

TOWARDS A HEALTHY AGEING QUEENSLAND

2022/23 STATE BUDGET
SUBMISSION
COTA QUEENSLAND



Acknowledgement of Country

COTA Queensland acknowledges and respects Aboriginal and Torres Strait Islander people as the traditional custodians of the land of Queensland



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Executive Summary

Our vision – Towards a Healthy Ageing Queensland



COTA Queensland asks the Queensland Government to action change through investment and innovation towards a Healthy Ageing Queensland by:

1. Removing bureaucratic barriers, valuing shared wellbeing, and encouraging a spirit of collaboration

What does this look like?

- Address age discrimination in employment from multiple angles including education and business sectors, codesigning solutions with older persons.
- Concessions remain secure and responsive to cost of living. People know what they are eligible for and there are simple, clear, coordinated pathways to access concessions.
- Affordable and accessible transport options no matter the location, age, ability, finances and life circumstances, and supports available for community access and participation. Collaborative process between stakeholders, including consumers, to identify gaps and strategies at local and state levels.

- Equitable and affordable access to reliable internet no matter the location or life circumstances. Those not online continue to have full opportunities for participation in social, economic, and civic life, without penalties.
- Adequate, affordable, appropriate energy efficient housing that supports wellbeing. Flexible housing and home modification programs and people can stay in their home and their community of choice. People have the information they need and are supported in their decision making. Homelessness support programs ensure access to responsive and appropriate housing and supports for diverse older adult needs.
- Integrated health system for the whole of life that places people at the centre of care. Equitable access, no matter a person's diagnosis, age, location, or resources. Health is interconnected to other areas of communities including transport, housing, and participation. Clear and navigable pathways to services for diverse and changing needs throughout the lifespan. Collaboration across Federal, State, and Local Government responsibilities including co-design with consumers.

2. Leaping into action and collectively prioritising others' needs through reducing inequities

What does this look like?

- Government leadership in addressing ageism, taking a strong stand against stereotyping and ageist attitudes and language, and actively supporting initiatives that bring generations together. Human rights commitment that policies and programs are reviewed for inclusiveness, respect, and intergenerational fairness in language, intent, and consequence.
- Energy recognised as essential service that plays critical role in health and wellbeing. Access to affordable energy supplies. Support is available to navigate energy market and increase energy efficiency. Consumers have choice and equal protections no matter where they live.
- Well-resourced, easily accessible programs to combat elder abuse and support those experiencing it including education, practical support, and redress.

3. Engaging in new ways of thinking about our local communities

What does this look like?

- Government collaboration with communities to identify and solve issues and create positive change. Local leadership, including work of community groups and organisations, is valued. Flexible and responsive support across sectors to large- and small-scale community-led priorities across age-friendly domains.

4. Engaging in new ways of thinking about our state of Queensland

What does this look like?

- Queensland Government develops Active and Healthy Ageing Framework which is underpinned by Age-Friendly Strategy and Action Plan.

We are informed by the evidence and the experiences of Queenslanders

COTA Queensland gathers feedback from older adults in Queensland communities through a variety of channels, including information and data collated from surveys, projects, programs and/or initiatives, and conversations or forums with older Queenslanders and key informants from service providers and community organisations. We also keep across the latest policy, industry and research developments through networking, information sharing in research and policy spaces, and through our reports and submissions on issues that matter to older Queenslanders.

COTA Queensland 2022/23 budget submission

Healthy ageing is about creating the environments and opportunities that enable people to be and do what they value throughout their lives. Everybody can experience healthy ageing.¹

Introduction

We are Queensland's peak organisation for Seniors, advancing the rights, needs, interests and futures of people as we age. With the large and growing number of older people in Queensland our organisation has worked to influence positive outcomes for older Queenslanders for over sixty years.

We work across diverse issues, including age-friendly communities, ageism, age discrimination, aged care, cost of living, concessions, digital inclusion, emergency services, employment, energy and essential services, health, housing, human rights, palliative and end of life care, and transport.

We provide a connection point for older people, their families and communities, organisations, and governments at all levels to address issues for older Queenslanders and co-create change.

We provide independent information and education for older people, their communities, and organisations as well as education and training, advice, and other services to the public and private sectors.

We are part of the COTA Federation, comprised of all state and territory COTA organisations. Together we work to ensure that the experience of ageing in Australia is filled with possibility and opportunity, and that people have influence on things that affect them and their communities.

Our diverse work continues to be informed by relevant global and national frameworks including (but not limited to):

1. The Queensland Government's (2016) [Age-friendly strategic direction statement, action plan, toolkit and a number of other resources²](#) which assist communities to plan for an ageing population.
2. The [World Health Organization's \(WHO\) Age-friendly Cities and Communities³](#) eight overlapping domains, which is a bottom-up approach that should always be linked to the experiences of older people.

¹ World Health Organization (WHO). Ageing: Healthy ageing and functional ability. 2020.

² Queensland Government. Queensland: An Age-Friendly Community. [Resource webpage 23 June 2021]. 2021. Available from: <https://www.dsdsatsip.qld.gov.au/our-work/seniors/queensland-age-friendly-community>

³ World Health Organization (WHO). The WHO Age-Friendly Cities Framework. n.d. Available from: <https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/>

3. The [United Nations \(UN\) Decade of Healthy Ageing 2021-2030](#)⁴ four key areas: Combating Ageism, Age-friendly Environments, Integrated Care (access to the diversity of health services in an integrated way), and Long Term Care (which we acknowledge in an Australian context as primarily Aged Care).
4. Importantly, on 5 October 2021, [the UN adopted a resolution](#)⁵ on the Human Rights of older people to promote and protect the human rights of older people with a focus on ageism and age-based discrimination. It is underpinned by the acknowledgement that ageism is impactful on people's right to societal participation and is therefore one of the primary barriers to healthy ageing and wellbeing.

Purpose

This 2022/23 State Budget submission details the key initiatives COTA Queensland believes that the Queensland Government should introduce to help address the existing barriers to achieve a supportive environment for Active and Healthy Ageing within Queensland.

The issues identified in this submission and the recommendations that are proposed are based on information gathered from across the state. COTA Queensland gathers this feedback from older Queenslanders through a variety of channels, including information and data collated from surveys, projects, programs and/or initiatives, and conversations or forums with older Queenslanders and key informants from service providers and community organisations.

Older Queenslanders make up a large and growing proportion of the Queensland population. This was 15.4% of people in Queensland in 2018 which is the same as the rest of Australia. It is now estimated that in 2021 there are 857,097 people aged 65 and over in Queensland. By 2041, more than one in five Queenslanders will be over 65 or an estimated 1,504,173.⁶

This has major implications for the Queensland Government. To be responsive to the growing older Queensland population, our government needs to develop more inclusive and responsive policies that address growing inequalities and contribute to the wellbeing of older Queenslanders.

All older Queenslanders, whatever their age, circumstances, or where they live, have a right to access the infrastructure, services, and supports that allow them to thrive and age healthily. This includes opportunities to participate in employment, volunteering, and civic leadership, access to health and social support services, appropriate and affordable housing and transport, and to live our lives without discrimination and prejudice because of age.

