



National Seniors  
Association

2007-08 Pre-Budget  
Submission

NATIONAL SENIORS ASSOCIATION

# Key Recommendations for the Federal Budget 2007-2008

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Submission to  
Australian Government  
Department of Treasury

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National Seniors  
Association

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# Executive Summary

National Seniors has focused on eleven priority policy areas for this Budget Submission. Our attached *National Policy Document 2006* details our policy positions on a wide range of issues, and should be referred to for further information.

For the purposes of this submission, National Seniors wishes to specifically highlight the issues to do with Seniors and:

- **Aged Care**
- **Employment**
- **Grandparenting**
- **Health Issues**
- **Independent Living**
- **Mental Health**
- **Obesity**
- **Oral Health**
- **Pensions and Concessions**
- **Retirement Incomes**
- **Volunteering**

A summary of our key recommendation areas are as follows:

## ***Aged Care***

- Ensure that there is an increase of funding and development of strategies for the aged care sector to increase the availability of appropriately trained staff, encourage recognition and adequate compensation for their services, and provide opportunities for career development.
- Provide reasonable caps on the amount that providers can charge for accommodation bonds.

## ***Employment***

- Further develop strategies to encourage employers to employ mature-age workers and to assist mature-age workers to find employment.
- Undertake a public awareness campaign about the Age Discrimination Act, including efforts to combat negative perceptions of older people.

## ***Grandparenting***

- Encourage the development of public policy to reflect widespread support for grandparents as preferred care option in cases of crisis or family breakdown.
- Acknowledge the financial implications of supporting grandchildren by ensuring that custodial grandparents are given the same access to financial and other support as foster parents.

## ***Health Issues***

- Increase funding for the establishment and maintenance of Renal Dialysis Units for Seniors, particularly Indigenous Seniors.
- Enter the full cost of all prescribed pharmaceutical medicine under the Pharmaceutical Benefits Scheme (PBS) onto the Health Insurance Commission's (HIC) Safety Net Prescription Record Form to count towards the concession and general safety nets.
- Improve access to hearing assessments for older Australians.

### ***Independent Living***

- Increase support for older people to stay in their homes as long as possible, with an emphasis on supporting the training and recognition of carers.
- Re-establish a public housing policy and allocate funds to the Commonwealth State Housing Agreement for the purpose of increasing public housing stock and upgrading existing stock, ensuring it is 'senior friendly'.

### ***Mental Health***

- Increase awareness of older people's mental health issues by GPs and the community.

### ***Obesity***

- Include obesity as a treatable condition under the Chronic Disease Management Items.
- Accelerate education strategies targeting older Australians about the correlation between obesity and other health problems.

### ***Oral Health***

- Increase focus of oral health provision on preventative measures and services.
- Train more dental professionals, including extra undergraduate places available each year for Dentistry students.

### ***Pensions and Concessions***

- Revise the Pension Bonus Scheme.
- Increase the single pension from 60% to 65% of the couples' pension.
- Introduce an Australian-wide Seniors Card that can be used on all public transport.

### ***Retirement Incomes***

- Allow employers to claim a full deduction for all contributions to superannuation on behalf of individuals under the age of 75.
- Ensure concession rates applying to superannuation funds be also applied to persons who have retired and are over the age of 60.

### ***Volunteering***

- Support the payment of legitimate out-of-pocket expenses for volunteers.

## About Us

**National Seniors** is the largest senior's organisation in Australia with over 280,000 individual members in 170 branches across the country. It is 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;
- 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, including through branches and member organisation forums, and 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 NSPAC in informing the research agenda and the policy development process.

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 Centre is consumer focused in both the development of its research agenda and conduct of research activities.

The **National Seniors Foundation** is a charitable community service initiative of National Seniors, which was founded in 1983, and through research and education campaigns, partnering with researchers and government, leading cancer educators, GPs and medical professional bodies, is helping Australians to age well.

## National Seniors Policy Position

National Seniors welcomes this opportunity to submit our key budget recommendations for 2007/2008. National Seniors has developed a *National Policy Document 2006*, which details our policy development framework and policy positions on a wide range of issues. Our policies are developed through a comprehensive process, with active engagement at the grassroots level. For this budget submission, a number of our policies are specifically highlighted, and for further information please refer to the attached *National Policy Document 2006*.

## **1** Aged Care

There has been significant growth in demand for home based (community) care due to a number of factors including changes in the hospital system resulting in a greater focus on acute rather than convalescent care; increased survival rates amongst people with severe or profound disabilities and increased numbers of people aged over 80 years.

In particular, in our *National Policy Document 2006* we recommend that the Australian Government improve targeting and resource allocation to ensure seniors with low, medium and high care needs have access to funding which allows them to 'age in place' in their own home for as long as they choose. This includes ensuring a workforce of trained carers who have access to appropriate support and recognition of their work.

Residential aged care is funded by a combination of Commonwealth subsidy and user charges for both capital and daily costs. There is debate about the adequacy and balance of these contributions.

In particular, as stated in our *National Policy Document 2006* residents contribute to capital costs through bonds or accommodation charges that are assessed on their assets and income, and payable from date of admission.

Interest is payable on bonds or accommodation charges from the date of admission until payment is made. The interest rate is much higher than that available for cash investments.

In addition, current Government regulations provide for residents to retain assets up to the equivalent of two and a half times the annual amount of the single Age Pension. Therefore some residents are left with insufficient funds to cover ongoing costs because their unavoidable expenses exceed their remaining income.

Therefore, it is the view of National Seniors that accommodation bonds and charges are not considered adequate to enable the industry to meet government regulations.

