



# Prosperity Through Longevity:

South Australia's Ageing Plan

Our Vision

2014-2019



Government  
of South Australia



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## Foreword from the Minister

Older citizens of earlier decades would hardly recognise their counterparts today. They might be starting their own internet business, playing in a band down the pub; they might be cheering on their local footy team or getting a degree at university. This sort of participation is essential to good health and of great importance to our state.

While accepting the challenges presented by an ageing population, the vision also speaks of great opportunities. It looks to celebrate our older citizens and to protect their rights. The action plan, to follow, will show how we will work with seniors and all levels of government to make South Australia better for our older citizens.

I am grateful to the thousands of people who informed this vision from South Australia's diverse communities. In particular, I thank the members of the Ministerial Advisory Board on Ageing, members of COTA SA, and other interested parties for their continuing efforts and advice. My thanks also to Adelaide Thinker in Residence, Dr Alexandre Kalache.

As citizens, workers, carers, volunteers, neighbours and family, our older citizens are invaluable to our state. They created the society that we enjoy today and will continue to shape our future.

Jack Snelling  
Minister for Health and Ageing



Photo by Carolyn Clark

# Statement from the Ministerial Advisory Board on Ageing

The Ministerial Advisory Board on Ageing is delighted to welcome Prosperity Through Longevity: South Australia's Ageing Plan, Our Vision 2014-2019.

Positive ageing is a new and dynamic approach to policy in this area and the Board has welcomed the opportunity to work with the Minister for Health and Ageing in developing the vision that will guide government in the next five year period.

It has been especially exciting to collaborate with the internationally renowned ageing specialist and Adelaide Thinker in Residence Dr Alexandre Kalache in the genesis of this vision. His distinguished career with the World Health Organisation (WHO), through the creation of its Active Ageing Policy Framework and Age-friendly Cities Global Network, brings an international context to this policy that is especially welcome.

Prosperity Through Longevity emphasises the value of older South Australians to the community as a whole. It is a principle that underpins all aspects of this vision. And 'value' is defined broadly, to encompass all aspects of life in the state – from family to community, economy to culture.

Older South Australians reflect all the diversity of the population as a whole, and it is especially important that this vision places planning with diversity in mind at its heart. It also stresses the importance of planning for all stages of the ageing process, but with an emphasis always on the rights of older South Australians – an essential foundation of this positive new vision.

The Ministerial Advisory Board on Ageing commends this policy vision and we look forward to working with government as policy translates into practice.

Margaret Anderson  
Chair, Ministerial Advisory Board on Ageing

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## Members of Ministerial Advisory Board on Ageing

Anne Gale

Graham Strathearn

Dana Vukovich

Professor Andrew Beer

Laurie Lewis AM

Janice Rigney

Maggie Beer AM

Pat Mickan



# A new vision for South Australia

The state government's vision is to bring the community together to create an all-ages-friendly state. To ensure South Australians have a fulfilling, active and enjoyable life at every age, gaining the maximum benefit from longevity linking personal wellbeing with social and economic productivity.

## To do this we will:

- > Develop dynamic and innovative state government policies and programs to enable increased participation and wellbeing of older people.
- > Value and enable seniors as vital drivers of the state's social infrastructure and economy.
- > Provide opportunities for seniors that empower them to make informed decisions.

## Priorities of the vision

1. Health, wellbeing and security
2. Social and economic productivity
3. All-ages-friendly communities

## All of the priorities

- > Acknowledge our population's wide diversity
- > Respond directly to the voices of older South Australians
- > Recognise seniors as vital drivers of the state's social infrastructure and economy
- > Uphold the right of seniors to safety, security and informed decision making
- > Promote the participation of seniors in civic life and support opportunities for lifelong learning and social and economic engagement
- > Support good urban and regional planning for user friendly environments that benefit all ages
- > Promote the value of intergenerational collaboration

## Presentation of the ageing plan

Prosperity Through Longevity is being presented in two parts: a vision and an action plan for the next five years. The action plan will feature new, innovative activities, initiatives and projects to support the vision's priorities, and is planned for release in 2014.



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# **INTRODUCTION: AGEING IN THE 21<sup>ST</sup> CENTURY**



Ageing is a triumph of modern life. For the first time in human history, in both the developed and developing world, people are living longer lives. In 1910 a man aged 50 in Australia could expect to live another 21.2 years and a woman an extra 23.7 years. In 2011 this has increased to an extra 32 years for a male and an extra 35.6 years for a woman. Therefore people today can anticipate living well into their 80s. Unfortunately, although the gap is reducing, life expectancy is not the same for Aboriginal people and there is work to do to enable more Aboriginal South Australians to become Elders.

At the same time improvements in medicine, housing, lifestyle and health mean that for many older people the burden of lifetime illness will be compressed into a shorter period before the time of death. In other words, most of these later years of life will be productive years<sup>1</sup>.

This is particularly relevant to us as South Australia has the highest proportion of older people on mainland Australia, giving our state a greater benefit from ageing than most other states. Overall, boys born in South Australia this year can expect to live until approximately age 79, girls until age 83<sup>2</sup>. At the 2011 census, 22.3% of South Australia's total population of 1.66 million was aged 60 years of age or over, above the national average of 19.6%<sup>3</sup>. Almost one third of all South Australians or 569,015 people in the state were aged over 50 years.

## Opportunities

A new ageing vision can change the way South Australians think about growing older. It can celebrate our state's unique demographics and acknowledge the triumph of multiple generations now having the opportunity to grow older together and enrich each other's lives through intergenerational learning.

Ageing does not imply a withdrawal from society – quite the opposite. Older people are vital community members, whether as family members, carers, neighbours, consumers, volunteers or workers.

Prosperity Through Longevity will enable the state government to bring the community together, including government, non-government organisations (NGOs) and business, to broker affordable, workable solutions. This involves us all. Working together to create a state that is all-ages-friendly will open up opportunities for lifelong wellbeing and cross-generational learning. It will enable South Australians to gain the maximum benefit from longevity through fulfilling, active and enjoyable lives.

It will build on the good work of the past and the state's investment in many projects and programs that have benefited older people. It will help the state provide older South Australians with access to the best possible information and services that support their decision making.

It will enable older people to have increased civic participation. It is essential for the voice of older people to be heard in our public forums and in decision-making roles. The state government is committed to enabling older South Australians access to opportunities to further this aim.

A larger older population means a deeper pool of life and work experience and skills developed over time. Learning from the example of Aboriginal Elders, we know that this is a great community and economic asset which should not be underrated in its benefits for South Australia.

Our seniors, more than ever before, are indispensable as citizens, consumers, carers, volunteers, neighbours, workers and family members. In 2006, it was estimated that volunteering contributed \$4.9 billion to the South Australian economy<sup>4</sup>. South Australia's older people are community minded, with 20.8% of older South Australians volunteering compared to 17.5% across Australia.

<sup>1</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

<sup>2</sup> Australian Bureau of Statistics 2013, Gender Indicators Australia, Aug 2013, Cat. No. 4125.0., Australian Bureau of Statistics, Canberra, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4125.0main+features3110Aug%202013>

<sup>3</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

<sup>4</sup> D. Ironmonger, 2011, *The Economic Value of Volunteering in South Australia*, South Australia Government, Office for Volunteers: Adelaide, p.3.

## Challenges

The reality is that the need to provide increased health services and other supports, including pensions, is costly. In particular, there are higher costs associated with the frequency and complexity of hospital care as people age. This is a current cost pressure on the state's budget and this pressure can only increase in coming years. The action plan that will accompany this vision will work to minimise potential negative social and economic consequences.

A challenge our community can meet, and state government already addressing, is age discrimination. Ageism, resulting in discrimination or prejudice, can be covert or overt, blatant or disguised. Age discrimination includes practices and policies that perpetuate stereotypes about older people. As individuals, employers, employees, neighbours and consumers we all need to advocate against age discrimination. Whatever its form, there is no place for ageism in our state. Age discrimination is a significant impediment to the full participation of older people in society, impacting on key areas of life, including employment.

## Both an opportunity and a challenge

South Australians have the right to safety, security and wellbeing and Prosperity Through Longevity recognises older people's rights and autonomy. It supports personal choices that help achieve these essential factors of a good life. It's important that all members of our community have the opportunity to achieve the highest level of personal success and wellbeing possible for them, as an individual, in their own way.

The new *South Australian Advance Care Directives Act 2013*, which is expected to commence in 2014, will enable a person to record their wishes and instructions for future health care, residential and accommodation arrangements and personal matters and appoint a substitute decision-maker to make such decisions of their behalf. The Act means that decisions made on behalf of older people, when they are unable to make such decisions for themselves, will better respect their values and preferences.

Another challenge is to address the sense of digital exclusion felt by some older people. Electronic communication and internet-based activities, in both private and working life, have proliferated in the last decade. Electronic communication is now universally regarded as essential by young people, whether obtained through desk-based computer, laptop, tablet or smart phone.

Generally speaking, members of the Baby Boomer (Boomers) have enthusiastically taken up acquiring information electronically. However, this rapid societal change has left some older people, particularly those aged over 70 years, 'out of the loop'. From a lifelong learning perspective, providing new ways for people to engage with technology is an opportunity for greater wellbeing.

Workforce participation is both an opportunity and a challenge. Increasingly, South Australians in their mature decades are maintaining an active engagement in the state's workforce, as well as social fabric and community life. South Australians of all ages serve as volunteers.

To support people's personal and economic choices, the state government promotes flexible working arrangements to enable older people to remain engaged in the workforce for as long as they wish to do so. See chapter two on social and economic productivity. At the same time, the state government is working with business and the community to counter discrimination in recruitment, providing opportunity for older people to participate in the state's economy through the workforce.

## What do we mean by 'older' – who are the 'ageing population'?

During the life journey, human beings naturally progress from one age or life stage to the next. If fortunate to live long enough and, increasingly, many of us are, a person will eventually find themselves viewed as an older person. This is often a judgement by others, rather than a personal view.

There are many definitions of 'mature' and differing views of what is required to be a 'senior.' In regard to eligibility and entitlements, there are a range of ages that enable access to programs and services. Among examples, the Commonwealth definition of mature workers includes people aged 45 and over; Commonwealth-funded community aged care services are available to non-Aboriginal people aged 65 and over and Aboriginal people aged 50 and over; and superannuation can be accessed after age 55. South Australians are eligible to access retirement villages after the age of 55 years and qualify for a state Seniors Card at age 60.

These differences illustrate the wide diversity in what might be seen as 'the older population'. As well, physical ageing and its consequences varies widely among individuals and communities. Physical ageing can happen at a relatively young age through health conditions affected by the social determinants of health or family-linked risk factors; or much later in life through healthy and active lifestyles and the good fortune to enjoy supportive and comfortable circumstances. This ageing vision salutes South Australians whether they are 50 years young or in their proud 9th decade.

## How we put together the vision

Prosperity Through Longevity has been informed by the 2011 Australian census data and reports and research published since that time. To obtain a snapshot of the current views and preferences of South Australians, Office for the Ageing carried out consultation that sought opinion from older people linked to the South Australian Seniors Card (age 60 and over); public sector workers aged 50 and over; and key agencies, peak bodies and NGOs interacting with older people.

While overall Australian and 2011 South Australian statistics have been taken into account, the views of these more than 3,500 older South Australians and their agencies have been given pride of place in the formulation of this new vision.

Consultation for this vision was developed by Office for the Ageing, SA Health, in collaboration with Council on the Ageing (COTA SA) and with ongoing advice from the Ministerial Advisory Board on Ageing. For further information on the consultation process please go to page 50.

## Why a new ageing plan?

Seven years is a long time in our modern world. Since South Australia's last ageing plan was launched in 2006, our state – including our older population and the ageing service and support sector has been impacted by a series of significant international, national and state developments. For details of key developments please go to page 48.





CHAPTER **1** :  
RECOGNISING  
DIVERSITY

## What you shared

Please note, these responses and their accompanying statistics are drawn from the ageing plan consultation only.

### Living arrangements and location

Over half of survey respondents live with a spouse or partner with 25% living alone. Only 19% of respondents aged 50-59 were living alone compared to 48% aged 80 years and over. 83% live in a private house; 44% were still paying off a mortgage.

Overall 71% of survey respondents were living in the greater metropolitan area and 23% were living in other parts of the state (5.9% not stated). Less than 20% of respondents aged 50 to 69 years, half of all respondents aged 70 to 79 years and 46% of respondents aged 80 and over live outside the metropolitan area.

### Cultural background

72% of respondents were born in Australia with non-Australian born respondents coming from 58 different countries. Nearly 8% of all survey respondents were born in a non-English speaking country. 1.4% were Aboriginal or Torres Strait Islander people.

## Recognising diversity

The South Australian population is a diverse one. Our friends and families, neighbours and colleagues, have global heritages which enrich the way we all live, work and play. There are significant differences between, and within, age groups. There are major differences between individuals, genders, and communities, and changing social patterns.

Prosperity Through Longevity responds to diversity as the factor that underlies our cultural vibrancy. Our new ageing vision embraces difference and affirms that older people cannot be “contained in a box” to quote an attendee at an ageing plan consultation. Honouring difference counters age discrimination and enables us to take a holistic approach.

In 2012, the Australian Housing and Urban Research Institute<sup>5</sup> found that over a fifth of Australian households were multi-generational, containing two or more generations aged 18 or over. This type of household has increased by almost 27% since 1981. This important social trend reinforces our commitment to an intergenerational approach.

### Age groups

In South Australia, in 2011, there were 569,015 people living in the state over 50 years of age<sup>6</sup>.

Demographers break up the older population into groups, starting at around age 50 years for Boomers (born 1946-64). The next group is known as the Silent Generation (born 1925 to 1942-45). The most elderly is sometimes called the Greatest Generation (born 1901 to 1925).

Each of these groups has grown to maturity in distinctively different times, with their experiences impacting on their life choices, life opportunities, financial positions and image of themselves, continuing to the present day. There is also a disparity in size between these groups, with the Boomers being the largest group.

The **Boomer** generation is the largest group of older people. This group includes people in their fifties who these days are considered ‘fifty years young’. Boomers make up the highest percentage of volunteers<sup>7</sup>; are vital consumers of products and services including the arts; participants in higher education; and travellers. Boomers were the first generation to have access to major social developments that shaped the Australia we know today; including the contraceptive pill and greater access to tertiary education, and make up the majority of Vietnam Veterans.

