



National Seniors
Association

2008-09

**Budget Submission to the
Queensland
Government**

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Contents

1. EXECUTIVE SUMMARY	4
2. ABOUT US.....	5
3. NATIONAL SENIORS SUBMISSION	6
3.1 Health	6
3.2 Oral Health	8
3.3 Affordable Housing	9
3.4 Grandparenting	11
3.5 Aged Care	12
3.6 Transport.....	13
3.7 Commonwealth/State Relations.....	14



1. Executive Summary

National Seniors welcomes this opportunity to highlight some of the pertinent issues identified by the Queensland State Policy Group (QLD SPG) and the broader Queensland membership and we look forward to a favourable outcome for our members in the 2008-09 State Budget.

National Seniors policies and policy agenda are developed through a comprehensive grassroots process that enables members to contribute through local Branches, regional Zone Committees, State and Territory Policy Groups (SPGs), and a National Policy Group (NPG). The outcomes from this policy formulation process are incorporated into our National Policy Document.

National Seniors QLD SPG was established in 2006 and plays a key role in facilitating the development and implementation of policies contained in National Seniors National Policy Document. The QLD SPG also acts as a conduit between – National Seniors members in Queensland; the Queensland Government; relevant community organisations; and the NPG on policy issues of relevance to seniors.

This submission focuses on recommendations to the Queensland Government that fit into seven (7) policy priority areas, namely:

- Health
- Oral Health
- Affordable housing
- Grandparenting
- Aged Care
- Transport
- Commonwealth/State Relations

We believe if these recommendations are adopted by Government it will go a long way to meeting the current and future needs of Queensland Seniors.

2. About Us

National Seniors is the largest senior's organisation in Australia with over 255,000 individual members in 165 branches across the country. We are a not-for-profit community organisation with the following objectives:

- to provide economic and social benefits for people 50 years and over;
- to represent our 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 older Australians.

The **National Policy Office (NPO)**, based in Canberra, facilitates the implementation of National Seniors' national policy agenda, and advocates on behalf of older Australians to government at all levels, and to business and the broader community. The NPO works closely with our National, State and Territory Policy Groups and our extensive network of State offices, branches and zone committees in identifying trends in ageing and determining issues of relevance to older Australians.

The work of the NPO is assisted by the Commonwealth Department of Health and Ageing, through the Community Sector Support Scheme (CSSS). The funding received under this scheme better positions National Seniors to:

- grow the operational capacity of the NPO;
- expand communications with the seniors' community;
- increase engagement opportunities for disadvantaged seniors; and
- act as a conduit for information flow between government and the community in order to draw together seniors' views on issues of relevance and provide a consultative mechanism for the government.

National Seniors' policies and policy agenda are developed through a comprehensive grassroots process that enables members to contribute through local branches, regional zone committees, State and Territory Policy Groups (SPGs), and a National Policy Group (NPG). The outcomes from this policy formulation process are incorporated into our *National Policy Document*¹.

The NPO also plays a key role in informing the development of the research program for the National Seniors Productive Ageing Centre, which in turn, provides research input to the NPO.

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. NSPAC's role is to research issues that impact on the ability of seniors to contribute productively to the economy and society. The centre is consumer focused in both the development of its research agenda and conduct of research activities.

¹ National Seniors. 2006. *National Policy Document*. Available at: www.nationalseniors.com.au/Policies.

3. National Seniors Submission

3.1 Health

Patient Travel Subsidy Scheme

Queensland Health's *Patient Travel Subsidy Scheme* (PTSS) has been in operation for many years without adjustment to the levels of subsidy for patient accommodation. Whilst National Seniors notes that the subsidy for use of a private motor vehicle was increased last year, the increase was only minimal and did not include any change to the accommodation allowance.

Current assistance includes an accommodation component of \$30 per night for commercial accommodation and \$10 for private accommodation. Non-concession card holders are not assisted for the first four nights².

Other state and territory governments operate similar assistance schemes to Queensland to assist patients with travel and accommodation costs incurred when travelling long distances or staying away from home while receiving specialist medical treatment.

Whilst direct comparisons with subsidies paid to approved patients by other state governments are not possible as there are minor differences in approach, this does not prevent indicative analysis which shows Queensland to be behind the other states in relation to the subsidy for accommodation.

Accommodation subsidies provided by Queensland are comparatively low at \$30 per night with no subsidy for the first four nights unless a patient is a concession card holder. An increase to \$40 is sought as is the removal of the four night lead-in. Rental or leased accommodation is generally cheaper and more accommodating for longer term stays; this may be a better option for both the Government and patients.