National Seniors acknowledges the efforts the Government has already made in addressing the desperate shortage of qualified staff to work within the aged care sector of the community in the last budget but would like to highlight the importance of the Government's need to continue to develop strategies to attract and retain appropriately qualified and skilled staff for the aged care sector.

## **Recommendations**

- **Ensure that there is an increase in funding and development of strategies in the aged care sector to increase the availability of appropriately trained staff, encourage recognition and compensation for their services, and provide opportunities for their career development;**
- **Ensure that there is an increase in the level of funding for home and community care services through the HACC program, in line with the increasing demand in all States and Territories;**
- **Provide catch up funding and set growth targets for future funding that anticipate population growth and realistic cost increases, for the next 5 years;**
- **Improve targeting and resource allocation to ensure that seniors with low, medium and high care needs have access to funding which allows them to 'age in place' in their own home for as long as they choose;**
- **Provide reasonable caps on the amount that providers can charge for the accommodation bonds; and**
- **Double the residual assets limit from 2.5 times the annual single Age Pension to 5 times the single Age Pension; and**
- **Support for older carers looking after ageing children with disabilities.**

## **2** Employment

### ***Mature Age Employment***

Australians in their fifties and sixties who work in full or part-time jobs or who are seeking employment are concerned about their long-term employment prospects.

Mature-age unemployment exists at a lower rate than amongst other age groups however this is misleading in that many instances of mature age unemployment are hidden in alternative classifications such as 'early retirement' or 'ill health'. Further, those aged 50 and over, who are unemployed are likely to be out of work for longer periods. Currently it is estimated that there are approximately 120,000 mature-aged unemployed job seekers.

Barriers to re-entry into the workforce include institutional, organisational and individual factors. Institutional barriers are artificially created when public policy outcomes make it more attractive for an individual to withdraw from the work force than to actively re-enter (eg tax issues) or where barriers such as cessation of workers compensation protection makes mature-age employees less attractive to employers.

Research has consistently found that organisations rarely implement programs specifically aimed at addressing the needs of mature-age workers such as access to training.

Further, individual concerns such as lack of confidence, familiarity with contemporary technology or practices and so on, may inhibit individuals from actively seeking work for fear of outright rejection. In addition there is a widespread perception of age discrimination amongst employers who appear to be reluctant to employ mature-age workers.

Both workers and employers need support to adjust to the changing work place environment where mature-age workers are

becoming increasingly common and will be required to work for longer to fill contemporary skills shortages.

Government should work towards improving the strategies for mature-age people seeking work with employment assistance and bolstering programs that facilitate a prompt return to work, assist with re-skilling or re-training and tackling age-discrimination issues.

Research undertaken by NSPAC indicates that whilst employers report generally positive attitudes towards the employment of mature-age workers, only a small minority are actually actively engaged in the recruitment and retention of mature-age workers. National Seniors recommends the creation of an Employers Forum as a mechanism to disseminate information about mature-age employment issues to employers and to provide a source of advice and support for employers to assist in the development of mature-age specific employment programs.

### ***Age Discrimination***

The Australian Government passed the Age Discrimination Act for operation from 1st July 2004. National Seniors was consulted about the content of the Act and is pleased to see its final adoption into Australian Law. However, there is a low level of enforceability of age discrimination both within the state legislative framework and federal legislation. Therefore, it is essential that the Government develops strategies to ensure that complainants under the Commonwealth Age Discrimination Act are not prevented from taking cases forward due to cost or other barriers

## **Recommendations**

- **Further develop strategies to encourage employers to employ mature-age workers, and continue the communication strategy for employers regarding the necessities and benefits of including mature-age workers;**

- Further develop and fund more strategies to assist the mature-aged to find employment;
- Encourage the Australian Public Service to operate as best practice employer in terms of promoting the recruitment of mature-aged, unemployed workers particularly in service agencies which deal directly with mature-age customers (eg. Centrelink);
- Revise the social security assets test for mature-age workers to reflect the need to maintain and increase savings for retirement. (It should reflect the period they have had to accumulate assets). This may lead to the development of a graduated age-related assets test and be set at a level closer or equal to the age pension means test;
- Provide seniors Australians with the option to continue working longer by encouraging phased retirement and flexible hours;
- Support the establishment of an Employers' Forum to provide a mechanism to support employer efforts to create and manage age diversity in the work place through targeted programs aimed at actively improving employment conditions and opportunities for mature-aged workers;
- Establish a hotline for unemployed mature-aged workers to call for assistance and advice, including those who are not currently eligible for Centrelink benefits;
- Establish a hotline advisory service for employers seeking information about the employment of mature-age workers;
- Work with the States and Territories to improve and standardise Workers Compensation legislation to ensure that employers and mature-aged workers are not disadvantaged by removing explicit and implicit age-based restrictions (i.e. cessation of entitlements upon reaching 65 years of age or pensionable age);
- Encourage phased retirement by removing barriers on superannuation contributions by employers for employees aged 70 and over;
- Ensure that complainants under the Commonwealth Age Discrimination Act are not prevented from taking cases forward due to cost or other barriers;
- Introduce a public awareness campaign about the Age Discrimination Act and how to use it, case studies, dedicated section of HREOC eg. website; and
- Introduce a public awareness campaign to encourage people to change their negative perceptions of older people.



## 3 Grandparenting

National Seniors supports a system whereby grandparents do not suffer undue hardship due to their decision to care for their grandchildren, by giving carer grandparents the same resources as other non related carers. This is an issue that has been championed extensively by National Seniors, both in our *National Policy Document 2006* and in various research papers produced by our *Productive Ageing Centre*, with so far disappointingly little change to the current situation. National Seniors calls on the Government to support a more coordinated approach to addressing the needs of grandparent families.