<sup>5</sup> Liu E. and Easthope H. (2012) Multi-generation households in Australian cities, AHURI Final Report No.181. Melbourne: Australian Housing and Urban Research Institute.

<sup>6</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

<sup>7</sup> Australian Bureau of Statistics 2010, Voluntary Work Australia, 2010, Cat. No. 4441.0 ABS., Australian Bureau of Statistics, Canberra, p.4. [http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/404350EE66509985CA2579580013177A/\\$File/44410\\_2010.pdf](http://www.ausstats.abs.gov.au/ausstats/subscriber.nsf/0/404350EE66509985CA2579580013177A/$File/44410_2010.pdf)

The Boomers include a growing sub-group occasionally featured in the media as the 'sandwich generation'<sup>8</sup> who may have partnered and/or had children later, are often in paid employment and, in their fifties and sixties, find themselves caring for their elderly parents, adult children, possibly still living at home, and possibly grandchildren.

In 2011, there were 396,866 Boomers in South Australia, which equates to 24.9% of the total SA population<sup>9</sup>.

### **Boomers a personal view Pat Mickan**

*'Over the years I've played and coached elite sport and strived to find inspiration to underpin great performance when it most counted. When coaching, I eventually realised that the players' best came when the relationship between coach and player was at its best. When I was tuned in. When I listened and picked up on the subtle. When I stopped sufficiently in the silence to really hear them. I believe this is how it works with everyone - black or white, male or female, junior or senior. Truly nurture these relationships and we experience the best of ourselves.'*

### **Boomers a personal view Hossein Valamanesh**

*'When I was at Art School in Iran, aged seventeen years old, I used to draw my portrait by looking in a mirror. At times I added lines and wrinkles trying to imagine what I would look like when I was much older. A Japanese artist friend told me more recently that traditionally in Japan you couldn't call yourself an artist before the age of fifty. The other day our local butcher asked me if I was retired yet? It took me by surprise and I answered that I didn't think I would ever retire as my art practice and life are so intertwined. I have been fortunate to be able to work on what I love but this may not be the case for all of us. As we get older I feel that it is important to pursue something we are passionate about in retirement to maintain a flexible mind and body and hopefully a fulfilled life.'*

As children, early members of the **Silent** Generation experienced the Great Depression. All Silent Generation members had some experience of World War II and more than 17,000 Australian members of this generation served in the Korean War. The Silent Generation made up the bulk of the immediate post-World War II migrant influx.

The Silent Generation are remembered by Boomers as the generation where most families had one breadwinner – the father. The Silent Generation became parents in the 1940s, 1950s and 1960s. This generation built communities in a time when resources were limited, access to higher education difficult and there were defined roles for men and women. It was a time remembered now as one when people did not lock their back doors.

In 2011, there were 215,170 members of the Silent Generation in South Australia, which equates to 13.5% of the total SA population<sup>10</sup>.

### **A personal view Emeritus Prof Anne Edwards AO**

*'As more of our population in South Australia falls into the age-group of 55 or 60 plus, we need to rethink what being an 'older Australian' means. The age-range from 50s to 90s is much greater than that between birth and young adulthood, but we still tend to treat all older people as the same. Yet people in this wide age band are very diverse in their capacities, interests and activities. The proportion who remain in the work-force and active in many ways in the community is substantial and increasing. Our older South Australians are making a significant contribution to the state and the state needs them. A forward-looking state plan for ageing should be as much about how to encourage and facilitate the ongoing engagement of all its citizens, whatever their age, as it is about ensuring that the necessary services and supports are provided for those who require them'.*

<sup>8</sup> 'Carers caught in the 'sandwich' generation', <http://www.carersaustralia.com.au/media-centre/article/?id=carers-caught-in-the-sandwich-generation> 2012, (accessed 9 September 2013).

<sup>9</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

<sup>10</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

### A personal view Frank Ford AM

*'As Founding Chair of the Fringe, it is thrilling to see it grow into the largest arts festival in Australia. In retirement in 2001 I initiated the Adelaide Cabaret Festival, the best and biggest cabaret festival in the world. Both Festivals attract people of all ages and from vastly diverse backgrounds to experience an astonishing variety of arts. A wonderful explosion of creativity, and a reflection of how the arts are enjoyed across the community and have become such a vital part of the rich cultural life of our State!'*

**The Greatest Generation's** oldest members would have reached their early twenties when Australia's population reached 6 million in 1925; before common vaccines, universal secondary education, modern transport, jobs for women and a broadly multicultural society.

They lived through World War I and, in 1919, the world-wide influenza epidemic. This generation experienced the Great Depression in their adult years.

This group is not large in numbers but it has specific needs and may be in receipt of home support services or care in an aged care facility. In 2011, there were 25,744 of the Greatest Generation in South Australia, which equates to 1.6% of the total South Australian population<sup>11</sup>. In South Australia in 2011 80.6% of people aged 85-89 lived in their own homes.<sup>12</sup>.

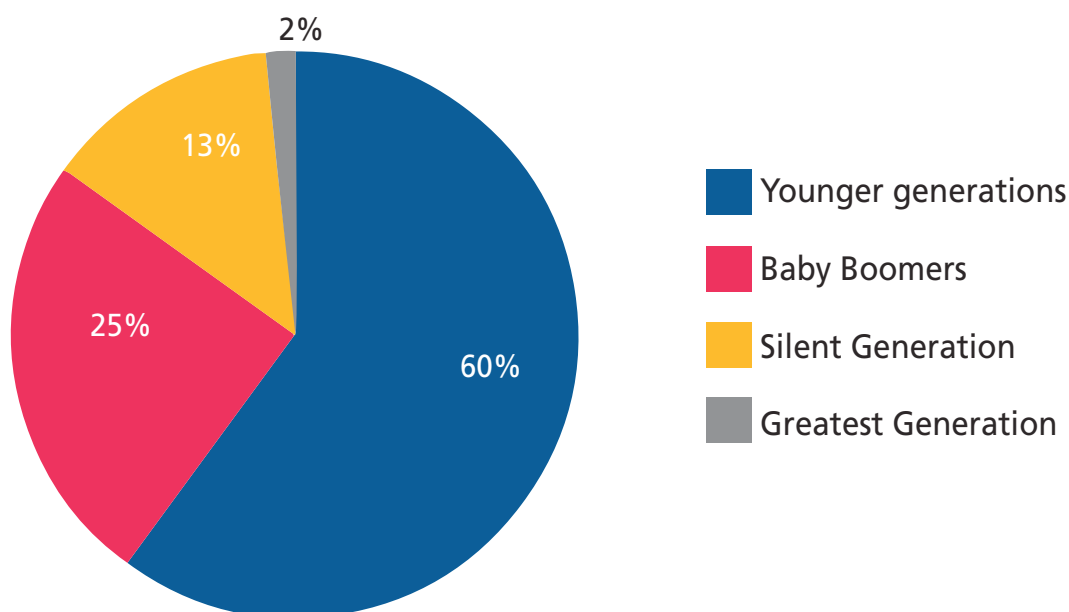
### Greatest Generation words from Domiciliary Care Consumers Group

*Older age... '..is a time when you need extra assistance to keep people in their homes.'*

*'We do gain wisdom but you need that to solve problems that ageing presents and to survive.' 'As you get older you just are not as stable on your feet even though I was very active as a younger person.' 'Seeing grandchildren makes things brighter, but then they go their own way.'*

Figure 1 below shows the percentage of the three age groups based on the 2011 Census<sup>13</sup>.

Figure 1: Generations Groups of South Australia's Total Population - 2011



11 Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

12 Ibid

13 Ibid

## Aboriginal South Australians

Many older Aboriginal people are important and respected members of their community as Elders, leaders, role models, supporters and educators for the young<sup>14</sup>.

Aboriginal Elders are actively working to have their voice heard in teaching the young. Older Aboriginal people play a significant role in maintaining traditions and links to culture, and in particular upholding cultural values and beliefs. The integrity of Aboriginal culture is kept alive through older people engaging with younger people, and the resulting intergenerational opportunities.

In 2011, the Association of the Council of Aboriginal Elders of SA<sup>15</sup> had 700 Aboriginal members on its register, including associate members aged 45 to 59 years as well as full members, Elders aged 60 years and over.

Many Aboriginal people become parents and grandparents at a younger age, some are grandparents in their early 30s. In many instances, Aboriginal households provide a large extended family experience, which may include two or more generations (grandparents, parents, grandchildren and cousins). These relationships support sharing and caring within the family and across the community. However family responsibilities and cultural obligations can have an impact on the ability of the older members of the household to get the care they require.

With a significantly lower life expectancy than the overall Australian population<sup>16</sup>, too few Aboriginal people live long enough to enjoy the benefits experienced by their non-Aboriginal counterparts. On average, Aboriginal males live 67.2 years and Aboriginal women live an average of 72.9 years. Poverty and health issues such as heart and kidney disease, diabetes, mental health problems, physical injuries and substance misuse are all common contributing factors.

Many Aboriginal people suffer from earlier onset of health conditions commonly associated with ageing as early as 45 or 50 years of age. The provision of services to Aboriginal people outside greater Adelaide, in regional and remote areas, provides real challenges to Aboriginal aged care providers.

Aboriginal people are more likely to be carers than other people in the community, and are more likely to be younger carers. There are also many Aboriginal carers who provide unpaid care and support to family members and friends, and as carers are more likely to need assistance for their own care needs, likely due to a disability, a long-term illness or problems relating to old age<sup>17</sup>.

During COTA SA's consultation with Aboriginal Elders receiving services from Aboriginal Home Care, Aboriginal people expressed concern that there are assumptions about Aboriginal people being on welfare and not contributing to the community. They also raised concerns about lack of community consultation and engagement with the Aboriginal communities on services and programs.

It is important to work in partnership with Aboriginal people, in particular with Elders and community leaders, and key agencies to best ensure respectful and culturally appropriate services as well as opportunities from which older Aboriginal people can make positive choices.



### Aboriginal South Australia – honoring our Elders a personal view Janice Rigney

*'We as Elders of the Aboriginal people of South Australia, claim from our ancestors our inheritance of a unique and precious culture. We accept the responsibility to lead our descendants on the path of this new age, by our own example. We recognise the diversity within our culture and support the right to independent self-determination. We ask for healing of the heart of our grieving nation and for the strength to rise again to meet the challenges of a new day.'*

<sup>14</sup> (Australian Institute of Health and Welfare 2011. Older Aboriginal and Torres Strait Islander people. Cat. no. IHW 44. Canberra: AIHW <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737418953>)

<sup>15</sup> 'Council of Aboriginal Elders SA Inc.', <http://www.caesa.org/about.htm>, (accessed 9 September 2013).

<sup>16</sup> 'What details do we know about the Indigenous population?', <http://www.healthinphonet.ecu.edu.au/health-facts/health-faqs/aboriginal-population>, (accessed 9 September 2013)

<sup>17</sup> 'Aboriginal and Torres Strait Islander Carers', <http://www.carersaustralia.com.au/about-carers/aboriginalandtorresstraitislander-carers/>, (accessed 9 September 2013)

## Other factors

Age is not the only factor impacting on older people; other factors influence the way in which older people live their lives and the types of services and supports that they may need. A number of these factors are shown below.

### Gender

Generally speaking, women live longer than men. In line with national trends, there is a larger proportion of South Australian females in the older population across all age groups. In our state, there are 126 women for every 100 men over age 65, and 160 women for every 100 men aged over 80 years<sup>18</sup>. This is an international phenomenon recognised in 'The Feminisation of Ageing', under the WHO Active Ageing Policy Framework.

In South Australia, at the 2011 census, there were 51.9% females compared to 48.1% males for the group aged 65-74 years; 55.4% females compared to 44.6% males for the 75-84 year olds; and 65.9% females compared to 34.1% males for the group aged 85 years and over. There are many ramifications of gender in ageing. Many older women have not had the opportunity to gain from the major social benefit of superannuation. Without adequate superannuation, there is a risk of a lower standard of living in later life, particularly for those on fixed incomes who do not have secure, affordable housing. For those women who outlive partners, in the highly mobile and smaller modern family, there may also be an increased risk of loneliness.

In acknowledging diversity, it is important to take into account how identification as lesbian, gay, bi-sexual, transgender, intersex (LGBTI) provides challenges around ageing for both the individual and society<sup>19</sup>. Consideration of, and respect for, individual choice and circumstances is important to all people. This is as important to those receiving community aged care services or residential aged care support as it is to the broader community.

### Financial status

Current research informs us that many older people solely reliant on a fixed income such as an age pension are experiencing increasing difficulty in paying for household essentials, especially energy. This is often highlighted in the media. The South Australian Council of Social Service (SACOSS) May 2013 Cost of Living Update<sup>20</sup> confirmed that living cost indexes for aged pensioners continue to go up faster than Consumer Price Index (CPI).

There is a clear link between socio-economic status and health outcomes. Prosperity Through Longevity recognises the variety of ways that older people obtain incomes, including pensions and part-pensions, wages, salaries and self-funded retirees. Depending on personal circumstances, investments and housing arrangements, entering the older years can see a significant reduction in a senior's ability to live well and meet essential financial obligations.

The Australian Institute of Health and Welfare (AIHW)<sup>21</sup> reports that average (mean or median) income in households with a person aged 65 years and over is lower than the national average and is also lower than the average equivalised household income of other age groups.

Older people on fixed incomes living in the community may find themselves in the 'asset rich but cash poor' group. There is growing recognition that many older people's major financial asset is the capital in the family home. However, many older people on a fixed income find it hard to manage daily living expenses.

<sup>18</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

<sup>19</sup> Commonwealth of Australia (2012) National Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Ageing and Aged Care Strategy.

<sup>20</sup> South Australian Council of Social Service, SACOSS Cost of Living Update, No. 14, March Qtr 2013, [http://www.sacoss.org.au/online\\_docs/130522%20CoL%20Update%20No.14\\_Education.pdf](http://www.sacoss.org.au/online_docs/130522%20CoL%20Update%20No.14_Education.pdf) (accessed 10 September 2013)

<sup>21</sup> 'Older Australia at a glance (fourth edition)', p.44, 22 Nov 2007, <http://www.aihw.gov.au/publication-detail?id=6442468045>, (accessed 9 September 2013).