All state schemes provide for patient escorts if deemed necessary for medical reasons. Unfortunately, older people are either not able, are unaware or too proud to raise this issue with their GP. In some instances GPs may not be aware of the finer points for recommending an escort for the PTSS. Some patients are driving hundreds of kilometres alone when they usually drive only within their local area.

Improved awareness is necessary for both the older patient and GPs. Whilst National Seniors can assist with educating its members, improving GP awareness of this requirement can be addressed by Queensland Health through its connections with the Division of General Practitioners.

Coordinated Care

Older people with chronic health conditions such as heart disease or cancer may suffer an acute episode or exacerbation of a health problem and require admission to

² Queensland Government. 2001. *The Patient Travel Subsidy Scheme*. Available at: <http://www.health.qld.gov.au/services/community/ptss/www11398doc.pdf>

a hospital emergency unit where their clinical condition is triaged by the health team. In most cases the person is either admitted to hospital for further treatment or discharged as it has been found they require no further treatment. Unfortunately, incidences have been reported when such patients are discharged without consideration being given to whom and how the person may return to their home. This has resulted in hardships for the discharged person who does not know where or to whom to turn to for assistance.

A recent trial of the bus service transporting patients from the Lockyer Valley/Toowoomba to the Princess Alexandra Hospital was discontinued; such services to areas within inner-Brisbane as well as the rural and remote parts of Queensland would appear to be a very good way to resolve many of the transport problems associated with the delivery of health services.

Residential Aged Care

The current aged care debate in Australia dictates that older people who are frail and unable to look after their activities of daily life should continue to be cared for in the community with the support of family or carers with support such as that provided by Home and Community Care service providers. However, there comes a time when the workload of caring for a very frail, disabled and often demented elderly family member becomes too much and even with respite periods of relief that elderly person is admitted to residential care.

In Queensland, care may be provided in high care nursing homes which are either managed by the private or public sector, in this case Queensland Health. Funding comes from the State and Federal governments. All nursing homes must achieve the minimum standards set by the accrediting body for them to receive bed funding and continue to operate as a nursing home. The Commonwealth accreditation team randomly select nursing homes and evaluate standards of care; they also act on complaints of mistreatment or abuse as well as the delivery adequate clinical care.

It is recommended that the Queensland Government:

- ***Increase accommodation assistance to \$40 per night under the Patient Travel Subsidy Scheme and abolish the four night lead-in for patients without a concession card.***
- ***Raise awareness amongst GPs about escorts (person to accompany patient) to ensure patients are not endangering themselves and other road users travelling to specialist appointments.***
- ***Investigate the use of alternative accommodation options under the Patient Travel Subsidy Scheme (for example rental or leased accommodation) for patients needing longer term stays.***
- ***Review the current transportation arrangements for patients being discharged from hospital emergency units after admission for an acute episode of illness and for patients who may have to attend appointments from rural districts at state city hospitals.***

- **Immediately establish the new state wide health consumer body - 'Health Consumers Queensland'.**
- **Ensure aged care accreditation standards are met by being monitored and reviewed regularly.**

3.2 Oral Health

Oral health is fundamental to a person's overall wellbeing, health and quality of life. The social impacts of poor adult oral health are immense. It has been reported that over a quarter of Australian adults experience tooth ache because of problems with their teeth, mouth or dentures. Those people most likely to be unable to readily access dental care are people on low incomes, such as pensioners, people in rural and remote areas, Indigenous people, people in residential care and people with disabilities. Oral health care is expensive: a standard visit costs approximately \$120.00 with complicated procedures costing anywhere between \$787 and \$1600³.

In the 2002 *National Dental Telephone Survey Interview*⁴, social disadvantage and lack of access to public health care were identified as significant contributors to a person's overall health status. Further, the survey found that Concession Cardholders in all age groups were less likely to have visited a dentist in the last 12 months than non-cardholders and that Cardholders aged 55–64 years had the highest prevalence of problem-oriented visiting and were far more likely to report they would have a lot of difficulty paying a \$100 dental bill.

The impact of poor oral health results in dental caries, gum disease and can lead to other disease co-morbidities. Oral health means more than good teeth: it is integral to a person's general health and is essential for well-being. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment⁵.

The Commonwealth Dental Health Program was discontinued in 1996 and the state funded programs have not been able to fill the gap. Seniors as well as others on low incomes are disadvantaged, with waiting lists at public hospitals reportedly up to four years in some districts. Immediate treatment is available for emergencies only.