The Australian Bureau of Statistics estimates that in 2005 there were approximately 22, 500 Australian families in which grandparents were the guardians of their grandchildren, accounting for 31, 100 children. Reasons for this vary according to family circumstances, but are often as a result of some type of trauma, be it parental death or addiction to drugs etc. Grandparent families are obviously older on average than other families and are less likely to be engaged in paid employment than parent-led households. Grandparents raising grandchildren may feel isolated and overwhelmed, not knowing what support may be available.

Grandparents 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. One of the major financial issues is that there is no recognition of grandparents as a distinct category of carers.

*Grandparents Raising Grandchildren Tasmania* states that whilst foster carers receive \$172 a fortnight, the estimated 8 000 custodial grandparents are receiving

only \$28 a fortnight, an amount that has not been increased in 15 years (The Australian 2006).

The Australian Family Law Act (2004/2005) acknowledges that children have the right to spend time and communicate with, on a regular basis, both their parents and other people significant to their care, welfare and development, such as grandparents. Consequently, there is widespread support for the placement of 'in need' grandchildren with their grandparents in preference to placing them with strangers or institutional care.

## Recommendations

- Review access provisions for carer grandparents with state governments to standardise arrangements giving family members preferential access to children in crisis without resorting to the court system;
- Ensure public policy reflects the need for widespread support for grandparents as preferred care option in cases of crisis or family breakdown;
- Acknowledge financial implications of supporting grandchildren by ensuring that custodial grandparents are given the same access to financial and other support as foster parents;
- Ensure benefits for grandchildren should not be designated as 'income' for tax and/or pension purposes;
- Ensure Government allowances for grandparent carers should not be means tested but received as an extra payment so that those grandparents on Centrelink payments are not affected by the increase in pension received; and
- Refer to National Seniors Submission to Department of Health Services *Progress Review of Service Delivery Aspects of Grandparent Access to Family Assistance Measures September 2006*.

## **4 Health Issues**

### ***Renal Health***

End-stage kidney disease (ESKD) prevalence increases rapidly with age, being the highest (193 per 100,000) among those aged 65-74 in 2002. The age-standardised prevalence rate of ESKD has almost tripled since 1981, which may be attributed to a higher incidence of kidney failure, increasing prevalence of diabetes, improved management of other illnesses and new technologies contributing to keeping people alive (AIHW 2005). National Seniors is concerned with these statistics, and believes more can be done to reverse them.

### ***Pharmaceutical Benefits Scheme***

The Pharmaceutical Benefits Scheme (PBS) that provides access to affordable medication is a critical part of the health care system. National Seniors is concerned that the PBS could be threatened due to funding pressures, inappropriate listing and de-listing of drugs, and in international free trade negotiations.

National Seniors is also concerned that the PBS safety net for a single person is the same as that for couples or families and that where a prescribed medication is not included on the PBS list, and therefore charged at the full price, the first \$4.70 of the cost be counted for the patient's 'safety net' record.

### ***Hearing Assessments***

National Seniors is concerned with the cost and long waiting lists for hearing assessments. People can get their eyes checked with assistance, but this is not the case with hearing checks, except at public hospitals with huge waiting lists. National Seniors considers this to be an important issue, as many accidents in older people,

such as falls and car accidents, are a direct result of hearing failure.

## **Recommendations**

- Increase funding for the establishment and maintenance of Renal Dialysis Units for seniors, particularly Indigenous Seniors;
- Enter the full cost of all prescribed pharmaceutical medicine under the PBS onto the HIC's Safety Net Prescription Record Form to count towards the concession and general safety nets;
- Allow holders of pensioner concession cards or similar who are prescribed pharmaceuticals which are not subsidised through the PBS to have the current patient contribution by a concessional patient of the cost of that medicine included on the HIC's Safety Net Prescription record form;
- Reinstate a limited range of anti-allergy medications – tablets/capsules and nasal sprays on the Pharmaceutical Benefits Scheme (PBS) list. It is suggested that the range include preventer type nasal sprays e.g. Beclomethasone and Budenoside and non-sedating antihistamines e.g. Ceterizine, Fexofenadine, Loratadine but that it not include decongestants or sedating antihistamines;
- Set the PBS safety net for a single person at 50% of that of a couple, both in number of prescriptions and dollar amount;
- Include the first \$4.70 of full price prescriptions in a person's PBS safety net record; and
- Increase access to subsidised hearing assessments for older Australians.

## 5 Independent Living

Independent living, or staying in one's home as long as possible, is generally viewed by older people as their most desirable housing situation. Rather than entering more formal care arrangements or moving to an aged care residential facility, older people are indicating their preference to 'age in place'. National Seniors is committed to promoting opportunities for older people to stay in their own homes, and our *National Policy Document 2006* details home maintenance as a major concern for seniors as they age and the importance of quality public housing.

Carers are an essential part of 'ageing in place'. As older people remain in their homes longer, the need for a skilled carer workforce is paramount. However, National Seniors has a number of concerns about issues carers face. Specifically, the lack of trained carers, inadequate compensation and recognition of the services they provide and lack of career paths are areas National Seniors would like to see addressed.

Main findings of a 2004 *Future Housing* survey to ascertain the housing intentions of nearly 7 000 older Australians found that: more people are living alone and enjoying the experience; ageing in place depends more upon attachment to a location rather than the family home, with friendship enclaves offering a new form of community; and independence, flexibility and consumer and lifestyle choices the key priorities for older Australians (Olsberg and Winters 2005).

However, there are number of difficulties associated with supporting older people to stay in their homes as long as practical. Home maintenance and gardening are major issues for seniors who become frail. Assistance through the HACC program is available inconsistently throughout Australia. There is a hierarchy of need for housing assistance for seniors. The highest level of need occurs amongst those who are at risk of

homelessness and /or those on low incomes who are renting privately.

