

# **Country Summary Report**

**Prepared for the  
Senior Officials' Meeting  
Melbourne, Australia, May 2010**

**International Federation on Ageing**



**INTERNATIONAL FEDERATION ON AGEING  
Global Connections**

***“Social Inclusion for an Ageing Population”***

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## Acknowledgement

We wish to thank you for showing an interest in the Senior Officials Meeting (SOM) to be held May 3<sup>rd</sup>, 2010 in Melbourne, Australia. Designed to bring together senior government officials from developed and developing countries, the meeting is an informative forum, examining current 'social inclusion' trends, policies and programs that engage and include older people. It is a unique opportunity for dialogue and interaction among senior government officials.

## Introduction

Over the past three decades, 'social inclusion' has been moving stealthily from the pages of social and economic theory texts to the agendas of many organizations and desks of policy developers first in Europe, then Oceania and now North America. This progress has now almost catapulted social inclusion to the forefront of political platforms and international discussions. Although the origins of social inclusion trace back to conventional social exclusion, social inequality and poverty frameworks, its meanings are new and distinct. According to the Laidlaw Foundation, a Toronto based social justice agency, social inclusion is a multi-dimensional concept that broadens goals of poverty reduction to goals that call for equal opportunity, strengthening capability and increasing participation. Therefore, social inclusion not only encompasses income poverty and inequality but also physical, social, economic, human asset, social asset and political involvement dimensions.

*Since there is no concrete and widely accepted definition of 'social inclusion' this paper will strive to analyze proposed definitions of 'social inclusion', ways in which 'social inclusion' may be operationalized for ageing persons and how 'social inclusion' policies affect ageing populations.*

## Defining Social Inclusion

Social inclusion and social exclusion are highly contested terms and it is difficult to define one without describing the other. Many credit Lenoir's description of those excluded by France's social insurance system as the contemporary naissance of the terms social exclusion and inclusion. Those excluded, also known as *les exclus*, were the persons with a disability, single parents, unemployed persons, marginalized youth and isolated individuals. Since then many European, Australian and more recently, North American agencies have sought to construct a tangible definition of social inclusion.

According to the UK Social Exclusion Unit (1997), social exclusion describes what can occur to individuals or populations that suffer interlocking sources of oppression such as joblessness, low educational attainment, poor housing, high crime rates, ill health and the disintegration of family structures. The Eurostat Taskforce on Social Exclusion and Poverty Statistics adds that social exclusion is a “dynamic process” through which disadvantaged individuals are excluded from essential resources like employment, health, education, social or political life, which ultimately perpetuates greater disadvantage and exclusion. The Centre for Analysis of Social Exclusion (CASE) states that social exclusion occurs when a member of society, due to extenuating circumstances, cannot participate in the normal activities of that society or in activities that he or she would like to participate (Burchardt, Le Grand, & Pichaud, 1999, p.229). Therefore, social exclusion may be viewed as a process caused by intersecting socioeconomic and political agents that prevent certain groups from accessing resources and acquiring the skills necessary to fully participate within society.

Social exclusion has been mainly targeted by anti-exclusion policies that seek to integrate marginalized populations through employment and other forms of labour market attachment. Therefore, social exclusion implies that a marginalized group exists and that it is in need of assistance in order to join mainstream society. Herein, lies the difference between social exclusion and social inclusion.

Like social exclusion, social inclusion is also defined as a multi-dimensional concept and process with many mitigating factors. However, unlike exclusion, it invokes greater action than the removal of obstacles or risk factors in order to bring low access populations from the periphery to the centre of society. Instead, social inclusion requires investment and organized participatory action to create conditions for inclusion that validate and recognize all persons. Social inclusion is not merely a solution to social exclusion, but goes one step further by proposing that the onus is on society to adapt in order for socioeconomic distances to close and ensure that all are included.

## **The Laidlaw Foundation’s Five Dimensions of Social Inclusion**

According to the Laidlaw Foundation<sup>1</sup>, there are five critical dimensions of social inclusion: valued recognition, human development, involvement and engagement, proximity, and material well-being. Valued recognition involves acknowledging and respecting individuals and groups as well as supporting a common worth through universal programs like health care. The human development dimension requires fostering the skills, capacities and choices of individuals to live a life they value and

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<sup>1</sup> Laidlaw Foundation, [www.laidlawfdn.org](http://www.laidlawfdn.org)

one in which they are able to contribute in a manner they and others find meaningful. Involvement and engagement involves having and being able to exercise the right to be involved in decision making and other activities that directly affect oneself, one's family and community. Proximity includes reducing social distances between people by sharing physical and social spaces that facilitate interactions. Material well-being calls for the necessary material resources in order to participate fully in community life.