The Program's demise has adversely impacted on dental service accessibility and subsequently dental health outcomes for older Australians, as the program was moderately successful in achieving its objectives. Notable successes of the program include: reductions for tooth extraction needed, reduced frequency of toothaches, greater frequency of dental care visits, shorter waiting times, more fillings being performed for older people and greater self reported levels of satisfaction for dental services received. With the abolishment of the program the gains mentioned were quickly lost as the system reverted back to its previous problematic state, with the exception of Queensland, as the Queensland State Government decided to cover the shortfall in funding that resulted giving a reduced impact of severity⁶.

³ CHOICE. 2007. *Dental Care*. Available at:

<http://www.choice.com.au/viewArticle.aspx?id=105780&catId=100233&tid=100008&p=1&title=Dental+care>

⁴ AIHW Dental Statistics and Research Unit Research Report No. 18. 2000. *Oral Health and Access to Dental Care – Older Adults in Australia*. Available online at:

http://www.arcph.adelaide.edu.au/publications/report/research/pdf_files/rr18_olderadults.pdf

⁵ National Advisory Committee on Oral Health, 2004

⁶ QUT and OPSO report. 2007. *Accessibility of Oral Health for Older Australians*.

National Seniors recognises the Queensland Government's recent commitment to introducing water fluoridation in Queensland.

However, the cost of, and access to, oral health care for older Queenslanders is still of great concern. Future solutions for oral health must address political funding models and the delineation of government responsibilities.

It is recommended that the Queensland Government:

- ***Encourage the Commonwealth Government 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.***
- ***Increase the focus on preventative dental services.***
- ***Provide catch up funding to clear the backlog of waiting lists for Queensland Public Oral Health Services.***
- ***Ensure that public dental services are available and accessible to people with special needs, including those in residential aged care.***
- ***Ensure the inclusion of a dental examination on admission to residential aged care and that there is comprehensive oral hygiene training for aged care facility staff/carers.***
- ***Increase the number of dental hygienists available in public dental health services.***

3.3 Affordable housing

The housing affordability crisis in Australia has received much media attention this year. Real Estate Institute of Queensland figures show the Brisbane median house price for the 12 months to the end of June 2007 is \$405,000, up 9.5 per cent – from \$370,000 – on the same period last year⁷. Much of the publicity has focussed on first home buyers and young people with mortgages; however older Australians also have great cause for concern.

Older home owners find the value of their often only asset, the home, increasing, which has implications for pension entitlements and for such costs as Local Government rates and property insurance. It is often difficult and costly for seniors to access the equity in their properties to help meet other living expenses. Those wishing to downsize and relocate to more suitable accommodation face increasing difficulty in finding appropriate housing within their diminishing budget. The increasing rate of stamp duty, as a result of rising house prices, is also an added cost burden for seniors who are downsizing to more appropriate accommodation.

The agreed definition of 'affordable housing' is housing which is suitable for a lower income household in terms of design, location and access to services and facilities

⁷ Real Estate Institute of Queensland. 2007. Available at: <http://www.ourbrisbane.com/living/realestate/buying/tools/index.htm>

and costs less than the 30% of the household income⁸ (for a couple on the age pension this would roughly equal \$265 per fortnight or \$132.50 per week - if rent assistance is added the affordable level of rent would be \$181.50.)

National Seniors recognises Queensland Government affordable housing initiatives, such as that recently announced for a community in Richlands, (in conjunction with the Brisbane Housing Company) that will include a proportion of affordable housing that will attract rents ranging from \$110-\$230 a week, below the median rental price for Brisbane units⁹. However, this is not the norm, and many older Queenslanders now have housing costs well above the commonly used affordability benchmark of 30% of household income, with some paying more than 50%.

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 ago¹⁰. At the same time demand has increased. The *Queensland Public Tenants Association Inc* estimates that in Queensland the current stock of public housing is some 50,000 with a waiting list of approximately 90,000¹¹. Over a third of those in public housing are people with a disability.

In the private rental housing market the overall supply of affordable private rental housing is clearly inadequate, rents are rising and vacancy rates are at historic lows. Even with the availability of rental assistance, current private rental rates are beyond the reach of many low-income households. It appears also that the availability of low-income renters is further reduced by the fact that much of the available low-rental housing is not occupied by low-income households. Another compounding factor is the number of single older persons often widowed who find themselves in the situation of receiving a decreased pension after the death of their spouse, yet the cost of bills and rent continues to increase.