## Ethnicity and Migration

South Australia is a multicultural community. Our state is home to approximately 160 nationalities, with one in five people born overseas and one in ten born in countries where the language is not predominately English. High levels of post-World War II migration to our state has provided significant numbers of people who are aged over 65 born overseas. 38.6% of this group were born outside Australia<sup>22</sup>.

The State of Ageing in South Australia Summary Report 2009<sup>23</sup> informed us that 'Older populations of Culturally and Linguistically Diverse (CALD) origin have grown three times as fast as the older population with English speaking backgrounds and five times faster than the Australia-born 65 and over population'. From approximately 2001, there were significant increases in people migrating from North Africa, the Middle East and Asia, and some of these emerging communities are experiencing challenges in premature ageing.

Some of our oldest citizens, who grew up in English speaking-only communities, are spending their last years in a very different society. For some of these older people, there are challenges around interactions with carers and health workers from culturally diverse backgrounds. On the other hand, there is a new cultural richness in being able to sharing life stories with others from many countries.

At the same time, for older people born overseas, an English language barrier can become a major issue in their later years. Without an ease in the common language of a community, people can become socially isolated. Health and community care providers are keenly aware of the challenges in providing timely and appropriate information and services to this group of people. This is a challenge for both individuals and families, who may be called upon to serve as interpreters.

### Culturally diverse South Australia – honoring our elders Mr Hieu Van Le AO

*'One in five South Australians aged 65 or over was born overseas and is from a non-English speaking background. They were born in about 120 different countries. This significant cohort of our population is expected to grow to nearly one in three South Australians in the next few years. This diversity has helped build our State and enriched the lives of all South Australians. We welcome a State Ageing Plan that will implement strategies that ensure older people from diverse cultural, linguistic and religious backgrounds have equitable access to culturally and linguistically appropriate activities and care, including health, recreation, food, social and religious options.'*

## Carers

Being a carer can happen to anyone, gradually or without notice and the chance of becoming a carer increases with age. Carers are family or friends who provide ongoing help to someone with a physical or intellectual disability, mental illness, chronic disease or terminal condition, or who is frail and aged. At the 2011 Census, a total of 154,651 South Australians were providing unpaid assistance to a person with a disability<sup>24</sup>, saving the state significant costs.

Many people do not consider themselves to be carers, rather they are caring for family members. Older people who receive support services can also be carers. With increasing longevity, people in their later decades, into their 80s, may find themselves caring for partners and older children with disabilities.

In 2010, Access Economics estimated the economic value of informal care<sup>25</sup> in Australia as \$40 billion annually.



22 Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

23 Department for Families and Communities, *State of Ageing in South Australia, A summary report to the South Australian Office for the Ageing*, 2009, p.22.

24 Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

25 *The economic value of informal care in 2010*, Report by Access Economics for Carers Australia, 2010

### The vital role of carers a personal view Jan Wallent

*'When I married my David 49 years ago I never dreamed that I would become his carer. My story really isn't very different to most carers, it is not a chosen career, we just fell into the role, and continued through love or commitment and a sense what is right for our loved ones. If we, as carers, did not take up this role what would become of family? They might become just a 'number' and end up in residential care where, because of staff time constraints, they would lose more of their independence and quality of life.'*

*'Caring often means we put our lives on hold, sometimes giving up careers or the chance to further educational opportunities. This is particularly true of many young carers who have had to mature at a faster rate and had very little time to just be children. I don't want to make it sound like doom and gloom as, for me, the benefits far outweigh the negatives. We have become much closer than many families and we laugh a lot; we may not have the latest gadgets but we have something more valuable.'*

Nearly 40% of all survey respondents said they provide informal assistance to others with 43% of all female respondents compared with 32% of all male respondents. For both males and females rates of providing informal assistance declined with age with a larger proportion of males aged 70 and over providing informal assistance to others compared with females. Table 1 below shows the recipients who are being cared for.

Table 1: Information on who receives informal care

	n	% (n=1387)
Child	329	23.7%
Grandchild(ren)	539	38.9 %
Other family member (e.g. sibling, nephew, aunt etc.)	604	43.5 %
Friend	158	11.4 %
Neighbour	100	7.2 %
Other (please specify)	236	17.0 %

Source: Ageing Plan Survey 2013

Note: Proportions do not equal 100% because respondents could select all that apply

### Health status

Good health not only helps older Australians to enjoy a good quality of life and to participate fully in the community, but also helps to reduce their demands for health and aged care services. Current data show that older Australians today are generally healthier than previous generations<sup>26</sup>.

### The importance of nutrition Maggie Beer AM

*'Growing your own produce would have to be my best health tip ever, even if that means a tomato in a pot, or some herbs in a planter box on an inner city balcony, it will make all the difference to your cooking. And that's without mentioning the delight of tending to living plants as you grow your harvest. There is such a joy in being able to have a direct connection with the food we eat, and the nutritional benefits that comes from real food, of eating just-picked produce grown sustainably is so clear, especially with regards to green and their part in protecting our ageing brains.'*

26 Ageing, [www.aihw.gov.au/ageing/](http://www.aihw.gov.au/ageing/), (accessed 9 September 2013)

Health changes with circumstances. Good health can be enjoyed at any age. Sickness and injury can be temporary at any age. Although the management of one or more chronic health conditions does increase with age, many older people enjoy good health and wellbeing and are active in their families and communities. However, a wide range of factors, such as smoking status; drug and alcohol intake or a long-term diagnosis such as diabetes, can result in older people having a poorer health status. Long-term chronic conditions can impact on independence and cause difficulties in mobility<sup>27</sup>.

### Healthy choices Graham Strathhearn

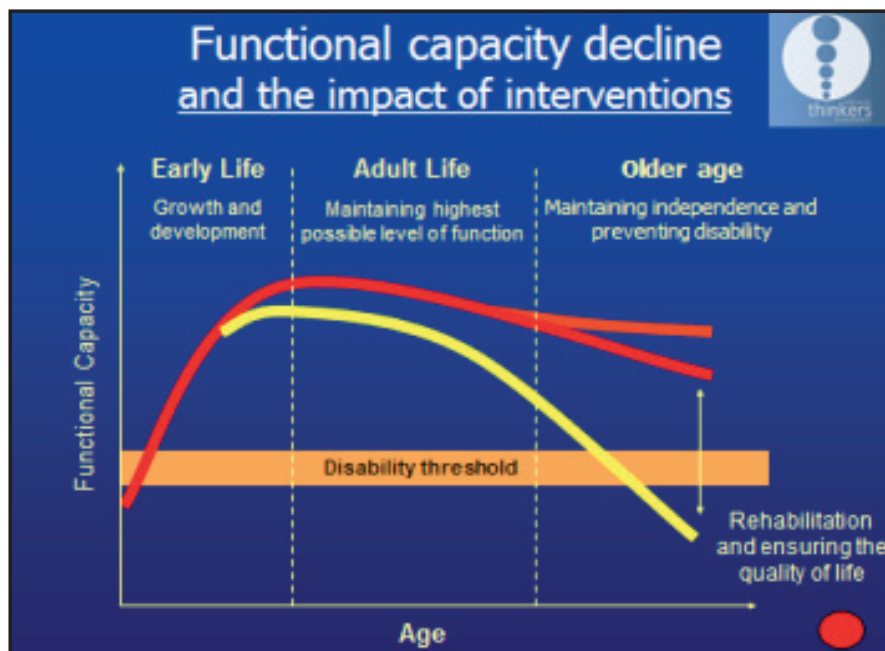
*'I see life as a continuum and age is part of that. Each and every one of our older people has made a unique contribution to make South Australia the great society it is, whether it be through work, play, family life or helping others. There should be a contentment and satisfaction in that. We now have the choice as older people to choose how we want to participate to keep ourselves fulfilled. I find by keeping good physical health this opens the door to everything else. The mindset we have can mean that a challenge is also an opportunity to find another way to make things work. I get benefit by keeping connected with the world around me.'*

## Disability

Being an older person does not necessarily mean having a disability. The risk and level of incurring a disability depends on individual circumstances. A functional disability can happen at any age and be either temporary or permanent. However, increased risk of disability is a factor of increasing age and often links with caring responsibilities. Dementia is the single greatest cause of disability in older Australians aged 65 years or older. One in four people over the age of 85 has dementia.

Aged care services and safe physical environments, in both the home and the community, can make a marked difference in older people enjoying independence and a higher quality of life. It should also be noted that people with lifelong disabilities are also living longer than previously. Community and aged care services need to plan for this group as they age.

In the Longevity Revolution<sup>28</sup>, Dr Kalache highlights the disability threshold, as the point below which a person becomes unable to live independently (see diagram below). He stresses the importance of policy interventions in staying above or returning to a position above this threshold.



27 'Australia's Baby Boomer Generation: Obesity and Work – Patterns, Causes and Implications', Fact Sheet No. 1/ Media event Science exchange, 26 September, 2012. [http://www.adelaide.edu.au/apmrc/research/projects/Media\\_Event\\_BB\\_Fact\\_Sheet.pdf](http://www.adelaide.edu.au/apmrc/research/projects/Media_Event_BB_Fact_Sheet.pdf)

28 Kalache, A., 2013. The Longevity Revolution: Creating a Society for All Ages, Adelaide Thinker in Residence, South Australian Government.

## Veterans

Veterans and their families make up a growing number of older people and experience challenges and difficulties related to their unique cultural identity and experience of war, including higher rates of family breakdown and mental health needs than the general population. In 2000, the Commonwealth government designated provisions for veterans as a special needs group under the *Aged Care Act 1997*<sup>29</sup>. In 2012, the South Australian Health Framework for Veterans Health Care 2012-16<sup>30</sup>, estimated South Australia's veteran population at approximately 29,000<sup>31</sup>, with almost three quarters aged over 70 years.

It is important to acknowledge Aboriginal veterans. According to Reconciliation Australia<sup>32</sup>, over 3,000 Aboriginal and Torres Strait Islander men and women enlisted in both World War I and II and an additional 800 were known to have been of Torres Strait Islander background. The true number is likely to be much higher. There are up to 7,000 Aboriginal and Torres Strait Islander veterans and war widows in the Australian community<sup>33</sup>.

## Locality

Locality is a key factor in our diversity. In our state, where most of the population lives in Greater Adelaide, older South Australians are increasingly found in outer suburbs and regional areas. It is in these areas that many South Australians remain as they age. It is recognised that people in regional areas have poorer health status and health outcomes<sup>34 35</sup> than those in metropolitan Adelaide.

## Religion and spirituality

A person's religious or spiritual views and practices may be held or practiced by them as an individual, or shared with others in a faith (or otherwise defined) community. Religious and spiritual views shape decision making for adults of all ages.

It is important for service providers, whether they be health or community workers, to respect the individual's religion or spirituality. An inclusive ageing vision allows for individual choice and commitment with religious and spiritual matters.

## Vulnerability to homelessness

It is well documented that older people who are homeless or at risk of homelessness tend to age prematurely. Services with an early intervention, advocacy and holistic approach tend to be most effective in assisting older homeless people access mainstream services, home and community support and residential care.

In our state, reforms in the homelessness sector since 2008 have seen the establishment of regional homelessness services and improved integration of housing, health and support provider sectors. Ongoing services are needed to support older people living in boarding houses, transitional housing and supported residential facilities who are at risk of homelessness from isolation and chronic health issues.

South Australian service providers to the most vulnerable are noticing a rise in the number of older people accessing the homeless sector, due to financial hardship, chronic illness and/or being disconnected from, or unsupported by, family and friends. It is important that older vulnerable people are able to attend day centres for recreation and social support to benefit from the Commonwealth's 'Living Longer. Living Better' aged care reform.

## Summing up

Prosperity Through Longevity's three priorities recognise the varied communities in which many South Australians are proud to belong and the unique experiences which shape people's lives.

29 In 2000, the Commonwealth government designated provisions for veterans as a special needs group under the *Aged Care Act 1997*

30 South Australian Department for Health and Ageing August 2012, Framework for Veterans' Health Care 2012-2016, <http://www.sahealth.sa.gov.au/wps/wcm/connect/00f67a004c84f0f8a509b5a496684d9f/Veterans+Framework+Health+System+Development-SD-20120829.pdf?MOD=AJPERES&CACHEID=00f67a004c84f0f8a509b5a496684d9f>, (accessed on 10 September 2013)

31 Ibid

32 <http://www.reconciliation.org.au/>

33 Australian Government, Indigenous Australians At War, A Brief History of Indigenous Australians at War, [http://www.dva.gov.au/benefitsAndServices/ind/Pages/at\\_war.aspx](http://www.dva.gov.au/benefitsAndServices/ind/Pages/at_war.aspx), (accessed on 10 September 2013)

34 COAG Reform Council 2012, Healthcare 2010-11: Comparing performance across Australia, COAG Reform Council, Sydney.

35 Australian Institute of Health and Welfare 2008. Rural, regional and remote health: indicators of health status and determinants of health. Rural Health Series no. 9. Cat. no. PHE 97. Canberra: AIHW.







## KEY PRIORITY ONE

# CHAPTER 2: HEALTH, WELLBEING AND SECURITY

### Key messages

- > Older South Australians can gain the maximum benefit from longevity by being active, healthy and safe, with optimal opportunities to grow wellbeing.
- > Through this foundation of health, safety and wellbeing, older South Australians can enjoy not only established community connections but build new ones; and are able to maintain personal caring commitments.
- > Older people can make informed decisions that enable them to maintain good personal health, they benefit from opportunities for lifelong learning, continuing to serve as vital drivers of the state's social infrastructure and economy.
- > Ongoing social and economic engagement with society, linking personal wellbeing with social and economic productivity, benefits South Australian families by reducing the likelihood of chronic health conditions and hospitalisation of older people in their later years.
- > State government led legislation, policies and programs will provide greater choices to South Australians for their later years, or the circumstances of being unable to make decisions on their own behalf.