Although the Laidlaw Foundation explores social inclusion through a youth-focused lens, the same cornerstones can be applied to ageing populations. For example, valued recognition involves conferring recognition and respect to individuals as they age and not pathologizing elderly populations. Human development may include ensuring that older persons have the resources and autonomy to age in a dignified manner. Making sure that older persons have the right and necessary support to make decisions in their own health, housing and well-being is a critically important aspect of involvement and engagement. Proximity would facilitate closing social and physical distances between older persons and their community and may in turn reduce isolation, marginalization and depression. Ensuring that older persons obtain the financial assistance and housing necessary to allow them to participate fully in society is also a significant component of the material well-being dimension of social inclusion.

## **Policy Implications: Ageing Persons and Social Inclusion**

Many countries have implemented policies to combat social exclusion, but fewer have adopted a social inclusion framework. The UK, Ireland and Australia are some countries which have delineated a clear action plan to promote social inclusion. For example, in Australia, the government has listed five opportunities for social inclusion: the opportunity to attain employment, access services, connect with others through family, friends, community and various social mediums, to deal with personal crises like illness, bereavement, and the loss of employment, as well as the opportunity to be heard.

Social inclusion priorities have been identified in Australia and include the following: addressing the incidence of homelessness, closing the gap for Indigenous Australians, employment for those living with a disability or mental illness, addressing the incidence and needs of jobless families with children, focusing on particular areas, neighbourhoods and communities to ensure that services are reaching those most at need, and delivering effective support to children at greatest risk for long-term disadvantage.

The Australian social inclusion agenda is child, youth and family focused, mainstreaming ageing issues, which is consistent with the approach adopted by the United Nations and its agencies. However, mainstreaming may not be sufficient to address the needs of a rapidly growing ageing population. In developing social inclusion policies some countries such as Ireland and the UK explicitly address issues and concerns specific to older persons, such as access to health services, transport, financial protection, and also other resources which promote psycho-social wellbeing.

While governments have not sought agreement on a definition of 'social Inclusion' some now see 'social inclusion' as more or less equivalent to 'social exclusion' as referring to individual circumstances involving poverty and other multiple disadvantages; and 'deep exclusion' in reference to the most disadvantaged which takes concerted effort across government agencies to address. In shaping policy as it relates to older people, governments identify the problems and issues.

For governments in developed countries it is often more about evaluating where the policies are currently addressing or meeting needs and refining policy to build on and re-energize/re-focus what is in place, consistent with the political direction of the government in power and what is possible at the time.

For developing countries and those in transition the same principles apply, however they are often dealing with much broader issues as basic as access to housing, health care and financial protection.

For example, the persistence of poverty in many countries, and in particular old-age poverty, has led to new approaches to dealing with old-age security. While most people receive pension income as a result of having worked and made contributions to a pension scheme, governments increasingly realize that economic systems may preclude this possibility for some segments of society.

Most countries have some form of basic non-contributory pension for certain social groups, but eligibility criteria for the pension may differ greatly. An increasing number of countries have instituted, or are considering the introduction of, a non-means-tested pension as a way to mitigate poverty and provide at least a minimum level of subsistence for older people.

## **Conclusions**

In many countries, committees, non-governmental organizations and government agencies are promoting social inclusion. Observing increasing trends in ageing and associative poverty and discrimination demonstrates that social inclusion

frameworks are of utmost importance to curb this destructive cycle. The demographic trend of population ageing has many socioeconomic implications for governments and policy makers across the world. In one sense, the reality of global ageing represents a triumph of medical, social, and economic advances. In another sense, population ageing produces a myriad of challenges to social insurance and pension schemes, health care systems, and existing models of social support. It affects economic growth, disease patterns and prevalence, and tests fundamental assumptions about growing older.

Population ageing may fuel opportunities for economic growth and spur countries to develop new fiscal approaches to accommodate a changing world. While some governments have begun to plan for the long term, most have not, and reform becomes more difficult as the pace of population ageing accelerates.

Poverty reduction as a goal is not the only solution to remedy this situation. Although, social inclusion will not be the only solution, it will be a step towards closing social and economic distances that force people to the margins of society.

Notwithstanding the substantial differences between developed and developing countries and those in transition, there is a common misperception that government and family will remain traditional providers. Rather than being a direct provider, more often than not, governments will facilitate initiatives in the areas of housing, health, and care.