It is recommended that the Queensland Government:

- ***Take appropriate and timely measures to increase the stock of available affordable housing.***
- ***Ensure that a suitable proportion of the total affordable housing stock is appropriate to the needs of older Queenslanders in terms of location, ease of physical access, maintenance and safety and security measures and that it is located close to an appropriate range of services, facilities, transport and recreational opportunities.***
- ***Ensure that there is a range of affordable housing for older people providing a choice of housing types, styles and tenure arrangements with all forms of tenure being covered by strong consumer protection provisions.***
- ***Ensure adequate support is provided for people ageing at home.***

⁸ Disney, J. 2007. *Affordable Housing in Australia*.

⁹ Brisbane Times. 2007. *Affordable Housing for Richlands*. Available at:

<http://www.brisbanetimes.com.au/news/queensland/affordable-housing-for-richlands/2007/11/22/1195321917807.html>

¹⁰ Disney, J. 2007. op. cit.

¹¹ Queensland Public Tenants Association Inc. Available at: <http://www.qpta.com.au/node/3>

- **Consider providing relocation allowances to older people downsizing to more suitable accommodation to assist in offsetting associated costs.**

3.4 Grandparenting

As at June 2003, there were 5,700 grandparent families, caring for 7,600 children in Queensland¹². Across Australia there were 22,500 families in Australia in which a grandparent or both grandparents were the guardians of children aged 0-17 years. In approximately 61% of these grandparent families the younger grandparent or sole grandparent was 55 years or over.

Some grandparents take on the role of raising their grandchildren because the children's parents can no longer care for them, for example through death, ill health or drug or alcohol abuse. Grandparents raising grandchildren may feel isolated and overwhelmed, not knowing what support may be available. They can suffer considerable strain as they cope with often-traumatised children; their own grief and loss, and anger; and considerable extra costs associated with raising children, especially financial, legal and social costs, with little or no outside support.

National Seniors undertook a research project in 2003 entitled *Grandparents Raising Grandchildren*, which presented a wide range of recommendations. National Seniors supports a more co-ordinated approach across Government to ensure consistency of access to grandchildren with family being given priority care status and equality with other carers, such as foster parents.

National Seniors recognises the Queensland Government's *Time for Grandparents* program, which is designed to provide the children of these families with fun and interesting activities and give grandparents the opportunity to have some well earned time out¹³. However, while there are many benefits to be gained for both grandparents and children as a result of intergenerational care, there are also a number of issues relating to financial, legal, health, housing and safety matters that need to be resolved if these benefits are to be maximised.

It is recommended that the Queensland Government:

- **Lobby the Federal Government to ensure that allowances for grandparent carers are not means-tested, but instead are provided as an extra payment so as not to affect pensions and other support entitlements.**
- **Lobby the Federal Government to acknowledge the financial implications of raising grandchildren by ensuring custodial grandparents and those who are primary care-givers for their grandchildren are given the same access to financial and other support as foster parents.**
- **Lobby the Federal Government to establish a one-stop-shop for grandparents that provides accessible information and support.**

¹² ABS. 2005. *Ageing Well, Queensland*. Available at:

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/82C114BD05B14D04CA257044007940BC?opendocument>

¹³ Grandparents Information QLD Website. 2007. Available at: <http://www.grandparentsqld.com.au/index.php?MMID=665>

3.5 Aged Care

The drivers of change for the aged care system in Australia will be changing demographics. In Queensland, the number of people aged 50 and over is projected to increase by over 200 per cent between 2004 - 2051¹⁴.

Older people tend to make greater use of the health system through admissions to hospital, visits to doctors and other health professionals. Older people also consume more medication than other groups in the community. The predicted proportion of the population over 65 is projected to double over the next fifty years, with people aged over 80 years increasing to up one tenth of the population.

It follows that the demand for health and aged care services in the community, including residential accommodation such as hostels, nursing homes and dementia specific accommodation will need to increase accordingly.

The Home and Community Care Program (HACC) aims to provide independence for the frail aged and younger people with severe disabilities and their carers. While the scheme is jointly funded by the Commonwealth and the States and Territories, the day to day management and responsibility of the program is largely the state's responsibility. The HACC services in Queensland are administered through the auspices of the Department of Communities.