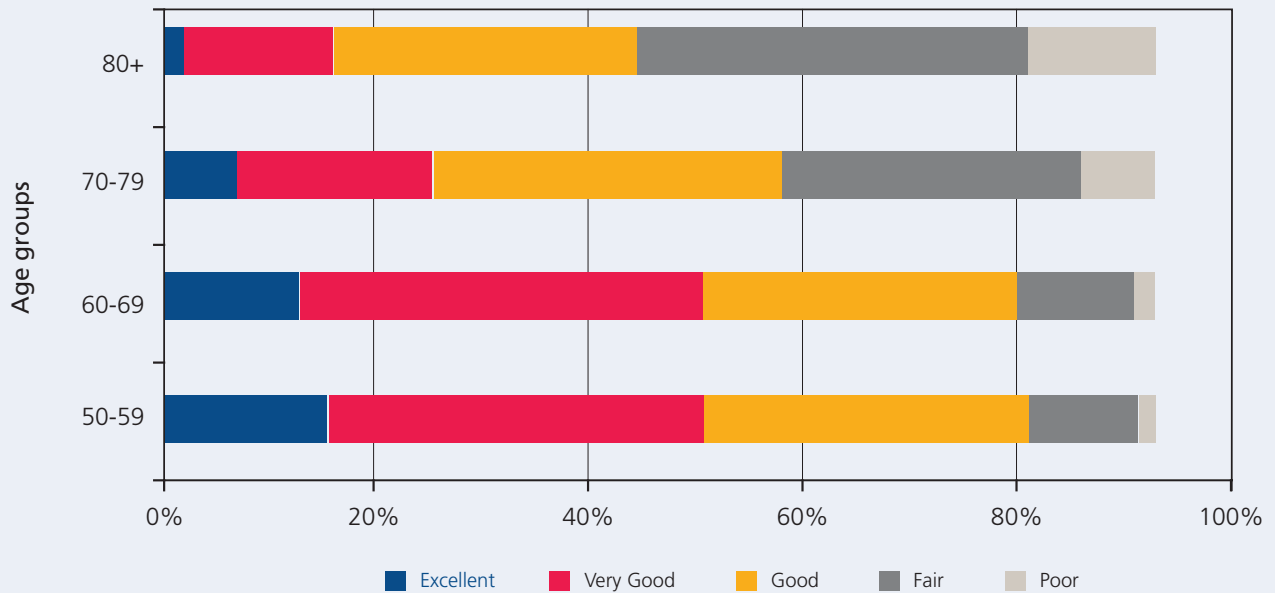
## What you shared

Please note, these responses and their accompanying statistics are drawn from the ageing plan consultation only.

92% of all survey respondents selected health and wellbeing as an important issue in growing older with over 50% of respondents ranking it as their single most important issue. Financial matters and maintaining independence were also ranked highly, followed by safety and security.

There was a clear decline in self-rated health with age. However, within the 80 plus respondent group, over 45% rated their health as 'good' or 'better.'

Figure 2: Self-rated health by age



Source: Ageing Plan Survey 2013

The health related issues that the greatest numbers of survey respondents said affected their daily activities were vision (22%) followed by mobility (19%).

## Our ageing vision's first priority is health, wellbeing and security.

The challenge is to be innovative so as to enable older people to experience higher levels of health and wellbeing. We will be innovative in providing increased choices for older South Australians, on how they can participate socially and economically in their communities, enabling them to enjoy life.

When we consulted to form a new ageing vision, older people's responses clarified that good health and wellbeing, plus personal safety and security, form the foundation for an active and happy life.

Responses also told us that, as well as good health, feeling safe and secure are vital for enjoying life.

What do we mean by wellbeing? The Australian Unity Wellbeing Index contains the following elements: health; personal relationships; feeling safe; standard of living; personal achievements in life; feeling part of the community; and security.

Wellbeing links to the social determinants of health<sup>36</sup> which have been established for many years and recognise that the conditions in which people are born, live, work and age have direct impact on their health and wellbeing throughout life. For example, employment or unemployment, nutrition, finances, transport, friends and social supports, our community and our connection to it, all affect our lives.

In March 2013, Australia's domestic response to the WHO Commission on Social Determinants of Health report, 'Closing the Gap within a Generation', noted that the South Australian Government's actions<sup>37</sup> had been regularly cited in submissions as best practice in addressing the social determinants of health.

## Staying active and healthy

Many older people remain healthy and active into their seventies and beyond, while others experience premature ageing and chronic ill health. Our vision is for all South Australians to stay active and healthy as long as possible in the extra years gained through longevity. There is a great diversity in the health and wellbeing of older people. The state government recognises that 21st Century challenges, such as obesity are increasingly impacting on the ageing population in the same way as the broader community. In COTA SA's focus group consultations significant attention was given to supporting services that promote good health particularly in early older years rather than acting when health conditions arise later on.

### Health of the ageing population Professor Graeme Hugo AO

*'Over 92% of older Australians live independently in the community, relying on a mix of formal and informal care. This is indicative of their overall good wellbeing, health and independence. However, baby boomers do have a greater incidence of morbidity as they enter the older years than the previous generation.'*

*The baby boomer cohort is double the size of the present generation of older persons and therefore will place considerable pressure on health services unless measures are taken now to address preventable health issues. It is crucial, therefore, that issues such as obesity and other risk factors be reduced as quickly as possible, not just to reduce pressure on services but to improve the quality of life of baby boomers. There is a real urgency to institute preventative health measures targeted at this generation.'*

Prosperity Through Longevity looks at health and wellbeing in a holistic way. It acknowledges that physical, mental and emotional health influence each other and that older people need both psychological and physical wellbeing. Research informs us that caring responsibilities impact on people's health. It is important that older South Australians in caring roles - whether they identify as carers or not - are able to stay healthy. Nationally, two thirds of carers are women. The second highest age group for carers nationally is the 55 to 65 age group. There are also a significant number of carers in the 65 and over age group compared to younger age groups<sup>38</sup>.

<sup>36</sup> Social Determinants of Health', [http://www.who.int/social\\_determinants/sdh\\_definition/en/index.html](http://www.who.int/social_determinants/sdh_definition/en/index.html), (accessed 9 September 2013).

<sup>37</sup> CSDH, 2008. Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health. Geneva, World Health Organization

<sup>38</sup> Australian Institute of Health and Welfare 2012. Australia's health 2012. Australia's health series no.13. Cat. no. AUS 156. Canberra: AIHW.

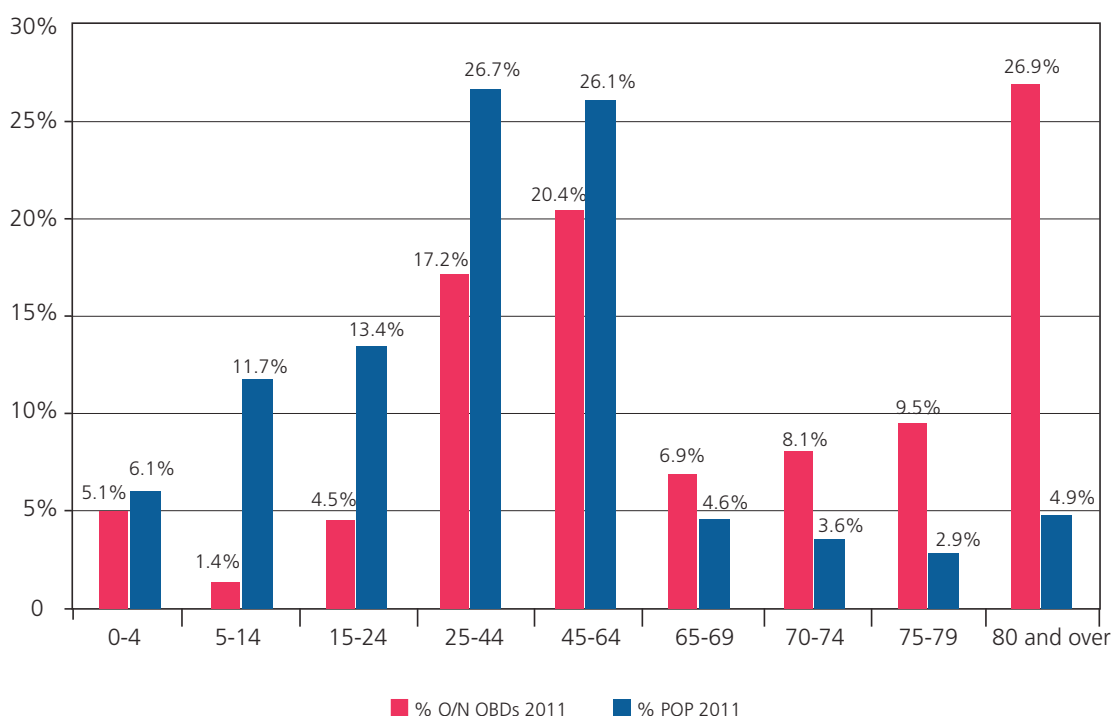
## Some particular challenges in ageing and health

There are a number of challenges for South Australia. The challenges of meeting the service needs of an ageing population, the growing costs to the state budget for hospitals and health care, and the need to balance preventative health measures.

One challenge is hospital care for older people. A stay in hospital can occur at any age, whether from accident or illness. The value of healthy and active living is even more important when we consider that people aged 65 years and over take up a disproportionately large amount of overnight stays in hospital, with people aged between 65-75 years of age twice as likely as the rest of the population to be admitted to hospital. In particular, despite being only 4.9% of the population, people aged 80 and over take up more than 25% of overnights stays, with those aged over 85 years are more than five times as likely to be admitted to hospital.<sup>39</sup>

South Australia has a high standard of hospital and health services. However, demands on the system are increasing due to an ageing population, increased rates of chronic and preventable disease, new treatments becoming available and rising health care costs.

Figure 3: Hospitalisation by age



Source: Integrated South Australian Activity Collection (ISAAC) and Planning SA Population Projections 2006-26

Another challenge is dementia. New research is showing that good preventive health practices, such as moderation in alcohol intake, exercise and weight control and non-smoking, can reduce the risk of developing dementia. People with dementia are often major users of hospital services, as they are likely to have other chronic health conditions as well. The Deloitte Access Economics Dementia Across Australia 2011-2050 report commissioned by Alzheimer's Australia estimates that by 2050, the number of people with dementia will increase from 23,710 in 2011, to 69,620.<sup>40</sup>

A third challenge is end of life and palliative care. As a consequence of increasing numbers of older people in South Australia, more people will come into contact with palliative and end of life care services. As the older population grows, palliative and end of life care will need to respond to the differing preferences of older people. We will look at this closely in our Action Plan.

Our vision is that services treat older people and their carers with respect, preserve their dignity and support them to optimise their health and wellbeing even in the last days, weeks and months of life. This includes responding to older people's wishes and preferences, for example through advance care planning.

<sup>39</sup> SA Health, Older People Clinical Network, <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/clinical+networks/older+people+clinical+network>, (accessed on 10 September 2013)

<sup>40</sup> 2011 Deloitte Access Economics Pty. Ltd., Dementia Across Australia 2011-2050, (accessed on 9 September 2011)

In 2014, when it becomes operational, the new South Australian *Advance Care Directives Act 2013* will enable South Australians to use only the one form to record their preferences and instructions for health care and other matters at the end of life. Because the Act empowers the individual to choose a future decision-maker, who will carry out their wishes if they are unable to do so, it supports the right of each person to exercise control over their life, including during the last weeks and days. For South Australians already in the older age group, this will provide the security they need to feel comfortable about unexpected health developments and the future onset of frailty.

### **Psychological wellbeing and longevity Professor Mary Luszcz**

*'In late life, psychological well-being continues to have a major role to play in longevity. Psychological well-being entails qualities of the 'self', such as sense of personal control, morale, and self-esteem. In the Adelaide-based Australian Longitudinal Study of Ageing, despite losses and challenges in many functional domains, having a mind-set of control or independence, self-confidence or cheerfulness and feelings of usefulness or competence is an asset. These characteristics contribute to adjustment to driving cessation, avoiding of falls, and how long one lives. Importantly, no matter how old, we can work to improve our psychological well-being and thereby quality of life.'*

## **New frontiers**

South Australia has world leading research and industry competence in niche areas of health, human nutrition, pharmaceuticals, biotechnology and medical devices. An ageing population provides new innovation opportunities for South Australian researchers and industries to develop and commercialise new products and services to fulfil the unmet medical needs of local and global markets.

Such products and services are typically high value, with embedded intellectual property produced by skilled workers using advanced manufacturing techniques. The state government's priority to accelerate the transition of South Australia's economy towards advanced manufacturing underpins the development and uptake of new health and medical technologies by both the public and private sectors.

## **Being safe and secure**

For all South Australians, safety and security means feeling safe at home, in relationships, and out in the broader community. Older people and younger people need to have freedom from abuse, mistreatment and exploitation; to be physically, socially, emotionally and sexually safe; to have their rights respected and valued; and to be free from avoidable hardship, with secure housing. Being safe and secure also means being free from criminal activity, including scams on the internet.

Research informs us that some older people can experience financial, housing and relationship stress in later life. Social isolation and/or frail age with associated health problems can make older people more vulnerable. Environment, gender, culture and language, socio-economic factors and the stress of being a carer may contribute to an increased risk of abuse.

Many older people will age with positive life experiences. However, financial abuse, usually accompanied by psychological abuse, is the most common form of abuse of older people, largely committed by family or people within relationships of trust. Mistreatment or exploitation can be very unexpected and have significant detriment to the health and wellbeing of older people.

Safeguards for prevention and early intervention are empowering for older people in remediating risk factors early. Productivity Through Longevity will work to ensure good social connectivity, easy access to information, and access to services to build community safety for older people. There is a strong link between age-friendly communities (see chapter 4) and safe, accessible environments for both older and younger people.



## KEY PRIORITY TWO

# CHAPTER 3: SOCIAL AND ECONOMIC PRODUCTIVITY

### Key messages

- > In bringing to life an All-ages-friendly state, the South Australian government will collaborate with Commonwealth and local government, the business community, the non-government sector and South Australian universities to provide older South Australians with maximum opportunities for flexible, long-term, employment and volunteering.
- > To enable seniors to gain the maximum benefit from longevity, the state government will develop dynamic and innovative policies and programs to enable the increased participation and wellbeing of older people.
- > To value and enable seniors as vital drivers of the state's social and economic infrastructure, the state government will work with business, NGOs and the universities to maximise opportunities for seniors to engage in emerging opportunities for lifelong learning, social participation, and economic activity.

## What you shared

Please note, these responses and their accompanying statistics are drawn from the ageing plan consultation only.

### Employment

Work status was highly related to age with most people 50 to 69 years engaged in full time or part time work. Most people aged 70 and over are not involved in paid work and are retired or nominated home duties. Those aged up to 69 years are more likely to plan a phased withdrawal from the workplace while people aged 70 and over most often said they have already stopped or will stop working completely at retirement.