However different or similar the landscape of a country is with its neighbors, governments across the world play an important role in the status of their older populations and each has much to share by way of policy and practice trends. It is both relevant and important for government officials to reflect on the subject of social inclusion systems, related financial incentives and the government role. It can be of great value to meet with colleagues from other countries and engage in peer discussions, comparing each other's experiences and perhaps even identifying best practices.

In a recent publication launched by the Australian Government, *"The Australian Public Service Social Inclusion policy design and delivery toolkit"*, Commonwealth (Federal) agencies will now be required to use a six-step social inclusion method of policy design and delivery. This requires change to how policies and programs are designed, developed, coordinated and delivered and applies to policies designed primarily to meet the needs of the whole population and those that are focussed on meeting the needs of particular disadvantaged groups. It applies to all major policy areas from health to education through to infrastructure, the law, financial services and other economic areas.

*Being socially included means that people have the resources (skills and assets, including good health), opportunities and capabilities they need to:*

- Learn:** participate in education and training;
- Work:** participate in employment, unpaid or voluntary work including family and carer responsibilities;
- Engage:** connect with people, use local services and participate in local, cultural, civic and recreational activities; and
- Have a voice:** influence decisions that affect them.

Whether we use the term 'social inclusion', 'social justice', 'social exclusion' or 'social cohesion' what we are talking about in the context of this planned Senior Government Officials Meeting is how do governments respond in meeting the needs of their older citizens through policy and programs that ensure they remain valued and supported, today and into the future.

## **Meeting Purpose**

The purpose of the Senior Officials Meeting is to provide a forum for senior government officials and Ministers to examine current trends in policy and practice as they relate to 'social inclusion' in the face of increasing population ageing. The meeting programme will be based on mutual interest of the participants, and designed to promote dialogue and interaction among delegates, some of whom may represent countries who are well advanced, others from countries who have not yet been able to tackle the problem. Governments are creating socially inclusive societies through a range of initiatives focused towards older people. The planned Senior Government Officials meeting will provide the opportunity for government officials to showcase programs, policy, leading practice and to hear first hand how other governments are responding to similar issues.

### It will enable them to:

- **Review** the development of social inclusion policy and practice that for many countries has been in situ for over a decade; to confirm successes, failures and learning; and to explore the challenges they and their governments face, both now and into the future.
- **Hear, question and challenge** acknowledged world experts on key policy and program design developments that enable older people to remain active and contributing members of our societies.



Senior officials attending this event will also have the opportunity to register and fully participate in the IFA's 10<sup>th</sup> Global Conference on Ageing by contributing to a number of symposia and paper sessions designed to appeal to all conference delegates, covering issues central to social inclusion policy and practice. The conference website is: [www.ifa2010.org](http://www.ifa2010.org)

## Outcomes

By the end of the Senior Officials Meeting, delegates will have:

- **met colleagues from around the world**, exchanging views and experiences in developing policy and programs that define social inclusion in the context of older people;
- a greater awareness and **understanding of the key factors** that underpin social inclusion successes;
- identified some of the **challenges and obstacles** to implementing social inclusion strategies from different countries;
- greater **transfer of knowledge and expertise** through potential partnering relationships;
- established a **global network** of colleagues and experts from whom to obtain advice;
- **created knowledge and skills export opportunities** across borders.

## Delegate Requirements Prior to Meeting

All Senior Officials attending the forum will be asked to provide a standard formatted summary describing social inclusion policy and practice which will form a final report to be published by the IFA for wider distribution to delegates and interested governments.

The summary should be no longer than 4,000 words and be in a 'word document format'; tables and graphs can be over and above the maximum word count. Please forward this summary directly to **Mr. Greg Shaw** ([gshaw@ifa-fiv.org](mailto:gshaw@ifa-fiv.org)) at IFA by the **15 March 2010**:

### **Format and contents as follows:**

- 1. Country** – Identify the country specific to the report.
- 2. Responsibility** – Identify if the report is specific to National and/or Provincial/State policy and programs.
- 3. Governing Body** - Administering Department/Agency with contact details including an email address.

- 4. Legislation** - Identify the key (only) legislation / policy that supports social inclusion for older people and provide URL links to key documents where possible (could be placed in contents of section 5 and 6).
- 5. Mainstream Program Summary** - Provide a summary of the policies and programs where social inclusion for older people is a key component. You may choose to dot point the range of programs and provide a more detailed summary on 1 to 3 programs that focus on supporting social inclusion of older people to remain active and in the community longer.
- 6. Pilot Program Summary** - Provide a summary of any pilot programs that are intended to encourage social inclusion including a brief description of financing arrangements.
- 7. Future Directions** – Identify current government social inclusion directions or thinking that will support the increasing older people population demographic.
- 8. Summary and Conclusion** – A short summary should include key messages for social inclusion strategies targeted towards older people...