The COVID-19 pandemic has made it clear how significant the under-recognised role of older people

⁴ United Nations (UN). UN Decade of Health Ageing 2021-2030. 2020. Available from: <https://www.who.int/initiatives/decade-of-healthy-ageing>

⁵ Australian Association of Gerontology (AAG). UN Adopts Resolution on Human Rights of Older People. [Media release 5 October 2021]. Available from: <https://www.aag.asn.au/news/un-adopts-resolution-on-human-rights-of-older-people>

⁶ Queensland Government Statistician's Office. Projected Population, by Five-year Age Group and Sex, Queensland 2016 to 2066. 2019. Available from: <https://www.qgso.qld.gov.au/statistics/theme/population/population-projections/state>

is to the functioning of the economy and our communities. We have seen services and organisations that rely on volunteers, many of whom are older people, having to find new ways to work or wait the pandemic out. Parents scrambled to balance work and family demands as they were suddenly without the support of grandparent care. Many older people, among others staying in, looked for new ways to continue to contribute from home.

Older people are often the backbone of many community organisations including emergency services, wildlife rescue, education, and community services. Many also provide care for grandchildren and great grandchildren, their own children, spouses and partners, and other family members and friends. Some spend the equivalent of a standard work week or more providing an unpaid contribution to the community; for those providing care for a spouse or family member, this number is significantly greater⁷. Many are still employed across a wide range of professions and occupations. In 2018, 13 per cent of Queenslanders over the age of 65 were in the paid workforce.⁸ Through these paid and unpaid roles, as a financial and moral supporter of children and family and as consumers of goods and services, older Queenslanders also make a major financial contribution to the economy. Queenslanders' wellbeing, participation, and continued contribution needs to be supported by age-friendly policies, services, and infrastructure.

COTA Queensland strongly supports ongoing action towards achieving an Active and Healthy Ageing Queensland underpinned by a revised Age-friendly Queensland Strategy and Action Plan.

⁷ COTA Federation. State of the (Older) Nation [Report]. Newgate Research. 2021. Available from: <https://www.cota.org.au/policy/state-of-the-older-nation/>

⁸ Australian Institute of Health and Welfare (AIHW). Older Australia at a Glance. 2018. Available from: <https://www.aihw.gov.au/reports/older-people/older-australia-at-a-glance>

Recommended initiatives to assist Older Queenslanders

1. Enabling Healthy Ageing through an Age-Friendly Environment

Vision

- The Queensland Government develops an Active and Healthy Ageing Framework which is underpinned by an Age-Friendly Strategy and Action Plan.
- The Government works collaboratively with communities to identify and solve issues and create positive change across systems. Local leadership is valued, including the work of community groups and organisations. The Government provides support across sectors that is flexible and responsive to large- and small-scale community led priorities across age-friendly domains.
- There are well-resourced, easily accessible programs to combat elder abuse and support those experiencing it including education, practical support, and redress.

Recommendations

COTA Queensland recommends that the following Active and Healthy Ageing objectives should underpin new Age-Friendly Strategic Direction and Action Plan. The Queensland Government:

- Adopts (and develops) a *mainstreaming ageing* framework that is supported at all levels of Government and across all agencies.
- Will ensure that Queensland Government agencies in response to the mainstreaming ageing framework work collaboratively to implement Active and Healthy Ageing policies, programs, services, and planning to create a supportive Age-Friendly environment.
- Works collaboratively with communities to identify and solve issues and create positive change across systems. Local leadership, including the work of community groups and organisations, is valued. Undertakes a statewide consultation program in collaboration with COTA Queensland engaging with local government, community groups, ethnic communities and local organisations to identify and solve issues.
- Provides support across sectors that is flexible and responsive to large- and small-scale community-led Active and Healthy Ageing priorities. Develops a funding program that provides annual funding for community led active and healthy ageing priorities in a flexible and responsive manner with a **minimum of \$50,000 per initiative**.
- Shows leadership in addressing ageism, taking a strong stand against stereotyping and ageist attitudes and language, and actively supporting initiatives that bring the generations together.
- Develops an integrated health system for the whole of life that places people at the centre of care. The system ensures equitable access, no matter a person's diagnosis, age, location, or resources. Health is seen as interconnected to other areas of communities including transport, housing, and participation, and the government encourages, tests, and embeds integrated models that connect these domains.
- In collaboration with Community Housing Associations, community groups and organisations and local councils, provide additional funding and support for the provision of affordable housing that meets diverse needs and ensures that all Queenslanders have access to

adequate, appropriate housing that they can afford and that supports their wellbeing.

Housing stock also meets the diverse needs of Queenslanders at any stage of life.

- Develops affordable and accessible transport options that are available no matter where in Queensland a person lives.
- COTA Queensland strongly recommends that the Queensland Government works with the Commonwealth Government and elder abuse service organisations to develop a Queensland Elder Abuse Prevention and Support Strategy utilising the more definitive information that has been provided by the National Prevalence Study.⁹

Why change is required

Queensland Government action is required urgently across several areas to address ageism, elder abuse, age discrimination in employment, development of an integrated health system, access to affordable and appropriate housing, adequacy of concessions, consumer education, choice, and protections around energy provision, digital inclusion, and affordability and accessibility of transport.

In many of these areas, there are important learnings and opportunities emerging from the COVID-19 pandemic. Recovery efforts must prioritise the areas of greatest need and optimise the positive developments that have emerged. There needs to be a focus on local capacity and community responses and how these can be supported, drawing together the public, private, and community sectors.

COTA Queensland views Active Ageing as part of Healthy Ageing, and Healthy Ageing as part of the Age-Friendly framework. The World Health Organization defines Active Ageing as:

[...] the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age. Active ageing applies to both individuals and population groups. It allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance. The word “active” refers to continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force.¹⁰

The United Nations defines healthy ageing as:

[...] developing and maintaining the functional ability that enables well-being in older age. Functional ability is determined by the intrinsic capacity of an individual (i.e. the combination of all the individual’s physical and mental capacities), the environment in which he or she lives (understood in the broadest sense and including physical, social and policy environments) and

⁹ Qu, L., Kaspiew, R., Carson, R., Roopani, D., De Maio, J., Harvey, J., and Horsfall, B. National Elder Abuse Prevalence Study: Final Report. (Research Report). Melbourne: Australian Institute of Family Studies. 2021. Available from: <https://aifs.gov.au/publications/national-elder-abuse-prevalence-study-final-report>

¹⁰ World Health Organization (WHO). Active Ageing: A Policy Framework. 2002. Available from: https://apps.who.int/iris/bitstream/handle/10665/67215/WHO_NMH_NPH_02.8.pdf?sequence=1&isAllowed=y

*the interactions among them.*¹¹

Encouraging and facilitating the growth of Age-Friendly communities in Queensland is about enabling the development of environments that support all aspects of living in a community that is fully integrated and mutually supportive to ensure that community members can live active and healthy lives. The eight domains of an age-friendly community are:

1. Community and health care
2. Housing
3. Transport
4. Social participation
5. Outdoor spaces and buildings
6. Respect and social inclusion
7. Civic participation and employment
8. Communication and information.

The *2016 Queensland: an age-friendly community - Strategic direction statement*¹² provided a framework for work towards an age-friendly Queensland. This strategy will be five years old this year and is currently being reviewed by the government.

The strategic direction statement needs to promote the goal of enabling active and healthy ageing more effectively to be enjoyed by all Queenslanders. This will be achieved through the creation of an age-friendly living environment throughout Queensland.