### Household income

Survey respondents in the 70 to 79 year age group reported the greatest difficulty in making ends meet financially, followed by the 60 to 69 year age group.

### Community groups

42% of respondents had been actively involved in a community group or activity in the past 12 months. There was a higher percentage of 54% in regional areas. Interestingly, community involvement did not decline with age.

### Volunteering and interactions with neighbours

Almost 30% of respondents were volunteers and volunteering rates were highest in the 70 to 79 year age group. Almost 1 in 5 aged over 80 volunteered. 77% of respondents listed giving something back to the community as their top reason for volunteering, followed by personal belief in a cause; to utilise skills; and to make friends. Satisfaction with interactions with neighbours and volunteering increased with age.

### Technology

Over 35% of the 70-79 age group and 18% of the 80 plus age group agreed that 'new technologies make it easy for me to stay in touch with my family and friends' demonstrating the role new technologies can play in enabling social connections for people of all ages.

### Lifelong learning

A strong message from survey respondents was that continuing education and lifelong learning can be important to ageing well with 87% saying this was important. In the 80 years plus age group, well over half agree continuing education and lifelong learning are important. Over 40% of all survey respondents were currently, or were planning to undertake study or training in the future; 7% being in the 80 plus age group.



## Our ageing vision's second priority is economic and social productivity.

Economic and social engagement are closely entwined and it is this combination which provides both personal and community wellbeing. There is a dynamic interaction between the economic and the social in every area of life, which changes over the course of our lives.

Fulfilling this vision requires us to be innovative in uniting the economic and the social, providing increased choices and opportunities for all South Australians. The definition of a productive life, that features sufficient participation for the individual, means different things to different people. It includes building and maintaining connections with family, friends, the neighbourhood, community groups, the workforce and cultural involvements such as films, theatre and festivals. Just as social participation benefits the community on an economic level, economic participation benefits the community socially.

It is essential for our state that older South Australians are enabled to be active and valued members of their communities, in whatever role works best for them. All people's roles change and evolve over time and this means that South Australians have a valuable place in their communities during the whole length of their life journey. In order to actively engage with and in their communities older people need ready and timely access to information.

There is a strong community value to individual longevity. With more years of life than previous generations, South Australians have increased opportunity for long-term personal fulfilment and community participation. This may take traditional or non-traditional forms.

In 21st Century South Australia, new ways of engagement that complement, supplement or replace traditional family engagements are waiting to be discovered.

## The value of seniors' participation

South Australia has the highest percentage of people over the age of 60<sup>41</sup> in mainland Australia. Our large older population means that South Australian seniors have a particularly vital role to play in all areas of economic and social activity in the state. In the highly connected and mobile world of today, there is no absolute dividing line between the two. For both social and financial reasons, seniors need to stay involved and, whenever possible, become more involved, which can only make our state a better and more prosperous place for everyone.

### Ageing and opportunities Dr Alexandre Kalache

*'Intrinsic to the challenge of ageing are tremendous opportunities. As people grow older in better health they can continue to be productive resources to their families, their communities and to the economy. Furthermore, according to the World Economic Forum Global Agenda Council on Ageing, people over the age of 60 in developed countries hold more than 50% of the wealth. This means that the considerable potential of the 'silver market' is only just beginning to be realised.'*

Our vision acknowledges that older people are increasingly busy and balance many roles at once. It takes into account the value of these roles: which can include workers, consumers, small business owners, volunteers, community members and tourists as well as parents, grandparents, neighbours, friends and carers. In 2011, the ABS calculated that one quarter of all children under the age of 12 and almost half (49%) of all children regularly in child care received regular child care from a grandparent on a regular basis<sup>42</sup>.

Recognising this enables government to acknowledge the overall contribution of older South Australians, not just their employment status and household income. Older people contribute billions to the state's gross domestic product annually through informal caring and volunteering before they purchase a single product or service. This is critical to our economy.

<sup>41</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

<sup>42</sup> Ibid

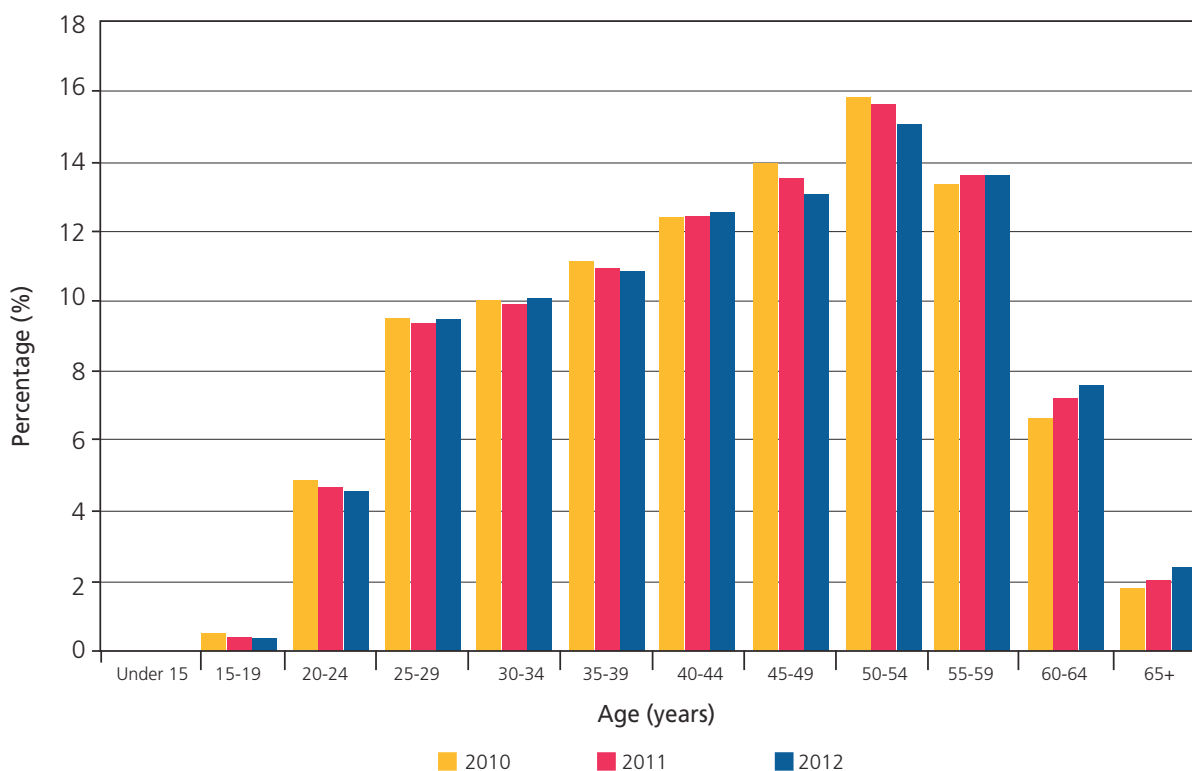
This positive vision holds true for the most elderly. It strongly affirms that receiving community or aged care services late in life does not mean a lack of contribution on the part of the person receiving support. Being a client or consumer provides employment to others and facilitates human interaction that is increasingly important in later life, particularly for those living alone. Linking to the social determinants of health, the right balance of employment, volunteering, community involvement and social connectivity can keep us well.

## Older people as consumers, employees, employers and volunteers

Our consultation indicated that older South Australians are working through their 60s, which supports research findings since the 2008 Global Financial Crisis (GFC).

As consumers, older South Australians are major users of the cafés, restaurants and hotels of Adelaide and regional areas and feature strongly in the state's artistic life, both as audiences and artists. Large numbers of older people attend local events such as the Adelaide Festival, the Fringe Festival, Writer's Week and the Festival of Ideas. Many older South Australians are small business owners and workers. Workers over 45 years form the largest proportion in the state public sector – the state's largest employer. In 2011, Boomers made up 38.1% of the State's workforce and 22.3% of our state's total population of 1.6 million are 60 plus years of age. In 2012, the state public sector, the largest employer in the state, contained more workers aged between 45 and 59 than any other age group, with the next largest number of employees being in the 40 to 44 year age group.

Figure 4: Age Profile of South Australian Public Sector Employees, June 2010, June 2011 and June 2012



Source: South Australian Public Sector Workforce information June 2012- Summary Tables

### The benefits of working past our fifties and sixties Susan Ryan AO

*'For the first time in human history, most of us in Australia today will live beyond our seventies and eighties, even past our 100th birthday. We are likely to live these extra years in good health and with a continuing capacity to contribute. I congratulate the South Australian government for its vision supporting the greatly enhanced participation of its older citizens in all aspects of South Australian life. This vision recognises the diverse possibilities of our longer life spans. It points to the many ways that older people can enhance family and community life, while continuing to enjoy what they richly deserve; the satisfaction and respect that comes from being valued by their community.'*

From 2023, the minimum age eligibility for the Age Pension will be 67 years. Productivity Through Longevity will provide opportunities for older people; particular those who are single or un-partnered and for whom long-term employment may be a necessity; and older people who do not wish to retire from the workplace. Research tells us that older people make excellent employees<sup>43</sup>. There are great opportunities to harness this invaluable skills and experience resource. National figures show that only 51% of the 60 to 64 age group and 24% of the 65 to 69 age group were employed in 2009-10<sup>44</sup>.

#### **The private sector and older workers Rick Cairney**

*'Mature aged workers often have skills and experience that others do not. They can also have networks, external interests and experiences that can add value to your business.*

*It can also assist in maximising your chances of employing the best person for the job.*

*Mature aged workers can impart their knowledge and mentor younger employees.*

*Mature age workers are often more loyal and stay with an employer longer.*

*Particularly in a skills shortage, mature aged workers can be an excellent source of skills and labour.'*

Since 2010, through a number of innovative, specially designed projects<sup>45</sup> the South Australian government has invested in the workforce of the future by increasing current employment opportunities for older people, developing greater flexibility, and working to overcome age discrimination.

These projects have provided employer education and improved recruitment and working arrangements to support job transitions, caring and travel commitments. Projects such as the Department for Communities and Social Inclusion (DCSI's) *CareerMatch*; COTA SA's *Super Choices*; and Safework SA/Department of Further Education, Employment, Science and Training (DFEEST's) *Age Matters Planning for the Future SA Workforce*, still in process, have acted as catalysts for new developments.

As well, the South Australian Commission for Equal Opportunity is actively engaged in fighting age discrimination in the employment area, responding to older people experiencing discrimination in recruitment, promotional opportunities or security of employment.

#### **The private sector and older workers Greg Goudie**

*'DOME actively assists older workers by promoting mature age candidates to a wide range of employers. We have noted over 2,000 mature age friendly businesses in Adelaide which recognise that older people make great employees with long term work commitments and lower rates of absenteeism, sick leave and work injuries. Most of these businesses are small to medium in size. Unfortunately, non-discrimination employment policies, especially in large corporates, don't necessarily translate into action at the recruitment level. If we are to overcome mature age discrimination then we need to ensure it is addressed at all levels of the corporate structure. Policies need to be put into action.'*

## **Older people as volunteers**

Volunteering is an important aspect of civic participation. It offers the opportunity to take part in building and maintaining the community in a way that accommodates other adult responsibilities. Volunteering offers the dual benefit of a sense of contribution and purpose for the volunteer, as well as companionship, while enabling the community to benefit.

South Australians are dedicated volunteers. Nationally, across all population age groups, our state's older population has on average higher rates of participation in volunteering. Just over a fifth (20.8%) of our older population volunteer compared to 17.5% across Australia. In the 2011 census, this was especially significant in the 65 to 74 year old age group with over a quarter volunteering (26.9%) compared to 21.8% across Australia<sup>46</sup>.

There is scope to grow volunteering in our state among older members of the community.

<sup>43</sup> Australian Human Rights Commission, *Working Past Our 60s, Reforming Laws and Policies for the Older Worker 2012*

<sup>44</sup> Ibid

<sup>45</sup> Government of South Australia, Office for the Ageing Annual Report 2011-2012, October 2012, P. 33

<sup>46</sup> Ibid, Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

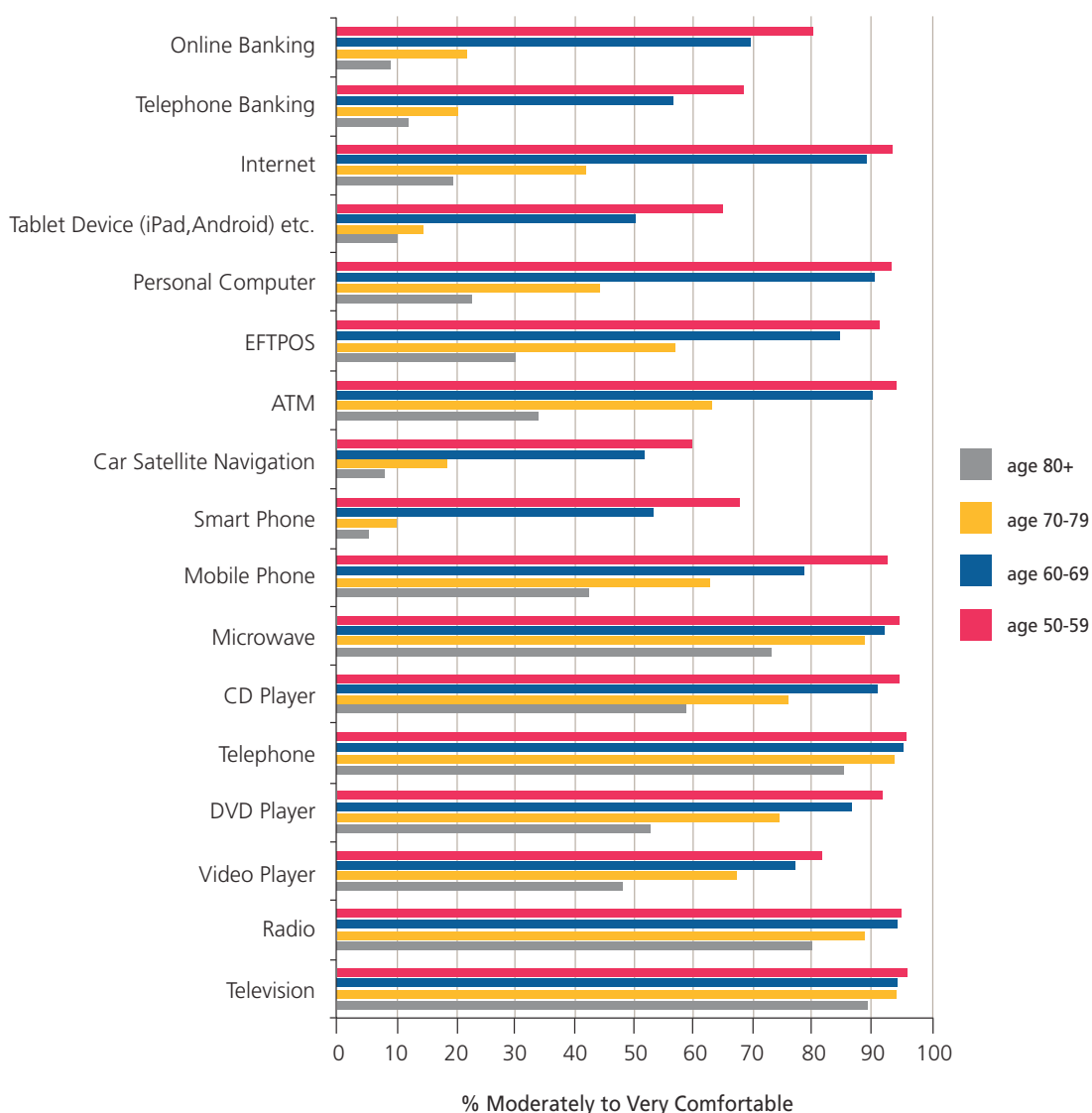
### The power of volunteering Evelyn O'Loughlin