Home ownership is the greatest financial asset most older people will have. Outright ownership of their homes is by far the most common tenure type for Australians aged 65 years and over (ABS 2002). Homeowners are most likely to want to age in place and view their home as an investment for the future (Olsberg and Winters 2005). English charity *Care and Repair*, established to improve the housing conditions of older and disabled people, identifies that in old age, people see housing as possibly the most essential factor in whether they will be able to manage and live well (Care and Repair 2005).

In 2002-03, approximately 13% of older person households were living in rental accommodation, with occupants, except for those renting from a state or territory housing authority, being very likely to be receiving Commonwealth Rent Assistance (CRA) to subsidise their housing costs (ABS 2005). Recent trends are to encourage private investment in rental housing rather than to increase funding for public housing. For those who do not own their own homes, Rent Assistance is an important income supplement but it does not address issues of security of tenure, location, affordability, physical access and appropriateness.

In our *National Policy Document 2006*, we state that public and community housing are the best solutions for the most disadvantaged seniors. Public Housing is housing owned by the Commonwealth and State Governments Community Housing is made up of houses owned by Housing Associations, Housing Cooperatives. Housing Associations are not for profit organisations often linked to community based service or organisations, for example Anglicare or Centacare. Community Housing combined with Public Housing forms what is known as Social Housing.

One of the greatest barriers older people face to remaining living in their own homes is physical safety issues. Inadequate housing conditions such as steep stairs, inaccessible windows and poor lighting can seriously

endanger a person's life. For older Australians, falls make up a higher proportion of injury-related deaths than they do for other age groups; they are more likely to be injured from a fall than from other types of injury; and whilst older Australians are injured at a lower rate than other age groups, they are more likely to die of injury than any other age group (ABS 2003).

There have been a number of initiatives in England to assist older people to stay in their homes. The *Should I stay Or should I go* national project was instigated in 2002 to stimulate the development of local housing options services for older people (Care and Repair 2005). In addition, since 2003, social services must provide equipment and minor adaptations such as stair and shower rails, chair raisers and toilet seats up to £1 000 free of charge and help to facilitate other adaptations (Age Concern 2006: 7).

Reverse mortgages have been touted as a tool to assist older people in staying in their homes longer. Their availability is growing, with CHOICE magazine recently conducting a survey of 19 reverse mortgages available in Australia. A reverse mortgage allows home owners aged 60 and older to borrow money against the current value of their home and pay it back — including interest and fees — when they sell (or the estate pays it back after their death). Advantages of reverse mortgages include: being able to access cash as a lump sum, a regular stream of income or a combination of both; not needing a current income to qualify; being able to stay in your home and keep ownership; and usually not having to make any regular repayments whilst you remain living in your home.

Conversely, disadvantages include: interest rates are usually higher than average home loan rates; the debt can rise quickly to the point where it may be more than the value of your home; there may be obligations that can become onerous as a person ages; there may not be enough money left over after the loan to pay for aged care accommodation or to leave an inheritance; and the loan may affect pension eligibility (ASIC 2006). The 2004 *Future Housing* study found that there

was general dissatisfaction with the current products available and that there was demand for some form of collaborative public-private partnership and government regulation in the largely unregulated reverse mortgage sector.

## Recommendations

- Strengthen support services and training initiatives for carers;
- Increased support for older people to stay in their homes as long as possible;
- Provide similar incentives as the UK to help older people modify their homes;
- Increase government regulation of the reverse mortgage sector;
- Improve independent financial advice service delivery for older Australians;
- Support seniors to make use of Home Equity Conversion programs to help them remain in their own homes and to improve their quality of life;
- Introduce Treasury bonds as a vehicle for the surplus funds when seniors wish to rationalise their accommodation - these funds should not be included in the assets test for the age pension or deemed for the income test;
- Fund housing relocation services that address the cost barriers to relocation for seniors who wish to move to more appropriate housing. Means tested concessions/subsidies on some charges may be desirable;
- Re-establish a public housing policy and through the Budget allocate funds to the Commonwealth State Housing Agreement for the purpose of increasing public housing stock and upgrading existing stock;
- Enable seniors on the full Age Pension in private rental accommodation to access good

- quality community and public housing;
- Ensure that all publicly owned housing stock occupied by seniors meets an acceptable standard of 'seniors friendly' design;
- Ensure that there is an adequate stock of public and community housing to meet the needs of seniors; and
- Create incentives to encourage landlords to renovate their housing stock to meet the needs of long-term older tenants.

## 6 Mental Health

All levels of government have recognised mental health as a key National Health Priority Area. In our *National Policy Document 2006*, we state that there is a strong correlation between socio-economic wellbeing and health status, across all groups in the population, no less for seniors. Seniors are incorrectly recorded as having the lowest levels of mental illness, due largely to depression and mental illness being misdiagnosed as old age or dementia. National Seniors supports a focus on the mental health of older people, and in particular the lack of follow up care for those diagnosed with mental health problems.

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.

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 has been characterised as following a chronic relapsing course, with slow recovery and increasingly brief periods between episodes. Even frail very old people can respond to antidepressants or psychotherapy and with adequate treatment, rate of recovery and relapse for many older people is the

same as in younger cohorts (Bird and Parslow 2002).

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 death (Leo et. al 2001: 49), thus suggesting that GPs are integral to providing follow up care of older mental health patients. There is money within the division of GPs to be used for follow up care

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 suicide (Leo et. al 2001: 48).

