energy prices have made it necessary for many older Australians to downsize their homes. In realising some of the wealth tied up in property, many retirees are able to top-up their typically low, fixed incomes and provide themselves with the financial security to meet any unexpected one-off costs.

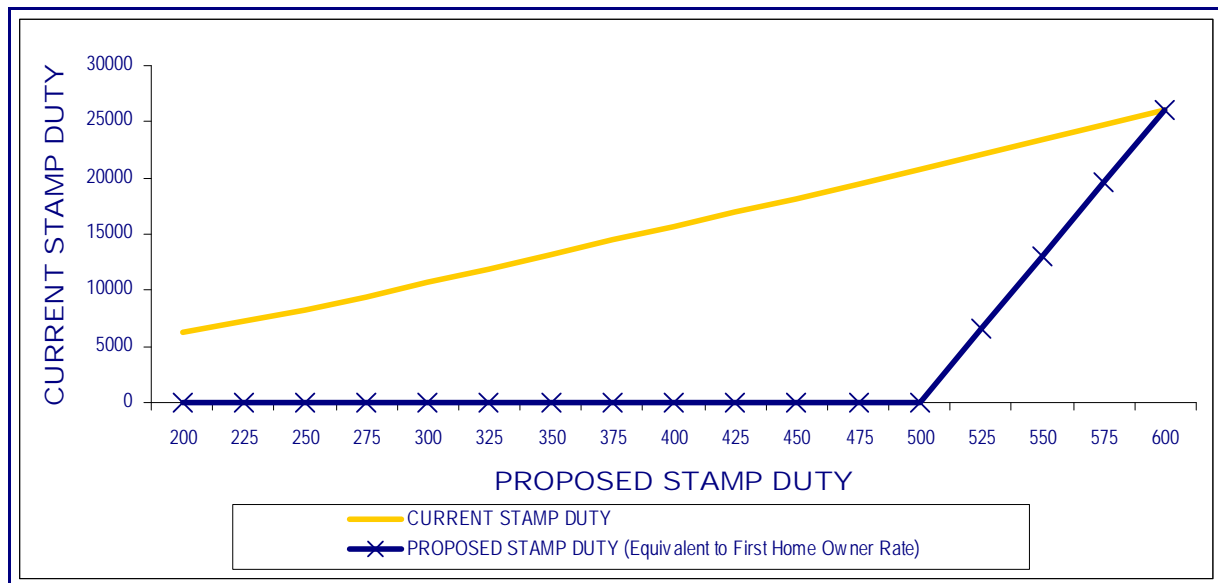
It is therefore incumbent on government and business to ensure that a favourable environment exists in which the benefits of downsizing can be utilised. National Seniors members have expressed concern that the current rate of stamp duty in Western Australia and in particular the concessions available to seniors, fail to recognise the benefits of downsizing and act as a considerable disincentive.

The concessional rate of stamp duty is currently applicable for the purchase of a principal place of residence or a business undertaking with a dutiable value not exceeding \$200,000. This amount is grossly inadequate when contrasted against current house prices, with the median house price in Western Australia exceeding \$460,000 in March 2007 and is further compounded by the increased likelihood of those downsizing looking to be in close proximity to essential services, which typically increases property values.

In contrast to the consideration given to seniors, from 9 May 2007 first home buyers were entitled to a stamp duty exemption for home purchases up to a value of \$500,000 at a cost to Government of \$350 million over four years. While recognising the need to provide assistance to first home buyers, particularly to young families, National Seniors would like to emphasize the disparity with that offered to seniors.

In providing seniors with the same concessional rate as that offered to first home buyers, the financial well-being of Western Australia's seniors' community could be vastly improved. For example, currently a senior who is downsizing from a family home valued at \$750,000 to a smaller home valued at \$500,000 would be required to pay over \$20,000 in stamp duty. This represents 8 per cent of the intended savings and around 15 per cent of the savings when estate agent fees are included (see Figure 2 below).

Figure 2 – A Comparison of Current & Proposed Stamp Duty for Seniors
(If seniors were provided the same concessions as first home buyers)



Stamp Duty on Insurance

The current high rate of stamp duty on insurance premiums is undoubtedly contributing to the rapid increase in the cost of home and contents and motor vehicle insurance which is now beyond the reach of an increasing number of seniors.

Home and contents and motor vehicle insurance have been identified by National Seniors' members as significant cost of living pressures with effects most pronounced, but by no means limited to those who rely on a government age pension as their principal source of income. For the increasing number who can no longer afford insurance, the effects of unexpected one-off costs such as maintenance and repairs can be financially devastating and can impact on a person's mental health.

While National Seniors recognises the concessions currently offered to seniors in respect to local rates, and water and sewerage levies, it strongly encourages the Western Australian Government to recognise the dangers of the increasing number of seniors forsaking insurance due to its cost.