Almost twenty years ago the United Nations recognised that the rapid rise projected in the number of older citizens in most countries required substantial changes in approach to address the emerging issues:

The transformative changes required to adapt societies to the implications of individual longevity and population ageing cannot be achieved without a whole-of-government and whole-of-society effort. For this reason, mainstreaming ageing, that is systematic integration of ageing issues across all relevant policy fields and at all levels of government, has been recommended by the Madrid International Plan of Action on Ageing, 2002 (MIPAA) and most international ageing-related policy documents that have followed it.

[...] Creating a society for all ages that leaves no one behind requires policymakers to understand the diverse and evolving needs, rights and preferences of individuals across their life course and along individual ageing trajectories. The Guidelines therefore recommend a 'twin-track approach' to mainstreaming ageing that considers ageing from a societal as well as from an individual perspective. A 'twin-track approach' enables societies to realize the potential of living longer while ensuring sustainable adaptations of education systems,

¹¹ World Health Organization (WHO). *Decade of Healthy Ageing: Plan of Action*. 2020. Available from: <https://www.who.int/publications/m/item/decade-of-healthy-ageing-plan-of-action>

¹² Queensland Government. *Queensland: An Age-Friendly Community - Strategic Direction Statement*. 2016. Available from: <https://www.communities.qld.gov.au/resources/dcdss/seniors/agefriendly-community/qld-an-age-friendly-community.pdf>

*labour markets, health and social care, and social security and protection systems to growing proportions of older persons.*¹³

The successful creation of age-friendly living environments in Queensland will require all tiers and agencies of government to consider adopting a ‘twin-track approach’ to mainstreaming ageing, and that this approach to be most effective, it is vital that Government facilitates discussion around what mainstreaming ageing should look like.

For example, an age-friendly health system must be complemented by transport systems that facilitate affordable access to health services and other aspects of the community, housing that is appropriate for people’s needs and promotes physical, social, and mental wellbeing, and opportunities for employment and civic and social participation that contribute to physical and mental health. In addition, industry and communities need to be involved in fulfilling the Active and Healthy Ageing objectives.

COTA Queensland acknowledges that the Queensland Government in recent years has increased funding support for programs that seek to assist victims of elder abuse. Unfortunately, the **National Elder Abuse Prevalence Study**¹⁴ in December 2021 has revealed the best estimation to date on how widespread elder abuse is within Australia.

The Prevalence study makes it clear that the true extent of this serious problem within our community has been seriously underestimated. The study (which excluded residents living in aged care facilities) found that nationally 600,000 or 15 per cent of older Australians experience some form of abuse each year. This proportion when applied to those over 65 years and over in Queensland in 2021 would equate to approximately¹⁵ 122,000 older people experiencing elder abuse.

The Prevalence Study’s findings clearly indicate that there is an urgent need to inject additional resources into identifying and supporting the victims of abuse as well as developing more effective prevention measures.

2. Healthy Ageing

a. Integrated Age-Friendly Health System

Vision

- Queensland has an integrated health system for the whole of life that places people at the centre of care. The system ensures equitable access, no matter a person’s diagnosis, age, location, or resources. Health is seen as interconnected to other areas of communities including transport, housing, and participation, and the Government encourages, tests, and embeds integrated models that connect these domains. There are clear and navigable pathways to services for diverse and changing needs throughout the lifespan. The Queensland Government leads collaboration across Federal, State, and Local Government

¹³ United Nations (UN). Guidelines for Mainstreaming Ageing. [Report March 2021]. 2021. Available from: <https://unece.org/population/publications/guidelines-mainstreaming-ageing>.

¹⁴ Qu, L., et al. National Elder Abuse Prevalence Study: Final Report. 2021

¹⁵ Queensland Government Statistician's Office. Projected Population, by Five-year Age Group and Sex, Queensland 2016 to 2066. 2019. Available from: <https://www.qgso.qld.gov.au/statistics/theme/population/population-projections/state-excludes-those-in-residential-aged-care>.

responsibilities including co-design with consumers to work towards an integrated system.

Recommendations

- a. COTA Queensland recommends that the Queensland Government adopts a strong framework to ensure consumers, including diverse older people, co-design this integrated system of care and supports and are involved in ongoing co-design of services, health promotion initiatives, health information and supports as well as being partners in their own care.
- b. COTA Queensland recommends the formation of a statewide action network where representatives of regional, rural, and metropolitan areas develop an integrated system of care based on local knowledge. COTA Queensland would co-ordinate local and state meetings facilitated by design professionals with a two-year time frame for completion.
- c. Recommendation for **government funding of \$200,000** for COTA Queensland to undertake a training program for providers of aged care services on consumer engagement in recognition of the fact that providers are struggling to meet the standard of care in this area.

Why change is required

Access to affordable and quality health and care services is consistently identified as a priority issue for older Queenslanders. This includes access to primary health care, hospital-based services, medications, information, and activities that help people age well, as well as linkages with aged care, oral health, mental health, and other support services and palliative and end of life care.

Better coordination in the delivery of services and advisory information to older adults by the Queensland Government is required, backed by sufficient resourcing from Government (and within relevant Government portfolios), in addition to addressing current priority issues.¹⁶ The health, care, and support system in Queensland needs to be redesigned. A cross-sector cross-government collaborative approach involving consumers in codesign is needed.

Health, care and support services need to be taken out of their silos and treated as part of a web of factors - housing, transport, and social participation, among others - that interact to affect people's wellbeing. An integrated health system that fully supports older Queenslanders is a key component in achieving an age-friendly Queensland.

Health, aged care, mental health, oral health, dementia, carer, disability, palliative and end of life services need to connect as parts of an integrated system with clear and navigable pathways. People need information and support to increase their health and care literacy, understand and navigate this system to access the support they need. Equity of access needs to be addressed, including through support for telehealth in the long term.

¹⁶ COTA Queensland highlighted some of these priority issues and accompanying recommendations in our submission to the Queensland Parliamentary Inquiry into the Provision of Primary, Allied and Private Health Care, Aged Care and NDIS Care Services and its impact on the Queensland Public Health System in December 2022. The Inquiry report will be published 31 March 2022.

b. Social Isolation and Loneliness

Vision

- Queensland has an integrated health system for the whole of life that places people at the center of care. The system ensures equitable access, no matter a person's diagnosis, age, location, or resources. Health is seen as interconnected to other areas of communities including transport, housing, and participation, and the Government encourages, tests, and embeds integrated models that connect these domains. There are clear and navigable pathways to services for diverse and changing needs throughout the lifespan. The Queensland Government leads collaboration across Federal, State, and Local Government responsibilities including co-design with consumers to work towards an integrated system.

Recommendations

- To address the community and societal factors that contribute to social isolation and loneliness the Queensland Government strengthens its approach to achieving Age-Friendly living environments.
- In consultation with Queensland communities and stakeholders, develop and implement a range of interventions that would most effectively assist those impacted by social isolation and loneliness.
- Peak bodies such as COTA Queensland be supported to collaborate with independent organisations and committees to increase awareness of effective interventions. The overall responsibility for the development and delivery of enhanced existing interventions or new interventions to be assigned to appropriate organisations.
- Ensure the provision of program funding that reflects the scope and importance of the intervention work.
- The Sixty and Better Program organisations should have their funding **increased by \$85,000 – 90,000 per annum** (or sufficient amount)¹⁷ to allow the employment of a full-time link worker who can proactively respond to social prescription referrals from health and other approved community providers.
- Establish a Taskforce comprised of representatives of the three levels of government, the community and health sectors to coordinate a whole of community response to social isolation and loneliness.