## Recommendations

- **Increase GP awareness of older people's mental health issues;**
- **Engage GPs in mental health system reform; and**
- **Ensure general awareness of older people's mental health issues and being able to recognise signs communicated by older people and be attentive to behaviours that may indicate a relapse or problem.**

## **7 Obesity**

Australia is currently experiencing an obesity epidemic. This fact is no less salient for older Australians. Statistics indicate that older Australians are now heavier than they were a generation ago and that the gain has been considerable. The proportion of adults who were overweight or obese has tended to increase with age, with a 6% gain between 1995 and 2001, peaking among those aged 55-64 years, with 59% of the age group classified as obese in 2001 (ABS 2003).

As reflected in our *National Policy Document 2006*, there is a strong emphasis on encouraging a life course approach to health management. Being overweight greatly increases the risk of developing or exacerbating other health problems. People who are obese are less likely to stay in work, have higher health costs and impaired social participation (AIHW 2004: 2). The cost of obesity is estimated to be between 2 – 3% of total health spending in Australia (AARP 2005), and obesity was associated with over 4 million days lost from the workplace in 2001 (AIHW 2005 :1).

The 1999 report *Burden of Disease and Injury in Australia*, measures mortality, disability, impairment, illness and injury arising from 176 diseases, with obesity being identified as one of the top ten risk factors. Obesity is one of the most complex and difficult problems to deal with in modern disease management (NHMRC 2004: 1). However, it is not presently an eligible condition for treatment under the Chronic Disease Management items introduced in July 2005, despite being included in the international classification of

diseases (ICD-10) by the World Health Organisation (APGN 2006: 14).

Although weight gain is common at various life stages such as after pregnancy, during menopause and with ageing, it is not inevitable. (NHMRC 2004: 5). Good health is a life long pursuit, and behaviours earlier in life have a profound influence on health later in life. Promoting healthy eating habits and the importance of physical activity is widely recognised, and there are various government supported initiatives in place to combat the proliferation of obesity within the Australian population. There has been a particular focus on young people, with 'healthy kids' programs administered throughout schools. However, older people and obesity do not feature as prominently within the obesity debate, a situation that needs to be rectified.

## **Recommendations**

- **Ensure inclusion of obesity as a treatable condition under the Chronic Disease Management Items;**
- **Establish initiatives to understand and address the prevalence of obesity amongst older Australians;**
- **Accelerate education strategies targeting older Australians about the correlation between obesity and other health problems; and**
- **Adopt a life course approach to health maintenance.**

## 8 Oral Health

Dental Health care is a national health issue. The state-funded programs have not filled the gap left by the abolition of the federal program in 1996. Seniors, and others on low incomes, may be disadvantaged with public dental hospitals, either not accepting any new cases or reporting waiting lists of up to 4 years. When treatment is available it is often for emergencies only.

Oral health means more than good teeth: it is integral to peoples' general health and essential for well-being. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment (National Advisory Committee on Oral Health 2004). The interrelationship between oral health and general health is particularly pronounced amongst older people; chewing and eating abilities can affect nutritional intake and the high use of multi-medication therapies amongst older people can further complicate oral health (WHO 2006). Both prevention and cure of oral disease is therefore important for overall health. The Rural Dental Action Group (2005: 10) notes that in the past, education and research have viewed the mouth as separate to the rest of the body, and as a result there is a disconnect between the medical and dental health systems.

Oral health care services are almost entirely removed from medical services in Australia; funding is provided separately, with the Commonwealth Government historically deeming dental health to be a State issue, despite having the same constitutional powers to fund dental services as it has for medical services (NRHA 2005: 5). The state-funded programs have not filled the gap left by discontinuance of the federal program, which was abolished in 1996.

Australia's adult oral health care situation would arguably not be out of place in the developing world. Whilst Australian children enjoy free or low-cost oral health care throughout primary and secondary school, the same is not true for adults. Australia has

the second worst adult oral health of all OECD countries. Access to oral health care in Australia is becoming increasingly difficult and ACOSS (2006: 3) estimates that overall, 40% of Australian adults cannot get the dental treatment they require when they need it. Access to oral health care services is generally determined by capacity to pay, as the majority of dental services in Australia are funded on a private basis, with or without the assistance of private dental insurance (National Oral Health Plan 2004: v).

In particular, National Seniors is concerned with the difficulties older people face to accessing oral health care and its style of provision. As we state in our *National Policy Document 2006*, 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. Historically, oral health care has focused on reactive provision, meaning attending to problems that have already occurred or emergency procedures. Evidently, there needs to be more emphasis on preventative measures.

Oral health care services are expensive: a standard consultation costs around \$100 (compared to about \$25 to \$40 for a standard GP consultation), more complicated procedures like root canal work can be as high as \$500 and specialist treatment can amount to thousands (ABC 2004). The NSW Ministerial Advocacy Council on Ageing has stated that access to dental services is one of the greatest issues faced by elderly patients after financial barriers, and that elderly patients reported that distance and lack of transport often prevented them from seeking treatment (NSW Parliament 2006: 114).

It has been estimated that by 2010 there will be a shortage of 1,500 dentists in Australia, which is equivalent to 3.8 million dental visits (ACOSS 2006: 5). The OECD average for the number of dentists per 100,000 people is 56: in Australia the average is 43 dentists per 100,000, with an average of only 28.7 dentists per 100,000 in rural areas (NSW Parliament 2006: 54). Waiting lists for publicly funded dental care in Australia range from 13



months in South Australia to 49 months in Western Australia (ACOSS 2006: 13).

National Seniors supports the National Rural Health Alliance's call for an extra 120 places at Australian Dental Schools each year and for increased funding of undergraduate scholarship schemes.