There has been a significant increase in the numbers of people reaching 80 years and over and the survival rate of younger people with severe disabilities who wish to remain in their own homes for as long as they choose. National Seniors recognises the efforts governments has already made in addressing the desperate shortage of qualified staff to work within the aged care sector of the community, but would like to highlight the importance of the need to continue to develop strategies to attract and retain appropriately qualified and skilled staff for the aged care sector. Incorporate community based services.

Causative factors include the chronic shortage of qualified nurses, endorsed enrolled nurses and assistants in nursing. Some of the reasons identified for this chronic shortage of qualified nurses and enrolled nurses and assistants in nursing include:

- existing awards for workers in the aged care industry are lower than all other streams;
- the workforce is ageing;
- there are few incentives for younger people to seek a career in aged care;
- there is insufficient training for aged care workers and little on the job training; and
- retention rates of trainees and graduates is insufficient to meet current demands.

This chronic shortage of staff results in residential care facilities employing agency nurses (casual staff) which come at greater cost to the organisation than permanent or part-time employees, such as lessening the quality of care delivery.

¹⁴ ABS. 2006. *Population projections Australia 2004-210*. Available at:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/3222.0Main+Features12004%20to%202101?OpenDocument>

Addressing staffing pressures is not the sole responsibility of the Commonwealth Government. National Seniors believes it is incumbent on state and territory governments to also take responsibility for this salient issue.

Legal Issues

The mandatory reporting legislation introduced in 2006 by the Australian Government for the improved security and protection of aged care residents should by now have been implemented throughout all residential aged care facilities. National Seniors is concerned that the internal processes in place for reporting alleged abuses are working effectively and consequently that there is an effective process of review in place.

The Department of Communities has initiated five *Seniors Legal and Support Services* project sites throughout Queensland for seniors. Given the inability of low income seniors to access legal services unless provided at a reasonable cost, National Seniors acknowledges the great benefit this service is providing for older persons in need. A continuation and expansion of this service based on a positive outcome through the program review process would ensure older persons' accessibility to legal and support services.

It is recommended that the Queensland Government:

- ***Establish career pathways in all aspects of the aged care industry.***
- ***Review the administrative transfer of HACC services from Queensland Health to the Department of Communities.***
- ***Continue to support the role of the Elder Abuse Prevention Unit in Queensland.***
- ***Provide additional Seniors Legal and Support Services throughout the state.***

3.6 Transport

Seniors Card

Whilst noting that previous attempts by the Commonwealth Government to introduce a national reciprocal transport scheme have been unsuccessful, the current period of economic prosperity, growth in interstate travel and increased travel costs for seniors have ensured the issue remains pressing for older Australians.

The confusion caused by current arrangements also acts as a significant barrier to interstate tourism. *Bureau of Tourism Research* (2002) shows that seniors spend in the region of \$8.5 billion in overnight domestic travel each year. This represents 21 per cent of total overnight domestic travel expenditure. As a result of projected demographic changes these amounts are expected to notably increase.¹⁵

¹⁵ 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

Research also reveals that seniors are more likely than any other age group to travel interstate in order to visit friends or relatives. National Seniors members have also expressed how the added cost pressures have had a significant impact on their ability to participate in the community.

Currently, the cost to a Queensland Seniors Card holder of a return trip from Sydney (central) to visit the Jenolan Caves (Blue Mountains) is \$23.20. This contrasts sharply with the \$2.50 fare for travel companions with a New South Wales Seniors Card.¹⁶ Similarly, a New South Wales senior visiting Queensland would have to pay \$22 for a daily ticket to the Gold Coast, as opposed to a Queensland senior who would pay only \$11¹⁷.

Introducing a national transport concession scheme would go a long way to eliminating the anomalies and inequities created by the current situation. It would also remove a major disincentive for interstate Seniors Card holders to visit Queensland, providing a welcome boost to the Queensland tourism industry, and would encourage more Queensland seniors to travel interstate.

National Seniors encourages the Queensland Government to cooperate with the Commonwealth and other states and territories to implement a nationwide reciprocal travel agreement for seniors card holders.

It is recommended that the Queensland Government:

- ***Proactively engage with the Commonwealth, state and territory Governments to implement a single interstate scheme for Seniors Card holders across Australia.***

3.7 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 and territories. There are some (17) seventeen different funding arrangements for community care services including:

¹⁶ City Rail NSW. Available at: <http://www.cityrail.nsw.gov.au/>

¹⁷ Transinfo. QLD Government. Available at: www.transinfo.qld.gov.au



National Seniors

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.

It is recommended that the Queensland Government:

- ***Encourage 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.***