Recommendations - National Seniors recommends that:

The Western Australian Government provide seniors holding Pensioner Concession Cards, Commonwealth Seniors Health Cards or WA Seniors Cards with the same stamp duty exemption as first home buyers when downsizing their homes. A senior would only be eligible for this concession once (see Figure 2 above)

The Western Australian Government eliminate stamp duty impost on home and contents insurance for seniors holding Pensioner Concession Cards, Commonwealth Seniors Health Cards or WA Seniors Cards

9 Travel Concessions

Whilst most seniors can obtain travel concessions from the various State and Territory Seniors Card programs, anomalies and inequities are created by the current lack of a national transport reciprocity scheme.

Introduction of such a scheme would remove a major disincentive to interstate travel amongst older Australians and help boost the Australian tourism dollar. Furthermore, a national card would enable low-income older Australians to visit friends and family interstate, thus helping to reduce the impact of social isolation.

Cost pressures

From June 2005 to June 2006 proportional spending on transportation increased by 8.2% for self-funded retirees.¹⁷ National Seniors members have also identified increased living pressures resulting from increased travel costs and have expressed how these cost pressures have had a significant impact on their ability to participate in the community.

In all states other than Tasmania and the Northern Territory, 'out of State' Seniors Card holders cannot access public transport discounts extended to 'home state' Seniors Card holders. The anomalies and inequities created by the lack of transport concession reciprocity vary from State to State with the table below providing a comparison of Western Australia, Victoria and New South Wales.

	PRICE FOR A DAILY RAIL TICKET (METRO AREA)				
	WA	NSW	VIC	SA	QLD
Respective State Seniors Card Holder (\$)	2.40	2.50	3.00	3.80	4.10
Out of State Seniors Card Holder (\$)	8.10	15.40	9.90	7.70	8.20
Difference in Price (\$)	5.70	12.90	6.90	3.90	4.10

(Prices current at 1 August 2007)

Tourism Contribution

Current transport arrangements, in discouraging seniors travelling interstate, also act as a significant barrier to interstate tourism. Bureau of Tourism Research revealed that in 2002, seniors spent \$8.5 billion on overnight domestic travel representing 21 per cent of total overnight domestic travel expenditure. As a result of Australia's ageing population, these amounts are expected to notably increase.¹⁸ Research also reveals that seniors are more likely than any other age group to travel interstate in order to visit friends or relatives. It is therefore inequitable that seniors should face cost barriers in this respect.

¹⁷ Australian Bureau of Statistics. (2006). *6463.0 Analytical Living Cost Indexes for Selected Australian Household Types*

¹⁸ A.Hossain, G.Bailey and M.Lubulwa (2002), *Characteristics and Travel Patterns of Older Australians: Impact of Population Ageing on Tourism*, Bureau of Tourism Research, Canberra

Recommendations – National Seniors recommends that:

The Western Australian Government work collaboratively with other State and Territory Governments towards achieving a universal Seniors Card, in order to facilitate portability of concessions

Bibliography

Australian Bureau of Statistics. 2006. *6463.0 Analytical Living Cost Indexes for Selected Australian Household Types*

A.Hossain, G.Bailey and M.Lubulwa. 2002. *Characteristics and Travel Patterns of Older Australians: Impact of Population Ageing on Tourism*, Bureau of Tourism Research, Canberra

Australian Institute of Health and Welfare. 2006. *Breast Cancer in Australia – An Overview*

Australian Institute of Health and Welfare. 2007. *BreastScreen Australia. Monitoring Report 2003-2004*

The Western Australian. 2007. Available at:
<http://www.theWestern.com.au/default.aspx?MenuID=77&ContentID=34316>

WA Office for Energy. Available at:
http://www.energy.wa.gov.au/3/3207/64/state_governmen.pm

Australian Bureau of Statistics. 2007. Domestic Use of Energy & Water WA (4652.5)

Australian Council of Social Services (ACOSS). 2006. *Fair Dental Care For Low Income Earners. National report on the state of dental care Info Paper*. Available at:
<http://www.acoss.org.au/upload/publications/papers/1562>

Public Health Association of Australia (PHAA). 2006. *Oral Health Policy*. Available at:
<http://www.phaa.net.au/policy/contents.htm>

Department of Health and Ageing. Available at:
<http://www.bladderbowel.gov.au/ncms/default.htm>

Chiarelli, P, Bower, W, Wilson, A, Sibbrit, D, Attia, J. 2002. *The prevalence of urinary incontinence within the community: A systematic review*

Bird, M. and Parslow, R. 2002. Potential for community programs to prevent depression in older people. In *The Medical Journal of Australia* 177 (7)

Leo, D., Hickey, P., Neulinger, K. and Cantor, C. 2001. *Ageing and Suicide*. Australian Institute of Suicide Research and Prevention. Department of Health and Aged Care: Canberra

Continence Foundation of Australia. Available at:
http://www.continence.org.au/funding_schemes.html

Clarence City Council, *Positive Ageing Plan 2007-2011*, Available at:
<http://www.ccc.tas.gov.au/site/page.cfm?u=601>

National Seniors. *Election Priorities Document*. 2007