Why change is required

The major social and health issues of social isolation and loneliness impact on many Queenslanders, including those over 65 years of age. The serious impact that these two conditions are having on many community members led the Queensland Government to hold a Parliamentary Inquiry into Social Isolation and Loneliness which provided its report to Parliament 6 December 2021.¹⁸

¹⁷ For reference, a Queensland Health Hospital and Health Service General Employee wage rate L3 Pay point 1 (plus on-costs) is approximately \$87,500 per annum.

¹⁸ COTA Queensland made a submission to this Inquiry and the information highlighted in this section is based upon this submission. COTA Queensland. It Feels like the World is Closing in on me. 2021. Available from: <https://documents.parliament.qld.gov.au/com/CSSC-0A12/IQ-DD31/submissions/00000126.pdf>.

COTA Queensland stressed in the submission that social isolation and loneliness could not be addressed by simply targeting a range of interventions at those experiencing these conditions. Instead, the causal factors that contribute to these conditions need to be understood and addressed collectively. For example, the societal/systemic (e.g., the impact of government policies), personal/individual (e.g., health issues) and/or community factors (lack of supportive infrastructure such as transport). Interventions at the local level do assist in reducing the number of occurrences of social isolation and loneliness as well as assisting those already effected. However, the broader societal issues need to be considered and addressed as part of broader government policy responses such as the recommended Active and Healthy Ageing Strategy and Action Plan.

The National Academies of Sciences, Engineering and Medicine (NASEM) research shows that:

- *Social isolation significantly increased a person's risk of premature death from all causes, a risk that may rival those of smoking, obesity, and physical inactivity.*
- *Social isolation was associated with about a 50% percent increased risk of dementia.*
- *Poor social relationships (characterized by social isolation or loneliness) were associated with a 29% increased risk of heart disease and a 32% increased risk of stroke.*
- *Loneliness was associated with higher rates of depression, anxiety, and suicide.*
- *Loneliness among heart failure patients was associated with a nearly 4 times increased risk of death, 68% increased risk of hospitalization, and 57% increased risk of emergency department visits.¹⁹*

The health issues that result from these conditions likely lead to substantial increases in public health expenditure for the Queensland Government. While data on the increased Australian health costs are not readily available, the international research highlights some key evidence. In the United States, a study by the AARP (formerly the American Association of Retired Persons) in which they examined Medicare data, found that: *[...] a lack of social contacts among older adults is associated with an estimated \$6.7 billion in additional federal spending annually.²⁰*

While a British literature review found there was an association between loneliness and social isolation and increased health care expenditure, although one of the studies emphasised greater costs with social isolation (and less costs with loneliness). Further, the economic evaluation found that interventions that held a focus on older cohorts were likely to be cost-effective and cost-saving, particularly those interventions which included forms of direct social contact (e.g., befriending, visiting peers, etc.).²¹

¹⁹ National Academies of Sciences, Engineering, and Medicine (NASEM). Social Isolation and Loneliness in Older Adults. Opportunities for the Health Care System [Consensus study report]. 2020. Available from: <https://doi.org/10.17226/25663>

²⁰ Flowers, L., A. Houser, C. Noel-Miller, J. Shaw, J. Bhattacharya, and L. Schoemaker. Medicare Spends More on Socially Isolated Older Adults. AARP Public Policy Institute [blog post]. 2017. Available from: <https://www.aarp.org/content/dam/aarp/ppi/2017/10/medicare-spends-more-on-socially-isolated-older-adults.pdf>

²¹ Mihalopoulos, C., L. Le, K. Chatterton, M.L. Bucholc, J. Holt-Lunstad, M.H. Lim, and L. Engel. The Economic Costs of Loneliness: A Review of Cost-of-Illness and Economic Evaluation Studies. *Social Psychiatry and Psychiatric Epidemiology*, no. 55 (7), 823 – 836. 2020. Available from: <https://doi.org/10.1007/s00127-019-01733-7>

Note: This was extrapolated from Return on Investment (ROI)/Social Return on Investment (SROI) literature and limited interventions were included in the assessment (with the target group being older populations).

Substantial increases in funding for intervention programs would in all probability generate proportionately larger savings in government health expenditure. COTA Queensland is aware of several funded organisations who are stretched in their capacity (workforce and resources) to implement or apply insights to ongoing work that could contribute to or mitigate social isolation and/or loneliness. In addition, we are aware of funded organisations that are in direct competition with each other for provision of funding. This runs against the ‘coalition’ approach put forward by WHO’s recommendations. Strategic, substantial, and flexible funding for initiatives is required and is a priority not only during the pandemic, but also into the future in a post-COVID-19 Queensland.

Therefore, COTA Queensland believes that a substantial increase in program funding is required from the Queensland Government to expand the range of interventions currently available to help reduce the adverse impacts that these two social conditions have on many older Queenslanders. Assisting people to overcome any adverse issues that stem from social isolation and/or loneliness before serious physical and mental health problems arise would surely be a more cost-effective approach. In addition, the societal level factors must also be addressed to assist in the prevention of social isolation and loneliness. COTA Queensland strongly believes that the implementation of the above recommendations would greatly assist in reducing social isolation and loneliness in the community.

c. Palliative Care

Vision

- Queensland has an integrated health system for the whole of life that places people at the centre of care. The system ensures equitable access, no matter a person’s diagnosis, age, location, or resources. Health is seen as interconnected to other areas of communities including transport, housing, and participation, and the Government encourages, tests, and embeds integrated models that connect these domains. There are clear and navigable pathways to services for diverse and changing needs throughout the lifespan. The Queensland Government leads collaboration across Federal, State, and Local Government responsibilities including co-design with consumers to work towards an integrated system.

Recommendations

- a. COTA Queensland strongly recommends that the Queensland Government must substantially increase current expenditure on palliative care throughout Queensland. The additional **\$171 million over six years** provided in the previous budget should be increased substantially over the next five years to match Palliative Care Queensland’s estimate of required funding.²²

Why change is required

COTA Queensland's vision is for a statewide healthcare system which is linked up, responsive, safe, efficient, innovative, and most importantly has the needs of patients at the centre – receiving the

²² Palliative Care Queensland. 2021-22 Pre-Budget Submission Queensland. Requirements for New Investment to Transform Palliative Care in Queensland [February 2021]. 2021. Available from: <https://palliativecareqld.org.au/wp-content/uploads/2021/02/3.-PCQ-QLD-2021-22-Pre-Budget-Submission.pdf>

right care, at the right time and in the right place. The right care should include the right to end your own life if you are terminally ill and face a period of intense suffering despite having access to palliative care. The commencement of the Voluntary Assisted Dying Act 2021²³ in January 2023 will provide those eligible individuals with the option to apply to end their life and suffering.