*'Volunteering is terrific for positive ageing. Studies worldwide reinforce its positive benefits on physical and psychological health and wellbeing, life expectancy and sense of satisfaction. The thing is, when you're alive to the opportunities volunteering offers a whole new world opens up. It's stimulating and refreshing and motivating. You're not constrained by the type of job you've always done, or the industry you know. New people, new challenges, new beginnings. You can plant trees, rescue koalas, be a mentor, help kids read, run exercise programs, govern Committees and Boards...the choice is almost limitless. Explore it – you'll be amazed.'*

## Technology and access to information

The ability to use different technologies for older people has implications for remaining engaged and connected with the wider community. Survey respondents were asked their level of comfort using various technologies ranging from older more well-established technologies such as radio and television to new technologies such as the internet, tablets and smartphones. It is very clear that there are major differences by age. In our consultation, older respondents were much less likely than younger respondents to express comfort with new technologies. Figure 5 below shows their responses to a range of selected technologies.

Figure 5: Percentage of respondents moderately to very comfortable using selected technologies by age



Source: Ageing Plan Survey 2013

Survey respondents 50 to 69 years selected internet/email as their preferred method of receiving information however only a minority of survey respondents in the older age groups want to receive information this way. Compared to younger respondents, older respondents prefer to receive information by telephone.

These results demonstrate that a 'one size fits all' approach delivering information to older people will not work; multiple methods need to be used. This was confirmed during COTA SA's consultation focus group sessions, where people expressed offence that older people were absent from discussions because of digital exclusion. Focus group attendees proposed a range of ideas for maximising access to information.

## Lifelong learning

Prosperity Through Longevity promotes lifelong learning and draws on the knowledge and experience of Adelaide Thinker in Residence, Dr Alexandre Kalache. 'Lifelong learning' was added to the WHO Active Ageing Framework<sup>47</sup> to capture the importance of skills and knowledge in remaining connected to society and supporting participation. It encompasses all forms of learning and may be as simple as taking a new hobby, learning a new skill, or experiencing a new activity.<sup>48</sup> Lifelong learning not only enhances social inclusion, active citizenship and personal development, but also competitiveness and employability.<sup>49</sup>

## Getting out and about

Transport – and the larger issue of mobility – is becoming increasingly important in our ageing community. Being able to safely and conveniently access shopping, medical, social and family is important in maintaining wellbeing. South Australia will work with key agencies such as the Royal Automobile Association of South Australia Inc. (RAA) and COTA SA and with Commonwealth and local government to achieve the best balance possible in meeting the needs and preferences of all generations. We will explore ways and means in our action plan.

47 World Health Organization, 2002, *Active Ageing: A Policy Framework*, (accessed 10 September 2013) ([http://whqlibdoc.who.int/hq/2002/who\\_nmh\\_nph\\_02.8.pdf](http://whqlibdoc.who.int/hq/2002/who_nmh_nph_02.8.pdf))

48 Kalache, A., 2013. *The Longevity Revolution: Creating a Society for All Ages*, Adelaide Thinker in Residence, South Australian Government, P. 37

49 Commission of the European Communities 2006, *Adult Learning: It is never too late to learn*, [http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006\\_0614en01.pdf](http://eur-lex.europa.eu/LexUriServ/site/en/com/2006/com2006_0614en01.pdf), (accessed on 10 September 2013)





## KEY PRIORITY THREE

# CHAPTER 4: ALL-AGES-FRIENDLY COMMUNITIES

### Key messages

- > The state government will serve as the key agent of change in bringing South Australia's different generations and community stakeholders together to collectively build an all-ages-friendly state that provides increased opportunities for seniors' active participation.
- > An all-ages-friendly state will provide seniors with the maximum benefits of longevity by supporting participation and choice in their communities and providing South Australians with the conditions they need for wellbeing at any age.
- > State government will work with the community, including business, to communicate with South Australian seniors in ways that empower them as vital drivers of the state's social infrastructure and economy and provide them with greater opportunities for informed decision making.
- > The South Australian government will take a lead role in opening up opportunities for more productive communication and links between the generations.
- > State government will consider and support appropriate South Australian research that furthers the goals of Productivity Through Longevity.

## What you shared

Please note, these responses and their accompanying statistics are drawn from the ageing plan consultation only.

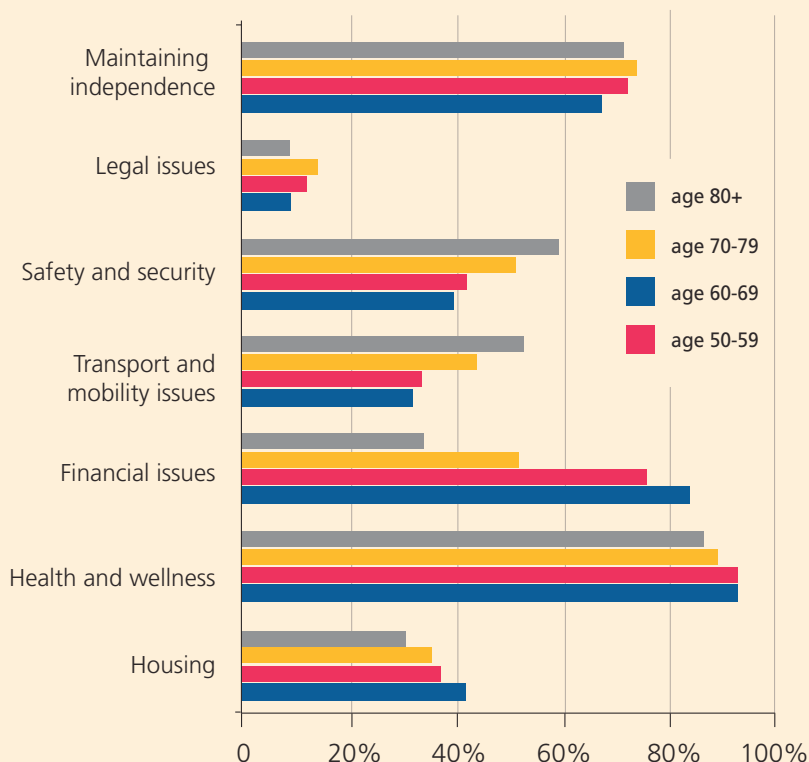
71% of all survey respondents were living in the greater Adelaide metropolitan area and 23% in other parts of the state. This figure correlates with the 2011 Australian Census.<sup>50</sup>

There is a wide range of factors involved in creating all-ages-friendly communities and several were raised by survey respondents.

### Perceptions on ageing well

The diagram below shows how the survey respondents ranked the four most important issues to them in growing older. The importance of financial issues decreases with age while the importance of transport and mobility and safety and security increases with age.

Figure 6: Most important issues as survey respondents get older



Source: Ageing Plan Survey 2013

The survey responses show that, as people grow older, health and wellness and maintaining independence are the two most important factors to older people that they are interrelated. Maintaining independence involves a range of factors including housing, feeling safe and secure, transport accessibility and financial security. Enabling people to maintain their independence as they age is strongly linked to concepts around urban, social and economic planning. Transport and housing are two aspects of this that are summarised below.

### Transport

Transport is one of the most important issues for older people. In our consultation, 'as a driver in a car' was by far the most common mode of transport for drivers (90%) with non-drivers nominating 'as a passenger in a car' (44%), followed by public transport and access taxi.

Of the respondents still driving 3% had formal self-imposed restrictions on their own driving. The proportion of people who are still driving decreases with age. Among those who were no longer driving, most gave up their drivers licences in their eighties.

<sup>50</sup> Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

In line with other research<sup>51</sup>, older survey respondents living in non-metropolitan areas had higher rates of driving compared to those living in metropolitan areas, with 58% compared to 52% in the 80 plus age group and 89% compared to 80% among respondents aged 70 to 79.

Use of public transport for drivers in non-metropolitan areas was 5% compared to 29% for non-drivers living in metropolitan areas. Lower levels of walking and riding were reported in non-metropolitan areas.

## Housing

The 60 to 69 age group had the largest proportion of people (46%) who had been living in the same area for more than 20 years. Respondents living in non-metropolitan areas were also somewhat more likely to have been living in the same area for 20 years or more (44%) compared to 40% of respondents from non-metropolitan areas.

People who had moved from outside their current local area in the last 5 years ranked the four main reasons for this move. The most important overall reasons for moving were people liked the area (15%), to be closer to family (18%) and to move to a smaller or more manageable dwelling (14%).

51 Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide



Our ageing vision's third key priority is all-ages-friendly communities.

## Building our vision for all-ages-friendly communities

What we mean by an all-ages-friendly South Australia is one that offers choices for the individual as it provides social structures, economic and urban planning which enable people of all ages to meaningfully contribute to their families and broader communities throughout their life course.

### A society for all ages Dr Alexandre Kalache

*'The WHO Global Network of Age-friendly Cities and Communities and the Global Age-Friendly Cities Guide are active in many countries worldwide. This WHO project is very deliberately titled 'age' friendly', not 'senior' or 'old-age' friendly, because the intention is to stimulate change that will result in more useable environments for people of every age. If a bus is easier to get in and out for an older person, and safe to take him or her from A to B or Z, it will be easier and safer for a person of whatever age and functional status to use it. Using the 'ageing lens' means creating a society for all ages.'*

Prosperity Through Longevity's aim is a state where South Australians of all ages - from the oldest to the youngest - enjoy maximum wellbeing, participation and safety: an inclusive, dynamic community where all generations work together for the benefit of all. An all-ages-friendly community is collaborative, cooperative, respectful and creative. It rejects the view that there must be intergenerational competition for resources.

### Youth and age Abby King

*'The journey to a community that accepts people of all ages doesn't have to be a long one. However, to feel embraced and connected to your community you have to feel valued. This value comes from the ability to participate and contribute and to feel that your opinions, beliefs and aspirations matter. The invisibility often felt by young people (in a similar way to the invisibility felt by our older people) can be broken down by challenging long held beliefs, attitudes and stereotypes that perpetuate the notion that young people have nothing to contribute to their communities. Creating inclusive and friendly communities starts by ensuring that all citizens, particularly those groups who are often excluded and invisible, feel connected to the world around them and that their voices are being heard.'*

Innovative, intergenerational research and action is the way of the future. Combining the skills and experience of our older and younger populations will enrich community development and planning. Innovation allows us to be creative and respectful; to design new ways to stimulate and enhance our communities both socially and economically by harnessing informal goodwill and relationships across all ages of the community. Seeking the views of youth and the learning in the 'child friendly' policy development area, both in Australia<sup>52</sup> and the European Union<sup>53</sup> will help us achieve this vision.

### The senior community Ian Yates AM

*'Older South Australians are an immense and too often untapped resource for family, community, our social and cultural fabric, and the economy. Out-dated paradigms of ageing need to be turned on their head so that how we see ourselves and how we view ageing become far more positive and aspirational. We need to invest in our older citizens and expect and enable their continued reinvestment in SA's future. An ageing population creates opportunities that human society has never before experienced that will require new roles, new attitudes and new vision. This is an important first step on that journey.'*

52 Planning Institute Australia, <http://www.planning.org.au/policy/child-friendly-communities>, (accessed 10 September 2013)

53 European Network Child Friendly Cities, <http://www.childfriendlycities.eu/EN-CFC/Guidelines-Child-Friendly-Cities/page/2940/>, (accessed 10 September 2013)

The forthcoming action plan will highlight a range of opportunities for older people to express their views. This responds to the strong message from COTA SA's consultation, where the right to be heard, at both a local and state level, was considered paramount for good decision making on active ageing.

A strong message from COTA SA's focus group consultation sessions was that older people wanted input into urban design including safe footpaths, seating with shelters, wheelchair friendly ramps and strategies to encourage older people's use of public spaces.

This priority was guided by the work of, and South Australian response to, Dr Alexandre Kalache, 2011-2012 ageing specialist Adelaide Thinker in Residence. Dr Kalache launched the internationally successful WHO Age-friendly Cities and Environments Programme<sup>54</sup> active in more than 33 countries worldwide. In 2012, South Australia produced our own unique Age-friendly guidelines<sup>55</sup>.

Age-friendly is not intended to be only 'senior friendly.' However, the WHO Age-friendly Cities and Environments Programme, supported by the *WHO Global Age-friendly Cities: A Guide*<sup>56</sup> helps communities around the world support older people by addressing needs across eight dimensions: the built environment, transport, housing, social participation, respect and social inclusion, civic participation and employment, communication, and community support and health services.

There were many partners in Dr Kalache's South Australian residency: state and local government, the universities, ageing sector peak bodies and aged care agencies. These diverse groups achieved consensus about the benefits of an age-friendly approach for South Australia. Consequently, the state government developed Communities for All: South Australia's Age-friendly guidelines<sup>57</sup>, a set of three guidelines and a toolkit, for state and local government and planning developers.