Older people in residential aged care facilities face further difficulties to 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. The National Oral Health Plan (2004: 25) states that providing oral health equipment within such facilities is necessary and arrangements need to be made to ensure affordable and appropriate transport arrangements are available for residents. In addition, lack of formal coordination between the dental and aged care sectors leaves confusion about who is responsible for residents' oral health care.

Preventative health care is increasingly being encouraged across all health areas. Oral health issues, in particular, are preventable. This is pertinent considering the link between oral health and 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 (ACOSS 2006: 11). As more people retain their natural teeth, there is a consequent increase in the need for preventive dental treatment over many more years of life, with more than 60% of the population over 65 years now having one or more natural teeth (PHAA 2006 :1). Further education in self-preventative oral health care is clearly needed.

## Recommendations

- Focus on preventative dental services, eg. education about preventative oral health care including affects of medication on oral health, importance of regular check-ups;
- Train more dental professionals, including dental nurses and hygienists, along with other health care practitioners (i.e. medicine, nursing, allied health, pharmacy) to support preventative care and education through an integrated, interdisciplinary approach;
- Link State and Federal funding;
- Support implementation of the National Oral Health Plan
- Develop and fund a national dental and oral health plan using Medicare, which will care specifically for older Australians, both in the community and in aged care facilities.
- Make available an extra 120 undergraduate places each year for Dentistry students and increased funding of undergraduate scholarship schemes;
- Ensure that people in rural and remote areas have access to public dental services;
- Ensure that people with special needs including those in residential aged care have access to public dental services; and
- Provide catch-up funding to clear the back-log of waiting lists for state public dental health services.

## **9 Pensions and Concessions**

### ***Pension Bonus Scheme***

A person's quality of life in retirement is a direct reflection of the amount of time they spent in the workforce. National Seniors endorses and encourages efforts to help older people remain in work as long as possible. However, as stated in our *National Policy Document 2006*, there is a concern with the low rate at which people are taking up the Pension Bonus Scheme, and the need for an increase in the single pension.

The Pension Bonus Scheme, introduced in 1998, is an incentive for older Australians to defer claiming the Age pension, by assisting those who wish to continue in the workforce even though being eligible for the pension.

The Pension Bonus Scheme provides a tax-free lump sum payment when claimed. To be eligible a person must register with the scheme within 13 weeks of reaching pension age and those in the scheme must be gainfully employed for at least 12 months after registering to be eligible for the bonus. In addition, those who delay taking a pension for up to 5 years and remain in the workforce will receive a bonus payment, which has accumulated at 9.4 per cent of the Age Pension per year. Currently, the bonus is paid only to those people who have not received income support payments upon reaching the Age Pension age. Furthermore, you cannot claim the bonus if you have previously received the Age Pension but have since returned to work. If both members of a couple are eligible to register, they must do so at the same time. Only one has to remain in the workforce and meet the requirements of the work test, but both must continue to defer pension and meet the other requirements of the scheme.

The Pension Bonus Scheme requires better promotion amongst senior Australians approaching age pension eligibility. Many

people have reported that they do not know of the scheme, which is voluntary, until it is too late and they register for the Age Pension. Unfortunately, the system is inflexible and if a person does not register before the Age Pension age, they may miss out. The system will not allow a person to register at the same time as the Age Pension is claimed.

The Financial Planning Association reported recently that 200,000 Australians of retirement age have chosen to continue to work, with about 78,000 people receiving the age pension also working and about 49,000 people of age pension age deferring claiming the pension by joining the Pension Bonus Scheme (MBF 2006). Does that then mean that the remaining 70,000 or so workers above age pension age are missing out on the scheme?

National Seniors believes that more could be done to help mature-age people maintain some workforce participation. A flexible Pension Bonus Scheme would be more effective where people are encouraged to take up work after they have already been in receipt of the age pension.

## **Recommendations**

- **Improve the retirement income potential of senior Australians by revising the Pension Bonus Scheme to provide stronger incentives for people to remain in employment or resume employment, including simplifying the registration process for the scheme.**

### ***Single Pension***

National Seniors considers that single people reliant on the full age pension with no other source of income are in need of additional support.

Mature age people on pensions and allowances continue to struggle to make ends meet. Increased user pays, removal of some medications from the Pharmaceutical

Benefits Scheme and pressure on services such as dental care, have all played a part. For homeowners, council rates have increased dramatically in many areas, placing significant new pressures on the budgets of seniors. For private renters, the cost of rental and lack of public housing options continue to be a considerable concern.

A Centrelink fortnightly payment for a full single age pension is \$488.90 and a couple \$816.40. These rates indicate that the single pension is approximately 60 per cent of the couples' rate. In contrast, the Department of Immigration and Multicultural Affairs advises international students and long-term visitors to Australia that the basic living expenses of a single person will increase by **35%** if travelling with a spouse. Hence, on these calculations, a single person's costs are considered to be approximately **74%, or three quarters**, of those of a couple.

Reiterating calls from last year's budget submission and our *National Policy Document 2006*, National Seniors recommends that the Government increases the single pension from 60% to 65% of the couples' pension. A Centrelink fortnightly payment for a full single age pension is \$488.90 and a couple \$816.40. These rates indicate that the single pension is approximately 60 per cent of the couples' rate. A single person's cost of living is significantly greater than 60 per cent of a couple.

Studies have shown that, assuming a retiree owns his or her home, a single person would need \$16 930 each year for a modest but adequate lifestyle, with a more comfortable lifestyle requiring \$32, 800 each year, or approximately \$630 per week (Kelly and Harding 2004:106). Currently, the average person over 65 living alone has a disposable income of only \$274 per week (ABS 2006).