However, not all terminally ill Queenslanders can easily access palliative care, and this applies to those situated in both metropolitan and non-metropolitan areas. All terminally ill Queenslanders must be able to readily access palliative care that is sufficient to reduce suffering to more tolerable levels. Palliative Care Queensland recently commented:

*The additional funding of \$171 Million that was regularly referred to during the VAD debate is actually over multiple years (6 years) and is 10% of what our sector knows is needed to ensure all Queenslanders have access to palliative care from diagnosis through to bereavement. The funding that is referred to just will not be delivered quickly enough to meet the needs of Queenslanders who are experiencing serious illness, dying, death and grief.*²⁴

Many older people are concerned about the care they will receive at the end of their life and if they will be treated with dignity and have their wishes respected. Improving palliative care and making it available where and when it is needed is critical if people are to have a better death. Queenslanders should be able to choose where to die, be that home, hospice, residential aged care, or hospital.

d. Telehealth

Vision

- Queenslanders have equitable and affordable access to reliable internet no matter their location or circumstances and supports are available to increase their capability. Those who are not online continue to have full opportunities for participation in social, economic, and civic life, without penalties.

Recommendations

COTA Queensland recommends that the Queensland Government continue to invest in support for telehealth services throughout the state. These should be integrated into the model of care across Queensland Health.

Why change is required

COTA Queensland's community engagements and reports from other organisations indicate that the increase in telehealth during COVID has been welcomed, particularly in regional, rural, and remote communities. Given the significance of access to services for the ability to age in place, use of telehealth is a significant opportunity for efforts towards age-friendly health services and systems, as well as for systems that are integrated and connect across different types of services and supports.

²³ Queensland Parliament. Voluntary Assisted Dying Act 2021. 2021. Available from: <https://www.legislation.qld.gov.au/view/html/asmade/act-2021-017>

²⁴ Palliative Care Queensland. New VAD Laws Do Not Change the Fact that Palliative Care Funding is Desperately Needed. [Online article 18 September 2021]. 2021. Available from: <https://palliativecareqld.org.au/new-vad-laws-do-not-change-the-fact-that-palliative-care-funding-is-desperately-needed/>

However, we have also heard that telehealth has been challenging for some services, which have found it difficult to access appropriate equipment in a timely way, and for some consumers. For example, Western Queensland PHN²⁵ reported connectivity and patient literacy were key issues for successful implementation, with supports needed including hardware, software and training.

Both GPs and consumers have reported that telehealth is effective for many patients and is an important complement to traditional services, however, it is not a substitute for face-to-face consultations and is not suitable for all consumers.^{26,27} HCQ also notes that consumers would like to see telehealth continued as a complement to face-to-face health services (rather than direct replacement for face-to-face services), with digital support for internet access as well as co-design of consumer information about telehealth and attention to appropriate funding through Medicare.

e. Mature Age Employment Barriers

Vision

- The Government shows leadership in addressing ageism, taking a strong stand against stereotyping and ageist attitudes and language, and actively supporting initiatives that bring the generations together. As part of a commitment to human rights, all policies and programs are reviewed for inclusiveness, respect, and intergenerational fairness in language, intent, and consequence.
- The Government leads by example and through practical assistance to directly address age discrimination in employment. This includes the education and business sectors alongside older people in co-designing solutions that address the issue from multiple angles.

Recommendations

To provide an accurate understanding of the mature age employment situation COTA Queensland recommends that the Queensland Government commission detailed research to:

- Identify the level of employment of older age persons in Queensland by demographic characteristics, industry of employment, employment type and location over previous ten years.
- Identify the 'real' level of older age unemployment and underemployment in Queensland disaggregated by demographic characteristics and location.

²⁵ Western Queensland Primary Health Network (PHN). Western Queensland Primary Health Network Telehealth-Care Stocktake of Commissioned Service Providers: Self-Assessment Survey Outcomes. 2020. Available from: https://www.wqphn.com.au/uploads/documents/WQPHN%20Publications/WQPHN_Telehealthcare_CSP_Survey_Infographics_A4_May2020_V2.pdf

²⁶ Royal Australian College of General Practitioners (RACGP). RACGP survey reveals strong take up of telehealth but face to face consultations still available. [Media release 7 May 2020]. 2020. Available from: [https://www.racgp.org.au/gp-news/media-releases/2020-media-releases/may-2020/racgp-survey-reveals-strong-take-up-of-telehealth#:~:text=More%20than%2099%25%20of%20surveyed,includin%20phone%20and%20video%20options\).&text=Practices%20remain%20open%20and%20GPs,requires%20an%20in%20person%20consultation.](https://www.racgp.org.au/gp-news/media-releases/2020-media-releases/may-2020/racgp-survey-reveals-strong-take-up-of-telehealth#:~:text=More%20than%2099%25%20of%20surveyed,includin%20phone%20and%20video%20options).&text=Practices%20remain%20open%20and%20GPs,requires%20an%20in%20person%20consultation.)

²⁷ Health Consumers Queensland (HCQ). *Positives and Innovations Consumers Want to Keep after COVID-19*. 2020. Available from: <https://www.hcq.org.au/wp-content/uploads/2020/05/HCQ-consumer-consultation-summary-Positives-and-Innovations-140520.pdf>

- Benchmark Queensland older age employment and unemployment against the national rate.
- Identify the reasons behind employment participation by older persons in Queensland.
- Identify the main drivers of older age employment and unemployment and assess their impact.
- Identify impediments experienced by older workers seeking employment or remaining in employment.
- Stock take current strategies used both within Australia and overseas to enable older workers to remain in employment or to access employment.

COTA Queensland recommends that following the completion of this research the Queensland Government should then convene a Mature Age Employment Summit to explore the research findings and develop options for enabling older Queenslanders to actively pursue and continue careers, in addition to the establishment of a Mature Age Employment Taskforce.

Why change is required

Ageism and age discrimination are particularly significant in employment, despite human rights and anti-discrimination legislation being in force. A fully age-friendly Queensland will not be achieved if the current inequities in the labour market are not addressed.

The extent of the mature age employment problem is clearly illustrated by the Australian Human Rights Commission's national prevalence survey which found that over a quarter of people aged over 50 years had recently experienced workplace discrimination. A third of these incidents occurred when applying for a job and few of those who experience discrimination take any action to address it with some giving up their search for work.²⁸

To achieve effective social distancing during the COVID-19 pandemic many sectors of the economy had to close leading to industry shutdowns (including Tourism, Retail, Education, Hospitality) and large-scale job losses. Articles on the economic impact of COVID-19 nationally highlight the financial impact on the younger age groups through the loss of income and employment. There is little mention of the fact that many mature aged people have also lost jobs with little prospect of being re-employed as the economy recovers.

A survey from the Centre for Social Research and Methods indicated that those worst hit economically were those aged 18 to 24 and those aged 65 to 74. These were the groups least likely to have maintained employment and with the biggest falls in income. However, there were very large differences in future prospects with those 55 years or older far less likely to think they could find a new job.²⁹ Recent research on the effects of the pandemic estimated that up to 30 per cent of those who are newly unemployed or underemployed are aged 51 to 65, with the result that this

²⁸ Australian Human Rights Commission (AHRC). Willing to Work: National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability. 2016. Available from: <https://humanrights.gov.au/our-work/disability-rights/publications/willing-work-national-inquiry-employment-discrimination>

²⁹ Biddle, N., B. Edwards, M. Gray, and K. Sollis. Hardship, Distress and Resilience: The Initial Impacts of COVID-19 in Australia. Australian National University (ANU). Centre for Social Research and Methods. 2020. Available from: https://csrcm.cass.anu.edu.au/sites/default/files/docs/2020/5/The_initial_impacts_of_COVID-19_in_Australia_2020_3.pdf

group of mature-age, low-income Australians is growing rapidly³⁰.