Our all-ages-friendly approach takes the best from this work to inspire new ways to improve opportunities across the board, including how local neighbourhoods can better serve all generations. It has been informed by the WHO Global Age-friendly Cities: A Guide<sup>58</sup>. The next sections discuss two of many factors which are important for developing and maintaining all-ages friendly communities.

## Transport

Our vision acknowledges how vital transport is to older South Australians. It responds to the many older people and their organisational representatives who advocate for this topic to be at the forefront of Commonwealth, state, and local government planning. It acknowledges that transport is a complex matter and needs innovative thinking to design new approaches for the future.

Just as in designing and delivering programs and services, there is no one size fits all approach for transport. While free public transport for South Australian Seniors Card holders all over Greater Adelaide during off-peak hours provides benefits for many seniors, our vision acknowledges that, for the significant number of older South Australians living in regional areas, public transport cannot be the only answer for their mobility. Our vision across South Australia seeks to explore innovative options beyond private motor vehicles and public transport, and particularly for regional areas.

### Housing for the future Professor Andrew Beer

*'Today, housing choices for older people are governed by their aspiration to create desirable lifestyles rather than by ill-health, disability and loneliness as they were in the past. With increasing life expectancy, extended periods of retirement and the capabilities and desirability to make choices, new opportunities exist for older people today to decide where they want to live, the type of housing they want to live in, whom they want to live with and the lifestyles they wish to lead. These opportunities are unlike any that have existed for previous generations and the challenge for us all is to be able to meet these aspirations.'*

54 World Health Organisation, [http://www.who.int/ageing/age\\_friendly\\_cities/en/](http://www.who.int/ageing/age_friendly_cities/en/), (accessed 10 September 2013)

55 Government of South Australia 2012, South Australia's Communities For All: Our Age-Friendly Future, <http://www.sa.gov.au/subject/Seniors/Corporate+and+business+information/Seniors+publications/A-Z+of+publications+and+resources#S>

56 World Health Organisation 2007, Global Age Friendly Cities: A Guide, [http://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf), (accessed 10 September 2013)

57 Government of South Australia 2012, South Australia's Communities For All: Our Age-Friendly Future, <http://www.sa.gov.au/subject/Seniors/Corporate+and+business+information/Seniors+publications/A-Z+of+publications+and+resources#S>

58 World Health Organisation 2007, Global Age Friendly Cities: A Guide, [http://www.who.int/ageing/publications/Global\\_age\\_friendly\\_cities\\_Guide\\_English.pdf](http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf), (accessed 10 September 2013)

In our consultation, for the 'younger' age group of 50 to 59, a private home with a mortgage was the most common housing type while a private home without a mortgage was the most common housing type for survey respondents aged 60 and over. In August 2013 there were 519 retirement villages with approximately 24,800 residents in locations all over the state, except for the far north.

Affordable, well planned and safe housing is our vision. Where older people own their own homes, rent privately, live in supported accommodation or other types of living arrangements such as retirement villages, residential parks<sup>59</sup>, or community housing, our vision also supports residents understanding their rights and responsibilities so that they are able to make informed choices.

Depending on individual circumstances, carrying a mortgage into the senior years can cause financial stress. Financial stress is also common in older people who rent their accommodation. As they grow older, this group may struggle to afford the costs of life, especially people on fixed incomes living in insecure housing or areas where rents regularly rise higher than the Consumer Price Index (CPI).

In our survey, the importance of pets and their connection to wellbeing was raised, especially on behalf of the elderly, who may enter an aged care facility where pets are not allowed. The subject of housing also generated lively discussion at COTA SA's focus group consultation sessions, building and expanding on good models of existing housing developments in South Australia incorporating a focus on security, access to transport and social connection.

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59 Australian Government, *Accommodation Choices for Older Australians*, <http://www.fahcsia.gov.au/our-responsibilities/seniors/publications-articles/accommodation-choices-for-older-australians-and-their-families?HTML>, (accessed 10 September 2013)



## Next steps

An action plan based on the three priority areas of Prosperity Through Longevity is currently being developed through a whole of state government consultation.

The action plan, to be released in 2014, will provide a suite of activities for the next 5 years.

## Key developments

State government policies and programs have evolved and many valuable projects have been undertaken and completed, applying innovative and proactive thinking and careful evaluation. We have upheld the values of inclusiveness; recognition of diversity; care of the vulnerable; best practice service delivery; securing the maximum benefit from scarce resources; and learning from local as well as national and international expertise.

### 2008

On a global scale, the GFC resulted in significant loss of superannuation to many older South Australians. Retirement plans were amended and some people returned to work to recoup lost superannuation.

### 2009

The Commonwealth government announced changes to age pension eligibility. From 1 July 2017, the qualifying age for age pension will increase from 65 years to 65 and a half years. The qualifying age will then rise by six months every two years, reaching 67 by 1 July 2023<sup>60</sup>.

The South Australian government announced free public transport outside of peak business hours for 290,000 Seniors Card holders.

### 2011

The South Australian government allocated significant funding to support flexible working arrangements for older South Australians.

The South Australian government added Target 48 to South Australia's Strategic Plan (SASP); T48: Ageing Workforce Participation<sup>61</sup> which aims to increase the participation of older South Australians in the workforce.

Australia's first Age Discrimination Commissioner, Susan Ryan, AO was appointed.

The Commonwealth government established the Advisory Panel on the Economic Potential of Senior Australians, which produced three reports; the final report being Realising the economic potential of Senior Australians; turning grey into gold<sup>62</sup>.

In 2011/12, the internationally renowned ageing expert and strong advocate for the rights of older people, Dr Alexandre Kalache, conducted South Australia's first ageing-specific residency in the Thinker in Residence Program.

<sup>60</sup> Australian Government, Age Pension, [www.humanservices.gov.au/customer/services/centrelink/age-pension](http://www.humanservices.gov.au/customer/services/centrelink/age-pension), (accessed on 10 September 2013)

<sup>61</sup> South Australian Government, South Australian Strategic Plan, <http://saplan.org.au/targets/48-ageing-workforce-participation>, (accessed on 10 September 2013)

<sup>62</sup> Australian Government 2011, Realising the Economic Potential of Senior Australians: Turning Grey into Gold, [http://epsa.treasury.gov.au/EPISA/content/publications/grey\\_gold/downloads/grey\\_gold.pdf](http://epsa.treasury.gov.au/EPISA/content/publications/grey_gold/downloads/grey_gold.pdf), (accessed 10 September 2013)

## 2012

The United Nations Population Fund (UNFPA) and HelpAge International released the Ageing in the Twenty-First Century: A Celebration and a Challenge report.

In most Australian jurisdictions, funding and administration of community age care services moved directly under the administration of the Commonwealth.

Australian Health Ministers designated dementia as the ninth National Health Priority Area.

Federal, state and territory governments, through the Council of Australian Governments (COAG), agreed to implement the active ageing principles of health, participation and security.

The Commonwealth government announced a permanent Advisory Panel on Positive Ageing<sup>63</sup> as a key element of its response to the report, Realising the Economic Potential of Seniors Australians; Turning Grey into Gold<sup>64</sup>.

The Commonwealth government launched Living Longer. Living Better, a new aged care reform package with investment spanning 10 years.

The South Australian government announced seven new strategic priorities<sup>65</sup> and the review of Our actions to prevent the abuse of older South Australians<sup>66</sup>.

The South Australian government provided \$400,000 funding through Positive Age Development Grants and Grants for Seniors programs

The Minister for Health and Ageing launched South Australia's Communities for Life: Our Age-friendly Future Guidelines and Toolkit: Residential Development Guidelines; Local government Guidelines; and State Government Guidelines<sup>67</sup>, at the final public lecture of Dr Kalache.

## 2013

The launch of The Longevity Revolution, Dr Kalache's final report<sup>68</sup>, containing 41 wide-ranging recommendations, embracing all levels of government, the community and tertiary sector.

The Draft South Australian Strategy for Safeguarding Older People 2014-2021 was released for consultation.

63 Australian Government, Advisory Panel on Positive Ageing, <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr12-mb-mb101.htm>, (accessed 10 September 2013)

64 Australian Government 2011, *Realising the Economic Potential of Senior Australians: Turning Grey into Gold*, [http://epsa.treasury.gov.au/EPISA/content/publications/grey\\_gold/downloads/grey\\_gold.pdf](http://epsa.treasury.gov.au/EPISA/content/publications/grey_gold/downloads/grey_gold.pdf), (accessed 10 September 2013)

65 South Australian Government, South Australian Strategic Plan, <http://saplan.org.au/pages/seven-strategic-priorities>, (accessed on 10 September 2013)

66 Department for Families and Communities, Our Actions to prevent the abuse of older South Australians 2007, <http://www.sa.gov.au/upload/franchise/Seniors/Office%20For%20The%20Ageing%20-%20Corporate/Our%20Actions%20to%20prevent%20the%20abuse%20of%20older%20South%20Australians.pdf>, (accessed 10 September 2013)

67 Government of South Australia 2012, South Australia's Communities For All: Our Age-Friendly Future, <http://www.sa.gov.au/subject/Seniors/Corporate+and+business+information/Seniors+publications/A-Z+of+publications+and+resources#S>

68 Kalache, A., 2013. The Longevity Revolution: Creating a Society for All Ages, Adelaide Thinker in Residence, South Australian Government.

# Consultation

**Extensive consultation was carried out to enable the vision to accurately capture the views and opinions of people over 50 across the state, the priorities of agencies working with older people.**

The information was collected through the following activities:

COTA SA held two face-to-face consultation sessions for members of the public and sought input from the ageing sector by inviting representatives from a wide range of key stakeholders, including: the peak aged care service provider body (ACS SA &NT); the Home and Community Care Collaborative Projects; volunteers (Volunteering SA); carers (Carers SA); Aboriginal people (Aboriginal Elders and Community Care Services Inc); culturally and linguistically diverse (CALD) communities through Multicultural Aged Care (MAC); the Royal Automobile Association of South Australia Inc. (RAA); older workers through Don't Overlook Mature Expertise (DOME); the South Australian Veterans' Advisory Council; the Local Government Association; and the Hutt St Centre to participate in a key stakeholder group. In addition COTA SA held a specific meeting with Aboriginal Elders from Aboriginal Home Care.

A specially designed survey was distributed electronically to almost 33,000 Seniors Card holders who had given permission to be contacted; COTA SA members, people on the contact list of Multicultural Aged Care Incorporated; and members of the Consumer Reference Group of Domiciliary Care SA.

Attention was paid to ensuring the survey was distributed evenly by age groups and location, including rural and regional people over 50. To respect the preference of many older people to provide information non-electronically, 2,000 paper copies were sent to Seniors Card holders aged 75 and over with a further 50 distributed by Domiciliary Care SA.

The survey was also distributed electronically to employees of the state government to capture the views of public sector workers aged 50 years and over, a potential audience of over 40,000 people.

This was followed by a wide consultation within SA Health and across government departments to enable a high level of knowledge and experience to inform the shaping of the ageing vision.

The response was excellent with a total of 3,690 responses received. These comprised 100 from face-to-face consultations, 2,925 electronic responses and 665 non-electronic responses.

The ages of respondents were 50 to 59 years (62.2%); 60 to 69 years (18.6%); 70 to 79 years (8.4%) and 80 plus years (10.4%). Approximately two thirds of respondents were female and one third male. Although the younger age brackets form a significant percentage of the respondents the diversity of the population has been captured.

## How our vision links to international, national, and South Australian strategic priorities, plans and policies

This work builds on and enhances the work that has gone before. Policy design in the 21st Century requires an understanding of lessons learned and key thinking on the world stage, the taking into account of unique local conditions, and thoughtful but innovative design for specific requirements. This is what underlies our vision.

### At the international level

Through its aims, objectives and actions, the new ageing plan supports the Four Pillars of the WHO Active Ageing Framework: Health: Participation: Lifelong Learning and Security; and the WHO Global Network of Age-friendly Cities and Communities<sup>69</sup> and the WHO Active Ageing Policy Framework<sup>70</sup>.

Health and security are two of the four pillars of the WHO Active Ageing Policy Framework. The many factors associated with these pillars illustrate that the health, wellbeing and safety of older people are not just about clinical care. They are about society as a whole; the combination of individual behaviours and social conditions and systems.

69 World Health Organisation, [http://www.who.int/ageing/age\\_friendly\\_cities\\_network/en/index.html](http://www.who.int/ageing/age_friendly_cities_network/en/index.html), (accessed 10 September 2013)

70 World Health Organization, 2002, *Active Ageing: A Policy Framework*, [http://whqlibdoc.who.int/hq/2002/WHO\\_NMH\\_NPH\\_02.8.pdf](http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf), (accessed 10 September 2013)

## At the national level

Our new plan supports the aims and objectives of the COAG and the agreed responsibilities of the Commonwealth Government in funding, policy, management and delivery of the national aged care system. Our plan acknowledges and responds to the Commonwealth Government's Living Longer. Living Better aged care reform package and National Disability Agreement for people aged 65 years and over (50 years and over for Indigenous Australians). It supports the work of Australia's first Age Discrimination Commissioner, Susan Ryan AO.

## At our state level

The plan links to four of the South Australian Government's Strategic Priorities<sup>71</sup>:

- > *Creating a vibrant city*: recognising the diversity of South Australia's population and providing city infrastructure and an exciting culture attracts participation by all age groups. The government's 30-Year Plan for Greater Adelaide envisages an extra 15,040 city homes and an additional 27,300 people living in the CBD by 2040<sup>72</sup>. Currently, over 2,800 people age 50 and over live in Adelaide's CBD. Some 23% of those people moved to the area within the past year and 43% within the past five years. Older people appreciate the convenience of access, variety, and mix of essential and recreational facilities that the CBD offers.
- > *Maintaining our safe communities and healthy neighbourhoods*: develop visibly safe and welcoming neighbourhoods that encourage older people to access local services; stay physically active to protect their health; join community groups or volunteer; and more frequently socialise with friends and neighbours. This will help people live not just healthier but happier lives.
- > *An affordable place to live*: with the right circumstances, older people can enjoy a high quality of life without requiring a large income. A sense of control over our own lives is essential for general wellbeing and is a key element of an older person's security. This priority, as with safe and healthy neighbourhoods, links strongly to age-friendly communities.
- > *Every chance for every child*: investing early in children and families and having a safe community with better health outcomes, less inequality, improved social cohesiveness and greater opportunities for the generations to come, provides a solid basis for community wellbeing across all ages.