### ***Age Pension and Employment***

National Seniors would like to see a "working credit" system for age pensioners wishing to supplement their income through occasional work, commensurate with the working credit

scheme for people on social security payments.

Mature-age workers often report they would like to take up more work to supplement their income, however they feel constrained by the strict social security income tests.

As of 2005, superannuation laws allow workers 55 years and over to hold a part-time job while drawing down on their superannuation. National Seniors supports measures to encourage an increased take up of this phased retirement option by mature-aged workers to enable them to continue in the workforce for a longer period.

Working credit aims to encourage people of pensionable age who receive income support payments to take up casual work by allowing them to keep their Centrelink payments up to the allowable maximum threshold during specific periods of casual work. Centrelink payments should only be adjusted after the threshold income is reached.

National Seniors believes that the divisions between working age people and people of pension age will, in the future, become increasingly indistinct and that policy responses should be flexible and be able to keep up with people's desires and motivations in relation to paid employment.

### ***Commonwealth Seniors Health Card***

To qualify for a Commonwealth Seniors Health Card (CSHC), one must have reached the Age Pension eligibility age but not qualify for the pension. The card assists with living costs and additional health costs and encourages self-provision in retirement. CSHC holders are entitled to prescription items listed under the PBS at the concessional rate (with free prescriptions after the first 52 each year), and if eligible, a telephone allowance.

The CSHC has not been indexed since it was last altered and raised in 2001. The inflation rates over these past years reflect 11-12 per cent. Currently the applicant has an annual

income of less than \$50,000 for singles and \$80,000 for couples.

National Seniors suggests the eligibility for the CSHC be indexed from time to time. The Australian Government has recently accepted this as a "second level" means test for self-funded retirees (e.g. telephone, budget cash payments). Self-funded retirees believe access to these concessions to be fair while excluding the very wealthy.

There appears to be a gap in assistance when it comes to providing the Commonwealth Seniors Health Card, available only to persons 65 years or over. This five year gap in assistance can heavily impact on self-funded retirees in the 60 to 65 age group. If the Government provided the Commonwealth Seniors Health Card to these persons (subject to the current income criteria) the need for the medical tax rebate mentioned previously would be to a large extent negated.

### ***Commonwealth Seniors Card***

National Seniors urges the Government to facilitate the development of a common Seniors Card that is recognised in all states and territories, providing older Australians with discounts on public transport nationwide.

### ***Tax Rebates***

Currently, people paying tax receive some assistance from the government, by way of a tax rebate, where they have had medical, dental etc. bills exceeding \$1,500. This often applies to self-funded retirees aged 60 or more, or a person aged 65 or more who was unable to gain a Commonwealth Seniors Health Card. People not paying income tax as from 1 July 2007 will not be able to obtain this assistance. National Seniors recommends that this assistance should be continued, perhaps in the form of a direct government payment on an annual basis.

National Seniors believes that those people who are entitled to either the Seniors or Pensioners Tax Offset allowance should only

be charged a Medicare Levy on the amount that their earnings exceed \$20,500 instead of on their entire taxable income.

### ***Income splitting - Superannuation Pension***

Allow income splitting for retired married couples even though one partner receives the superannuation or annuity pension income.

Contributions made into one person's superannuation account can be transferred into their spouse's super account (as long as the receiving spouse is under age 65).

The aim is to receive certain tax concessions on lump sum and pension super benefits; but also to help avoid overfunding one spouse's account and thus avoid a penalty tax from applying.

## **Recommendations**

- Increase the single pension from 60% to 65% of the couples' pension;
- Adjust the assets test for the age pension half yearly instead of annually, to reflect prevailing returns on investments;
- Promote phased retirement benefits so that when a spouse reaches pensionable age before his or her partner, she or he should be eligible for 50 per cent of the couple pension until the partner becomes eligible;
- Encourage the increased take-up of phased retirement options by mature-aged workers;
- Establish a "working credit" system for age pensioners wishing to supplement their income through seasonal work;
- Ensure the Commonwealth Seniors Health Card is provided to all retirees over the age of 60 years subject to an income criteria which

- is indexed annually in line with the CPI;
- Link state and territory Seniors Cards to provide a consistent, nation-wide card that can be used on all forms of public transport;
  - Extend the \$1, 500 tax rebate for people no longer paying income tax; and
  - Split the Superannuation Pension for couples, which is paid to an individual but in most cases meant to support a couple, for tax purposes;
- Make exempt from the Medicare Levy the first \$20, 500 of a persons income for those people entitled to either the Seniors or Pensioners Tax Offset; and
  - Refer to our attached *National Policy Document 2006* for further recommendations.

## **10 Retirement Incomes**

As outlined in the National Seniors submission to the Australian Government's proposed changes to the national superannuation system announced as part of the 2006-07 Budget, we believe that the proposed changes are most welcome, and go a long way to respond to previous submissions and lobbying undertaken by National Seniors.

We would however, like to again raise a number of additional matters that we believe should be considered in the context of the overall restructuring of the superannuation regime.

In particular, once a person is over 65 years of age, they need to have worked 40-hours in a consecutive

Second, the 30-day period in the same financial year to be able to contribute any more to superannuation. This would appear to be onerous on a retired person over 65 who sells the family home and has excess cash after buying a retirement home.

Third, at present, eligible termination payments need to be taken as payment with tax paid at the employee's marginal rate. There is no incentive to direct that such payments be salary sacrificed.

Fourth, the GSO New Scheme (Victoria) stipulates that superannuation benefits be calculated according to an average of the employee's final 2 years salary. In the event that an employee moves from full-time to part-time work, the annual salary is reduced and consequently the superannuation benefit paid by that scheme is reduced accordingly. This can be overcome if the employee 'exempts' out of the scheme. The employee will then be required to open another superannuation account, thereby creating additional administration and costs.