COTA Queensland is deeply concerned about the apparent increase in the number of individuals over 50 years of age who have prematurely lost employment in recent years. The loss of mature age employment during the COVID-19 lockdowns was anecdotally quite substantial. However, official labour force data does not provide a clear picture of the current state of mature age employment and underemployment in Queensland.

CommSec reports:

*Prior to the Covid period, there had been a re-assessment. The proportion of those [older workers] not in the workforce because they were retired fell from 38.7 per cent to a 3-year low of 35.3 per cent in July 2019. And in the period since – due to Covid – it is not possible to determine whether the trend has changed. More people exited the job market over the lockdown period because they weren't employed as such – they didn't work for one hour or more in the past week. But neither were they looking for work, because they were likely to return to their employer after the lockdown [...] The lockdowns have effectively scrambled the data. The proportion of those not in the workforce because they were retired hit a record 39.9 per cent of the total in June 2021 and this has since fallen to a low of 36.4 per cent in September 2021.*³¹

f. Housing: Lack of Affordability

Vision

- Housing stock meets the diverse needs of Queenslanders at any stage of life. Housing and home modification programs are flexible to allow people to stay in their home and their community of choice. People have the information they need and are supported to make housing decisions that are right for their future. Homelessness support programs are equipped to ensure access to appropriate housing and other supports and to respond to diverse needs including specialised needs of older people.

Recommendations

COTA Queensland recommends that a new advisory and support service based on the Housing for the Aged Action Group (HAAG) *Home at Last* model be established to provide housing assistance to older Queenslanders, with a focus on those who are homeless and those at risk of homelessness, as well as age friendly advice and training for public and private rental staff. The new service would support those clients who would normally be assisted through the existing Homelessness Program³² service sub-group *Older People*.

However, given the increasingly difficult housing situation many find themselves in, COTA Queensland

³⁰ Mills, M., S. Ng, J. Finnis, K. Grutzner, and B. Raman. Hidden in Plain Sight: The Impact of the COVID-19 Response on Mature-age, Low-income People in Australia. Brotherhood of St Laurence. 2020. Available from:

http://library.bsl.org.au/jspui/bitstream/1/12062/1/BSL+Nous_Hidden_in_plain_sight_Jun2020.pdf

³¹ CommSec. Are Older Australians Re-assessing Job Market Future? Economic Insights (21 October 2021). 2021. Available from:

https://www.commsec.com.au/content/dam/EN/ResearchNews/2021Reports/October/ECO_Insights_211021-Older-Australians-re-assessing-job-market.pdf

³² Department of Housing and Public Works. Homelessness Program Guidelines, Specifications and Requirements v3.1. 2018. Available from:

https://www.hpw.qld.gov.au/data/assets/pdf_file/0018/3780/homelessness-program-guidelines.pdf

recommends that a larger and faster allocation of capital funding is required to meet the increased demand for housing assistance.

COTA Queensland also recommends that a representative proportion of the new capital funding is directed to housing for older Queenslanders. In addition, an injection of recurrent funding is required to provide support services for seniors at risk in the housing market.

To enable those Queenslanders with a disability and those eligible 60 years and over to have a more realistic opportunity to undertake necessary home improvements and maintenance, COTA Queensland requests that the Queensland Government increase the labour subsidy, the annual cap and the job cost limit to levels that reflect the actual cost of having building construction and maintenance work undertaken in Queensland. Consideration should also be given to whether the funding support provided to some regional/remote clients would need to be increased to reflect the higher costs involved in accessing both labour and materials.

Why change is required

Access to comfortable, appropriate, and affordable housing is a key determinant of good health and well-being. The mental and physical stress that can result from an individual not having access to sustainable housing is substantial. Housing is another key domain in achieving an age-friendly Queensland. The lack of housing stability can contribute to physical and mental health issues and as indicated earlier in this submission it can contribute to a person being both socially isolated and lonely.

There is clear evidence that many older people are currently in uncertain housing situations. The HAAG³³ reported that in the 2016 census, more than a third of households were in extreme housing stress, paying at least 50 per cent of their income in rent. Nearly a third of these were aged 75 years or older. HAAG also advised that “overall homelessness in Queensland is rising and the older age groups (55 years and over) are increasingly contributing to this growth”. The number of older women who are becoming homeless or in precarious housing situations is of particular concern.

The current upward price trend in the Australian housing market is making it even more difficult for those on low incomes to keep a roof over their heads. This year’s Anglicare Rental Affordability Snapshot underlines the worsening situation for older renters. The Snapshot surveyed 74,266 rental listings across the country on one sample weekend. The Snapshot reports:

The most generous of government payments is the Age Pension. Yet for a couple living on the Age Pension, only two percent of rentals were affordable. Single retirees have it even worse, with less than one percent of listings left to compete for.³⁴

CoreLogic reports for 2021:

³³ Fiedler, J., D. Faulkner. ‘I Just Want Secure, Safe Housing’: Older People at Risk of Homelessness in Queensland (March 2020) [Report]. 2020. Available from: <https://www.oldtenants.org.au/publications/i-just-want-secure-safe-housing-older-people-risk-homelessness-queensland>

³⁴ Anglicare. Rental Affordability Snapshot. 2021. Available from: <https://www.anglicare.asn.au/wp-content/uploads/2021/05/rental-affordability-snapshot-national-report.pdf>

[...] Brisbane has taken over as the fastest growing market with housing values up 2.5% in October. [Nationally] slowing growth conditions are a factor of worsening housing affordability, rising supply levels, and less stimulus. Housing prices continue to outpace wages by a ratio of about 12:1. This is one of the reasons why first home buyers are becoming a progressively smaller component of housing demand.³⁵

Corelogic further reports annual rent increases for houses in Brisbane of 11.4 percent with median home values increasing by 24.8 per cent.³⁶

The COVID-19 pandemic placed a spotlight on the issue of housing security as the numbers of people without stable housing became a public health issue, as well as a human rights and social issue. Q Shelter has projected that between 2016 – 2036, there has/will be a shortage in Queensland of 174,900 social housing dwellings, and 79,200 of these will be in the greater Brisbane area.³⁷

There is a clear need for an increase in the supply of social housing in all regions of Queensland to meet the housing needs of older adults. COVID recovery initiatives designed to support economic and jobs growth through stimulus for the building industry present an opportunity to renew, increase, and strengthen these programs at both Commonwealth and State levels. This is occurring to some extent in Queensland as part of the construction stimulus program, but to reach the scale that is needed requires much greater investment and longer-term focus. The establishment of the Queensland Housing Investment Growth Initiative and a total four-year investment of \$1.813 billion represents an increase in social housing investment in Queensland. However, it could be argued that this level of investment *will still not fund the volume of new housing required* to meet the housing needs of disadvantaged Queenslanders.