The plan, either directly or indirectly supports many targets of South Australia's Strategic Plan (SASP), with a direct link to *T48: Ageing Workforce Participation* 'Increase the proportion of older South Australians who are engaged in the workforce by 1-0 percentage points by 2020<sup>73</sup>. It also supports the 30-Year Plan for Greater Adelaide

The plan supports the Local Government Association (LGA) of South Australia Ageing Strategy 2011-2016<sup>74</sup>.

71 South Australian Government, South Australian Strategic Plan, <http://saplan.org.au/pages/seven-strategic-priorities>, (accessed on 10 September 2013)

72 Australian Bureau of Statistics, 2011 Census, interpreted by the Australian Population and Migration Research Centre, University of Adelaide

73 South Australian Government, South Australian Strategic Plan, <http://saplan.org.au/targets/48-ageing-workforce-participation>, (accessed on 10 September 2013)

74 Local Government Association of South Australia 2011, *Ageing Strategy 2011-2016*, [http://www.lga.sa.gov.au/webdata/resources/files/Ageing\\_Strategy\\_2011-2016.pdf](http://www.lga.sa.gov.au/webdata/resources/files/Ageing_Strategy_2011-2016.pdf), (accessed on 10 September 2013)

# Responsibilities for ageing across government

Planning, policies and services for older people are shared by Commonwealth, state and local government - the three tiers - involving many agencies and organisations in the wider community.

## Commonwealth Government

The Commonwealth government is responsible for many areas of legislation, policies and programs that impact on older South Australians, including superannuation, pensions, taxation, labour market assistance, and human rights (age discrimination).

In most states and territories, the Commonwealth government maintains full responsibility for policy, funding and administration of community aged care services to people over the age of 65 years, or 50 years if Aboriginal. In 2012, the National Health Reform Agreement changed the roles and responsibilities of the Commonwealth and states and territories for basic community care services and community and residential aged care. It also changed roles and responsibilities for certain specialist disability services provided under the National Disability Agreement and managed by states. These changes enabled the creation of a national aged care system and a national disability services system.

The Commonwealth government also administers policy, funding and standards for residential aged care under the *Australian Aged Care Act 1997*.

Living Longer Living Better, a \$3.7 billion aged care reform package, was released in 2012. In July 2013, the Commonwealth launched My Aged Care website [www.myagedcare.gov.au](http://www.myagedcare.gov.au) and national phone line (1800 200 422) providing up-to-date information about Australia's aged care system and services. My Aged Care aims to assist people to navigate the aged care system and provide referrals for assessment and service provision.

For general advice on Commonwealth government services for older people contact the Seniors Information Service on (08) 8168 8776 or 1800 636 368 (country help line) or email [information@seniors.asn.au](mailto:information@seniors.asn.au). Alternatively you can visit their website <http://www.seniors.asn.au/centric/home.jsp>.

## South Australian government

The South Australian government provides the community with leadership through state legislation, policies and planning. It funds and provides state-wide services in justice, housing, family services, disability support, health (including mental health), transport and education; and funds and administers a wide range of concessions on rates, water, electricity and transport.

Many of these services and cost savings benefit older people.

South Australia also provides a range of specific aged care services funded by the Commonwealth government, including packaged community care services, administration of the Aged Care Assessment Program, and managing residential aged care facilities and beds in many regional hospitals.

For information on state government services for older people see <http://www.sa.gov.au/subject/seniors> or <http://www.seniors.asn.au/centric/home.jsp>

## Local government

South Australia's 68 local councils manage community infrastructure and serve as a natural first point of contact for residents. Local government meets legislative responsibilities, such as the *South Australian Public Health Act 2011*, as well as serving as a direct service and information provider.

Many local councils provide packaged community care services and manage the physical environment, such as footpaths, parking and lighting. Councils are a particularly important resource for older people through these roles and in maintaining community capital such as libraries. In providing essential local services and delivering federal and state government funded programs local councils are vital in meeting older people's needs.

For information on local government services for older people see <http://www.lga.sa.gov.au/page.aspx>



# Key Quotes- Biographies

## Professor Andrew Beer

Professor Andrew Beer is a member of the Ministerial Advisory Board on Ageing and Director of the Centre for Housing, Urban and Regional Planning at the University of Adelaide. He is Chair of the Regional Studies Association and Chair of the Homelessness Strategy Group for the South Australian Government. Andrew has worked as a geographer in South Australia for more than 20 years. His expertise lies in the areas of regional policy and development, housing research - including issues of homelessness, affordability and the operation of property markets and in the growth processes affecting regional cities. Andrew has worked as a Visiting Fellow at the University of Plymouth and was a Leverhulme Fellow at the University of Ulster.

## Maggie Beer AM

Maggie is a renowned Australian cook, food author, restaurateur, and food manufacturer and member of the Ministerial Advisory Board on Ageing. Maggie was awarded the Centenary Medal in 2001 for service to Australian society through cooking and writing, and in 2008 won the Australian Publishers Association's Illustrated Book of the Year for *Maggie's Harvest*. In 2012, Maggie was awarded the Senior Australian of the Year and in the 2012 Australia Day Honours, she was appointed a Member of the Order of Australia, "for service to the tourism and hospitality industries as a cook, restaurateur and author, and to the promotion of Australian produce and cuisine".

## Rick Cairney

Rick has been Director of Policy at Business SA since 2011. His previous role was the Manager, Consulting Services, at Business SA from 2004. Rick holds a Business Management degree from the University of Adelaide.

## Emeritus Professor Anne Edwards AO

Emeritus Professor Anne Edwards is President of COTA SA and a sociologist with a distinguished university career, most recently at South Australia's Flinders University, where she was Vice-Chancellor from 2001 to 2007. Anne is Co-Chair of the South Australian Active Ageing Research Cluster (SAAARC). She has contributed to a number of areas of social policy and her academic interests include social inequality, social control, the modern state, social policy, ageing, women and gender issues. She is a Fellow of the Academy of the Social Sciences in Australia and a Fellow of the Australian Institute of Company Directors. Since retiring from Flinders University, Anne has taken on various board positions, including recently being appointed as the inaugural Chair of the board of the new national research centre with a focus on reducing violence against women and their children.

## Frank John Ford AM

Frank Ford AM is a freelance writer and director and drama lecturer whose plays, adaptations and cabarets have been performed in Australia and overseas. Frank was Founding Chair of the Adelaide Fringe Festival and its first Honorary Life Member. He founded the Adelaide Cabaret Festival and is Chair of the Advisory Committee. In 1999 Frank was awarded a Member of the Order of Australia for service to the development of the performing arts in South Australia as a director, playwright, administrator and educator. In 2001 he received the Centenary Medal for services to the community, particularly through the performing arts. In 2006 he received the inaugural Premier's Life Time Achievement Ruby Award for the Arts.

## Greg Goudie

Since 2001 Greg has been the Executive Director of Don't Overlook Mature Experience (DOME). DOME is a community-based, not-for-profit employment and training organisation that has been offering services to mature age unemployed and disadvantaged people in South Australia since 1981.

## Professor Graeme Hugo AO

Graeme is an Australian Research Centre, Australian Professorial Fellow, Professor of Geography and Director of the Australian Population and Migration Research Centre at the University of Adelaide and a former long-serving member of the Ministerial Advisory Board on Ageing. He is the author of over three hundred books, articles in scholarly journals and chapters in books, as well as a large number of conference papers and reports. In 2012, Graeme was named an Officer of the Order of Australia for distinguished service to population research, particularly the study of international migration, population geography and mobility, and through leadership roles with national and international organisations.

## **Dr Alexandre Kalache**

Dr Kalache is an internationally renowned and active expert in ageing. His interests include old age care, the epidemiology of ageing, health promotion, intersectoral policy development, advocacy, migration ageing, cultural attitudes to ageing and the rights of older people. From 1994-2008, Dr Kalache served as Director of the World Health Organisation (WHO) ageing programs. In 2002, Dr Kalache launched the WHO Active Ageing Policy Framework. Under his leadership, WHO launched the Global Movement on Age-Friendly Cities. In 2011-2012, the South Australian Government engaged Dr Kalache as the first ageing expert Adelaide Thinker in Residence. His report, *The Longevity Revolution* was launched in May 2013.

## **Abby King**

Abby is the President of the Youth Affairs Council of South Australia (YACSA), which is a NGO incorporated body, not aligned with any political party or movement, that supports meaningful improvements in the quality of young people's lives. YACSA provides support to the youth sector. It advocates to government and the community on a range of matters which affect young people's lives, and is a source of information and referral on the interests and issues of young people.

## **Professor Mary Luszcz**

Mary is a Matthew Flinders Distinguished Professor in the School of Psychology and Director, Flinders Centre for Ageing Studies, at Flinders University and Scientific Director of the Australian Longitudinal Study of Ageing (ALSA). She has held appointments at Flinders since migrating to Australia from the USA in 1979. Mary is Co-Chair of the South Australian Active Ageing Research Cluster (SAAARC) with a long-standing interest in developmental psychology and ageing as a life-long developmental process. Alone, and in collaboration with her students and colleagues, Mary has published widely; her research has been supported by grants from ARC, National Health and Medical Research Council (NH&MRC), and a variety of other sources.

## **Pat Mickan**

Pat is a dual Olympian, representing Australia in basketball at the 1984 Los Angeles and 1988 Seoul Games and three World Championships. She is a member of the Ministerial Advisory Board on Ageing. Pat has coached basketball and netball at both a state and national level and was the Australian Football League's (AFL) first female skills coach with the Adelaide Football Club. She has also served the community as a physical education secondary school teacher, freelance writer and sports journalist. In addition, Pat is involved with a number of other boards and committees and is a past Chair of the Premier's Council for Women.

## **Evelyn O'Loughlin**

Evelyn is the Chief Executive Officer of Volunteering SA&NT. She previously held positions in government, community education, public relations, community health and children's services and spent eleven years overseas with a multinational and a London based organisation. Evelyn has had extensive practical experience in the not-for-profit sector. Pursuing her personal passion for representing Communities of Interest, and CALD aged care management, she is at present Board Director of the Migrant Resource Centre SA and Carers Australia SA. Evelyn is also a member of the COTA SA Policy Council.

## **Janice Rigney**

Janice is a respected Aboriginal Elder and strong advocate for Aboriginal people, with kinship ties with the Ngarrindjeri, Buandig and Bindjali peoples. Janice is a member of the Ministerial Advisory Board on Ageing and the southern metropolitan member and longest serving Chairperson of the Aboriginal Elders Council of South Australia. Janice was the 2012 NAIDOC Aboriginal Female Elder of the Year, and is a member of a number of South Australian Government committees including for Child and Mental Health Services (CAMHS).

## **Susan Ryan AO**

Susan Ryan is Australia's first Age Discrimination Commissioner. From 1975 to 1988, Susan was Senator for the ACT, becoming the first woman to hold a Cabinet post in a federal Labor Government. She served in senior portfolios in the Hawke Government and as Education Minister, Susan saw school retention rates double and universities and TAFEs grow significantly without the charging of tuition fees. She also pioneered extensive anti-discrimination and equal opportunity legislation, including the landmark *Sex Discrimination Act 1984* and the *Affirmative Action Act 1986*. In 1990, Susan was appointed an Officer of the Order of Australia for her contribution to Parliament.

## **Graham Strathearn**

Graham is a member of the Ministerial Advisory Board on Ageing and has extensive experience in community services, with 30 years commitment to the Drug and Alcohol Services Council (DASC), including 20 years as Chief Executive Officer. Graham travelled four times to Vienna in a voluntary capacity as a member of the Commonwealth Government's delegation to the United Nations Drug Control Program. Graham is a life member of Alcohol and Other Drugs Council of Australia (ADCA), the peak national, NGO working collaboratively with the government, non-government, business and community sectors.

## **Hossein Valamanesh**

Hossein was born in Iran in 1949. He immigrated to Australia in 1973 and in 1977 graduated from the South Australia School of Art. He has exhibited frequently in Australia and overseas including Germany, Poland, Finland and Japan. Hossein has received numerous awards, including the Australia Council Residency in 1991 (Berlin), and an Australia Council Fellowship in 1998. Among many exhibitions, a major survey of his work was held at the Art Gallery of South Australia in 2001 and in 2002 a survey of more recent work was held at Museum of Contemporary Art in Sydney. Hossein lives and works in Adelaide.

## **Hieu Van Le AO**

Hieu migrated to Australia from Vietnam in 1977. He gained his degrees of Bachelor of Economics and Master of Business Administration at the University of Adelaide. In 2007, Hieu was sworn in as the Lieutenant Governor of South Australia and became the Chairman of the South Australian Multicultural and Ethnic Affairs Commission (SAMEAC). Hieu was appointed as an Officer of the Order of Australia (AO) in 2010 and received an Australian Centenary Medal 'for service to the advancement of multiculturalism in Australia' in 2001.

## **Jan Wallent**

Jan is a trained nurse and long term carer. She is immediate past President of Carers SA and the Partners of Veterans Association of SA Incorporated (PVA-SA) and past Vice President of PVA Australia. In 2010, Jan received the Joy Noble Medal for Outstanding Volunteer Service in South Australian Government Volunteer Programs and in 2012 won Citizen of the Year.

## **Ian Yates AM**

Ian has been Chief Executive of COTA SA since June 1989 and Chief Executive of COTA Australia since June 2009. Ian is also Deputy Chancellor of Flinders University. Within the COTA network, Ian holds a number of other positions including Chair of COTA Member Services, Director of COTA Insurance Services and CEO of the COTA National Programs Unit. He is a Board member on the Aged Rights Advocacy Service, auspiced by COTA SA. Ian serves as COTA representative on a wide variety of federal and state government bodies, as well as aged care sector national bodies. Ian is a member of the Australian Institute of Company Directors and was awarded Member of the Order of Australia in 2005.



# Policy Foundations

## Health, Wellbeing and Security Policy Foundations

### International

WHO Active Ageing Policy Framework

### National

Australian Government's Aboriginal Health and Torres Strait Islander Health Performance Framework

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The World Health Organisation (WHO) Active Ageing Policy Framework

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The 30-Year Plan for Greater Adelaide

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## For more information

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Facsimile: 8204 2430**

If you do not speak English, request an interpreter from SA Health and the Department will make every effort to provide you with an interpreter in your language.



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)

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