Fifth, presently, at the time of retirement, if an employee has accumulated annual leave and long service leave, the employer is unable to pay the Superannuation Guarantee on the outstanding sum. This is a disincentive to provide for retirement.

Sixth, income splitting for retired married couples should be permitted even though one partner receives the superannuation or annuity pension income.

In addition, people generally only sell major assets in retirement to fund their retirement, and often real estate has been held for many years prior to its sale. It appears unfair that a person who sells shares or real estate in retirement has to pay the regular rates of income tax and CGT. The concession rates applying to superannuation funds should also apply to persons who have retired and are over the age of 60.

The following recommendations are therefore submitted in relation to the above issues.

### **Recommendations**

- **Increase the limit on concessional deductible contributions of \$50,000, particularly when a person is in their 50s and 60s leading up to retirement;**
- **Allow employers to claim a full deduction for all contributions to superannuation on behalf of individuals under the age of 75;**
- **Ensure that the Superannuation Guarantee (SG) continues until the age of 75 as an incentive to stay in the workforce, and that consideration be given to incorporating a SG 'unemployment levy' (paid by employers to the Commonwealth, then credited to the superannuation accounts of unemployed people) where an employer terminates a mature age workers employment;**
- **Permit Superannuation Guarantee payments to workers who have accumulated annual leave and long service leave at retirement;**
- **Give consideration to lifting the limit**

- of \$150,000 p.a on personal superannuation contributions from an individual's after-tax income (undeducted contributions);
- Consider the anomaly where Comsec and RBF pensions will apparently not have the exemption removed after 20 September 2007; pensions should be treated in the same manner - it is suggested that consideration be given to linking superannuation pension increases to changes in average weekly earnings rather than the CPI;
  - Allow that some discretion be applied to the maximum time period in which the transfer of benefits between funds occurs (i.e. 90 days to 30 days);
  - Abolish the requirements to pay capital gains tax on the realisation of assets owned by a superannuation member, provided that proceeds of sale are directed to the superannuation fund of that member and/or spouse;
  - Ensure concession rates applying to superannuation funds be also applied to persons who have retired and are over the age of 60; and
  - Amend the restrictive rules governing the calculation of superannuation, which are based on an employee's final average salary, to allow employees to move to part-time work without being disadvantaged by the method of calculating their final superannuation benefit.

## 11 Volunteering

Seniors are active volunteers, and volunteering is a policy area that National Seniors has conducted much research into through our *Productive Ageing Centre*.

Very few individuals take up volunteering in later life, so although older people are a large potential source of volunteers, the statistics show that participation rates decline rapidly in seniors, particularly amongst women (NSPAC 2005). With a growing ageing population, strategies need to be implemented to encourage older Australians to continue volunteering as they age. The benefits of utilising this valuable resource should be a priority policy area.

Volunteers contribute billions of dollars in unpaid formal and informal work to the Australian economy. Between 1995 and 2000, there was substantial growth in the number of volunteers, from 3.2 million to 4.4 million, with increases across all age groups, for both sexes (ABS 2002). Clearly, volunteering is an important part of the Australian national way of life. For the first time, the 2006 Census included a question about volunteering. Volunteering Australia states that this addition will give an accurate picture of people volunteering in Australia, and is a significant move towards governments and communities understanding the level of commitment and support for volunteering activities by millions of Australians (Volunteering Australia 2006). Fostering volunteering is important as it contributes to the development of social networks, contributes to community needs that might not otherwise be met, and fosters personal growth. This has been recognised worldwide, with 2001 being the United Nations International Year of Volunteers.

Volunteering is an integral element of productive ageing and has been shown to have a number of benefits for seniors including health benefits, provision of role identity and social interaction (NSPAC 2006: i). Reasons for volunteering more common

among those aged 65 years and over than in other age groups are social contact (28%), to be active (19%) and religious beliefs (17%) (ABS 2002). Volunteering is affected by a number of external factors including business and government policies, volunteer program management and financial considerations, including costs to the volunteer.

The negative impact of high petrol prices on volunteers has been supported by a 2005 Volunteering Australia survey, with 42% of participants questioning, or considering stopping, their volunteering activities due to increasing costs (Volunteering Australia 2005: 1). As volunteering is rarely financial neutral, this is a cause for concern, particularly for older Australians who rely on a fixed income. Meals on Wheels services, for example, need between approximately 120 and 350 volunteers each week, with the majority using their own car (QLD Meals on Wheels 2005). There is currently no scheme in Australia allowing volunteers to claim tax deductions or other government support for volunteer expenses, requiring that non-profit organisations and/or volunteers cover the costs of expenses arising out of the activity of volunteering (Volunteering Australia 2005: 3).

Age discrimination is not limited to the paid workforce. Discrimination based on age occurs in the volunteering sector, with older volunteers being prevented from volunteering by ageist insurance policies and risk management plans (NSPAC 2006: 121). The same protection afforded to an organisation's physical assets should be extended to its volunteers. Volunteer organisations need to be flexible and creative in their approach to older volunteers, and there is a role in this process for government. Although some states have volunteering policies, Australia does not currently have a national policy on older volunteers.

## Recommendations



- Strengthen government support/subsidies for volunteer grants etc.;
- Support calls by WA and QLD state governments for changes to taxation laws to promote and support the payment of legitimate out-of-pocket expenses for volunteers;
- Continued encouragement and support by government of older volunteers;
- Devise a system to measure the economic contribution of volunteers; and
- Introduce a national volunteering policy which will include ways to address age discrimination within the volunteering industry, guidelines for insurance and an emphasis on creating volunteering pathways for people entering retirement.

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