Currently, in Queensland there are no older person specific housing advisory services available to help older people navigate social housing options or provide advice on support options available for those facing difficulties in the private rental market. Older low-income renters differ from their younger counterparts in that they have limited incomes and limited future earning potential. They may also be dealing with physical or mental health concerns, may be frail, vulnerable, or isolated.³⁸

In addition, there are no advisory services for housing providers and rental managers on how to better understand and support older tenants. Older Queenslanders will be able to remain longer in independent living arrangements with the assistance of expanded home support services. However, this will place some tenants at increased risk of homelessness if rental managers are not trained to recognise that tenants who stop making rental payments or meeting other obligations may be doing so because of health issues including cognitive impairment. Training needs to be provided to social and private housing rental staff on working with older Queenslanders.

³⁵ Corelogic. Hedonic Home Value Index (1 November 2021). 2021. Available from: https://www.corelogic.com.au/sites/default/files/2021-10/211101_CoreLogic_Oct_homevalueindex_Nov1_2021_FINAL.pdf

³⁶ Corelogic. Hedonic Home Value Index. 2021.

³⁷ Q Shelter. Queensland State Budget Submission. 2020. Available from: <https://www.qshelter.asn.au/wp-content/uploads/2020/01/20200124-Queensland-State-Budget-Submission-1.0.pdf>

³⁸ Australian Housing and Urban Research Institute (AHURI). Supporting Older Lower Income Tenants in the Private Rental Sector. 2018. Available from: <https://www.ahuri.edu.au/analysis/policy-analysis/supporting-older-lower-income-tenants-in-the-private-rental-sector>

The *Housing Outcomes for Older Women* workshop was held by the Department of Communities, Housing and Digital Economy in July 2021 in recognition that many older women face difficult and uncertain housing futures. The issues outlined above, amongst others, were discussed. The HAAG's *Home at Last*³⁹ service model was presented, which included core services:

- Community education
- Professional education and network development
- Intake, assessment and warm referrals
- Housing options information and navigation
- Tenancy advice; and
- Housing support, relocation and linkages

Access to these senior specific housing support services that are currently provided in Victoria by *Home at Last* are desperately needed within Queensland. Accordingly, we congratulate the Queensland Government for recently announcing funding of \$13.94 million for new homes and a specialised housing support hub for older women. However, in ensuring that disadvantaged older women receive greater housing support, the government must also support similar needs being experienced by disadvantaged older men.

The Queensland Government Home Assist Secure (HAS) program⁴⁰ provides essential, low-cost support through informational and referral services and subsidised modification, maintenance or repair services for those Queenslanders (who are 60 years of age and over, hold a pensioner card and are not eligible for other programs or those people with a disability of any age) requiring modifications or repairs to allow them to continue living in their own home. Feedback received by COTA Queensland indicates that both the level of subsidy and the job financial limit is inadequate given the steep increase in the cost of having home maintenance and modifications undertaken.

The current level of subsidy per job is \$200 on labour costs with the maximum annual cap set at \$500 per annum. The maximum that a client can spend on a job is \$1,500. These limits were last adjusted in 2016. These subsidies and job limits are highly inadequate when the steep rise in the cost of undertaking any household improvement and maintenance is taken into consideration.

The ABS reports that input prices to the house construction industry rose 12 per cent nationally for the year ending December 2021, the Timber, Board and Joinery component increased 18.4 per cent.⁴¹

- *CoreLogic's*⁴² *quarterly measure of residential construction costs reveals a national increase of 3.8% was recorded in the three months to September 2021, outpacing the Consumer Price*

³⁹ Housing for the Aged Action Group (HAAG). *Home at Last – Here to Help*. n.d. Available from: https://www.older tenants.org.au/home_at_last

⁴⁰ Queensland Government. *Home Assist Secure Program Requirements*. 2018. Available from: <https://www.qld.gov.au/housing/buying-owning-home/maintenance-modifications/maintenance-assistance/home-assist-secure>

⁴¹ Australian Bureau of Statistics (ABS). 2022. *Producer Prices Index, Australia. Construction*. Available from: <https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/producer-price-indexes-australia/dec-2021#construction>

⁴² CoreLogic. *National housing construction costs explode, rising at fastest rate since introduction of the GST (10 November 2021)*. 2021. Available from: <https://www.corelogic.com.au/news/national-housing-construction-costs-explode-rising-fastest-rate-introduction-gst#:~:text=CoreLogic's%20quarterly%20measure%20of%20residential,0.8%25%20for%20the%20same%20period.>

Index of 0.8% for the same period. ... This construction cost inflation could continue for another 12 to 18 months. It's unlikely the industry can absorb a cost increase this significant into their margins and higher construction costs will ultimately be passed on to the consumer, placing further upwards pressure on the price of a new dwelling or renovation. Queensland's CCCI (Cordell Construction Cost Index) increased 3.8% during the September quarter, taking its annual increase to 8.0%, the highest in Australia. It is Queensland's most significant annual rise in residential construction costs on record.

g. Queensland Government Concessions for Older Queenslanders

Vision

- Concessions are secure and they respond to any increases in the cost of living to reduce financial pressure on Queenslanders. People know what they are eligible for and there are simple, clear, coordinated pathways for access.

Recommendations

COTA Queensland recommends that concessions need to maintain their relative value where prices increase. Concessions should be adjusted annually to minimise cost of living increases for older adults. This adjustment should consider the needs of people in areas of Queensland where the cost of living is higher.

Why change is required

Older adults on fixed low incomes increasingly rely on concessions from the Queensland Government to meet the rising costs of energy, rates, water, and transport. COTA Queensland is highly concerned about the future of state government concessions currently available to pensioners, seniors, and veterans. It is vital that the state government continues to provide concessions to seniors.

The availability of concessions needs to be more clearly communicated to older Queenslanders to ensure that all those who are eligible can readily access concessions. This applies also to different payment arrangements and provisions that can be made in cases of financial hardship.

h. Need for Affordable and Accessible Transport

Vision

- Affordable and accessible transport options are available no matter where in Queensland a person lives. Transport is designed with reference to all other age-friendly domains to ensure it is accessible for people of all ages and abilities, financial and life circumstances, and supports community participation and access. The Government facilitates and encourages a collaborative process between stakeholders, including consumers, to identify gaps and strategies at local and state levels.

Recommendations

COTA Queensland strongly recommends that that Government undertakes a comprehensive review and co-design of the Queensland transport network to assess how effectively it serves diverse Queenslanders throughout the state.

Why change is required

Affordable and accessible transport is a significant underlying factor in healthy ageing and health equity, not only through access to health services but through the impact of transport availability on the ability to age in place, access social and community opportunities and paid and unpaid work, use outdoor spaces, and participate in community life. Transport features strongly in the age-friendly domains and is a key linkage in all facets of life for older Queenslanders. The lack of affordable transport can be a major contributing factor that leads to an individual becoming socially isolated and/or lonely. Mobility issues, for example, caused by poor public transport options and/or loss of license, are proven personal factors that can contribute to social isolation.⁴³

Research undertaken by the National Center for Mobility Management (United States)⁴⁴ showed that:

- Public transportation has a role in addressing social isolation and loneliness
- Older adults identified issues that shaped their use of public transportation options, such as accessibility; affordability; awareness of their existence and how to use them; limited flexibility of service, especially in rural areas; and constraints on using public transportation for social purposes; and
- Differences exist in access to and use of public transportation across sociodemographic subpopulations of older adults (e.g., rurality, gender, age, income, disability status, ethnicity).

A lack of affordable transport options can make it difficult for older people to meet their domestic, health, and social needs and often forces them to rely on family and friends for assistance or remain isolated. The social distancing requirements of the COVID-19 pandemic meant that friends and family could no longer assist with transport.

It is vital that transport systems and infrastructure, and strategies relating to the future of transport and community design, connect to the other domains that impact healthy ageing.

This requires that transport systems and community design are considered in conjunction with strategies for community cohesion, social connectedness, housing and homelessness, employment and economic development, education and lifelong learning, digital inclusion, health and community services, along with strategies for financial inclusion.

⁴³ Beer, A, Faulkner D, Law J, Lewin G, Tinker A, Buys L, Bentley R, Watt A, McKechnie S, Chessman S. Regional variation in social isolation amongst older Australians. *Regional Studies, Regional Science*. 2016;3(1):170-184. Available from: <https://doi.org/10.1080/21681376.2016.1144481>

⁴⁴ National Center for Mobility Management. The Role of Transportation in Addressing Social Isolation in Older Adult. [Online article]. 2020. Available from: <https://nationalcenterformobilitymanagement.org/resources/the-role-of-transportation-in-addressing-social-isolation-in-older-adults/>

i. Energy Affordability and Efficiency

Vision

- All Queenslanders have access to adequate, appropriate energy efficient housing that they can afford and that supports their wellbeing.
- Energy is an essential service that plays a critical role in the health and wellbeing of people. All Queenslanders have access to an energy supply which meets their needs, and which they can afford. Support is available to navigate the energy market and to increase energy efficiency. Consumers have choice and equal protections to ensure they are not disadvantaged, no matter where they live.⁴⁵

Recommendations

COTA Queensland recommends:

- The reinstatement of elements of the Affordable Energy Plan to assist with energy affordability issues, in particular:
 - The energy efficient appliance rebate to assist with energy efficiency and affordability
 - Interest free loans for solar and storage to assist with affordability
 - Rolling out digital meters to low-income consumers statewide to ensure that all can participate in the emerging energy markets
 - Solar for renters – introducing incentives for landlords and other initiatives to improve energy affordability for low-income renters
- In addition, introducing an appliance rebate and assistance program for replacing gas appliances with electric low-income consumers.
- Establishing a program for households to access information, advice, and assistance needed to increase energy efficiency – a free service for low-income households.
- A program of auditing and retrofitting social housing stock for energy efficiency.
- Continued education for consumers with a choice of provider to understand and navigate the energy market, and for all consumers to access supports and advocacy; and
- Solar Bonus Scheme payments be funded from general State revenue until the expiry of the Scheme in 2028 to maintain downward pressure on electricity prices.

Why change is required

Energy is an essential service and must be affordable and accessible to all Queenslanders. No Queenslanders should find themselves in debt because of the cost of energy, go without an essential service, or have to choose between paying energy bills and meeting other basic needs. Energy affordability remains a major concern for older consumers.

⁴⁵ Energy concessions are indexed annually by the Consumer Price Index (CPI), however electricity prices in Queensland are forecast to reduce over the next few years.

Older people who reduce energy use to manage costs often experience negative physical, mental, and social impacts. Programs to assist older households to improve energy efficiency can help them manage their health and wellbeing in addition to financial benefits.⁴⁶ Increasing energy efficiency therefore has benefits for Queenslanders, and particular impact for those struggling to pay energy costs.

Further, even where consumers have a choice of supplier, many people do not understand the energy marketplace or electricity pricing. In our own work with consumers, we have heard that some lack the skills, resources, time, or confidence to seek out options and negotiate with suppliers to get the best deal. There is a need to provide greater choice, protections, and support in the energy market and improve affordability, energy efficiency, and education.

The energy system in Australia is transitioning rapidly. With the need to decarbonise the system to tackle climate change, and with the decline in the cost of renewable energy, fossil fuels are being replaced by renewable energy. The centralised system is also being replaced by a more decentralised system in which energy users can generate, store and trade as well as consume their own energy. We believe that all consumers should be able to participate in this transition and share in its benefits regardless of their financial position, energy literacy, dwelling type or geographical location. A prerequisite to participation in the new electricity market is the installation of a digital meter. Currently, according to Energy Queensland, fewer than 30% of Queensland consumers have a digital meter installed.⁴⁷

The Queensland Government has set a state target to reach zero net emissions by 2050, along with the interim target of at least a 30% reduction in emissions on 2005 levels by 2030.⁴⁸ This requires decarbonising the energy sector, including the phasing out of natural gas which is currently distributed to approximately 200,000 residential and small business energy consumers in Queensland. While there are developing plans to replace natural gas with hydrogen for many applications, the technology is yet unproven, and it is by no means certain that hydrogen will be a suitable substitute for residential applications in future. There is a real risk that the gas distribution networks in Queensland will face the challenge of stranded assets well before the technical life of the pipeline infrastructure. Similar to other Australian jurisdictions, gas distribution networks are considering accelerated depreciation of their pipeline assets to manage their risks, thus increasing prices for consumers in the short term. Consumers who can afford to do so will leave the gas network, leaving those more vulnerable consumers exposed to ever increasing gas prices.⁴⁹

COTA Queensland calls on the Queensland Government to protect vulnerable residential gas

⁴⁶ Gordon, PR, Harada DT, Schuster DL, McGregor A, Waitt PG, Cooper PP. Exploring the Nexus of Energy Use, Ageing, and Health and Well-Being among Older Australians (21 September 2019) [Online news article]. 2019. Available from: <https://energyconsumersaustralia.com.au/great-grants/exploring-the-nexus-of-energy-use-ageing-and-health-and-wellbeing-among-older-australians>

⁴⁷ Energy Queensland. Annual Report 2020 – 21. 2021. Available from: https://www.energyq.com.au/__data/assets/pdf_file/0010/939484/Energy-Queensland-Ltd-Annual-Report-2020-21.pdf

⁴⁸ Queensland Government, Department of Environment and Science. Queensland's 2019 Greenhouse Gas Emissions and Targets. n.d. Available from: <https://www.des.qld.gov.au/climateaction/emissions-targets>

⁴⁹ Energy Queensland. Annual Report 2020 – 21. 2021. Available from: https://www.energyq.com.au/__data/assets/pdf_file/0010/939484/Energy-Queensland-Ltd-Annual-Report-2020-21.pdf

consumers from this risk by implementing an appliance replacement and assistance program for vulnerable residential gas consumers, supporting them to switch away from use of the gas network to a fully electrified household.

Our vision – Towards a Healthy Ageing Queensland

Queensland, like the rest of Australia, has seen some extraordinary changes in the last two years.

We have seen what change is possible when bureaucratic barriers are removed, shared wellbeing is valued above perceived differences, and a spirit of collaboration is encouraged.

We have seen individuals and communities leap into action to support each other, a collective prioritisation of those most in need, and new thinking about what our communities and our state could look like.

COTA Queensland is asking the Queensland Government to take these learnings forward through actioning the recommendations presented in this submission across the following key areas:

1. Enabling healthy ageing through an age-friendly environment
2. Implementing and maintaining healthy ageing initiatives including:
 - integrating age-friendly health system
 - prevention and mitigation of social isolation and loneliness
 - addressing palliative care needs
 - continuing to support models of telehealth
 - continuing to address mature age employment barriers
 - tackling lack of affordable housing
 - improving upon government concessions for older adults
 - creating and maintain affordable and accessible transport; and
 - working towards energy affordability and efficiency.

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