**Note:** *Recognizing that in some cases there is a lack of legislative frameworks, governments may choose to focus on any one particular policy element or choose to provide a report on the practical challenges and issues faced in meeting the needs of its older populations.*

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
ALBANIA SUMMARY REPORT  
10TH GLOBAL CONFERENCE ON AGEING – MELBOURNE – MAY 2010**



**MINISTRY OF LABOUR SOCIAL AFFAIRS AND EQUAL OPPORTUNITIES  
DIRECTORY OF EQUAL OPPORTUNITIES POLICIES**

**GOVERNING BODY:**

The institutions of the Albanian government which are involved in protection policies and social inclusion are: MoLSAEO, SSS, NES, ISS, as well other ministries according to respective covered areas (health, education, housing, transport, justice, culture).

It is mainly the responsibility of the **Ministry of Labour, Social Affairs and Equal Opportunities** (MoLSAEO) to draft policies and norms on social matters. **State Social Service** is the institution charged with the execution of norms and rules relating social services. Under the SSS are the following: 12 regional offices in 12 regions; 27 social care institutions (17 of which are now under the local government bodies, but the budget and number of employees is still a responsibility of the SSS)

**Local government bodies:** Law No. 9355/2005 defines the responsibilities of the Municipal/Commune Council, as decision-making structure in the field of assistance and social care services, also the tasks of social administrators in municipalities/communes.

**Social Insurance Institute (SII)** is an institution responsible for administration of social insurance (pensions, payments in cash in case of sickness, maternity, accidents at work/occupational diseases, birth grant, and death grant) in the Republic of Albania.

The Ministry of Finance supervises the implementation of government policies in social insurance domain.

**Health Care Insurance Institute (HII)** is an independent public institution, operating via Regional Directorates and local branches and agencies throughout the country.

**National Employment Service (NES):** subordinated to the MOLSAEO, responsible for delivering unemployment benefit, employment services, occupational training programmes;

### **THE AGE STRUCTURE OF THE POPULATION IN ALBANIA:**

Albania is characterized by a relatively young population. The total population is about 3.200.000 habitants. Almost half of the population is under 25 years old.

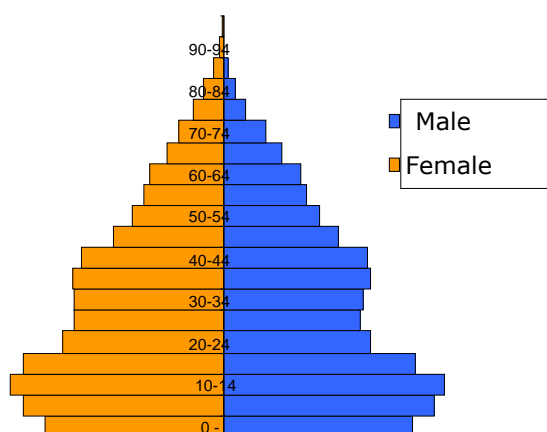
The average age of the population in 2007 was 32.5 years old, as opposed to 27.4 years old in 1990. The age structure of the population has significantly increased.

In 2001, people of 60 years of age or older comprise 7.42% of the population, while in 2009 comprise 12.80% of the population.

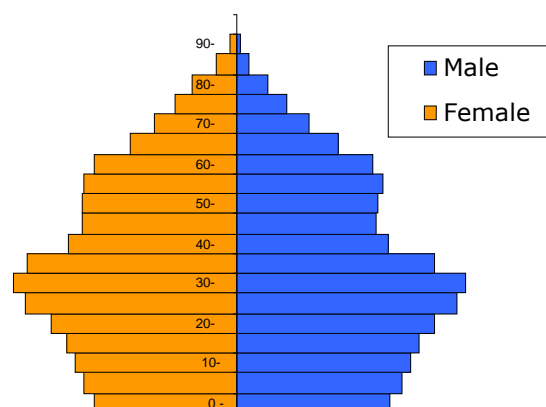
If we take a look at 2001 and 2021 population structure according to age, we notice that the population will undergo great changes, younger generations will be reduced and adult and elder generations will not reproduce.

Despite this, the population growth rate will continue to be positive.

**Population Pyramid 2001**



**Population Pyramid 2021**



## LEGISLATION:

### ***System of Social Protection in Albania***

Social protection system in Albania, comprises social insurance, health services and health care insurance as well as social assistance and social services.

Public Schemes of Social Protection			
<div>Health Insurance</div> <div>↓</div> <ul style="list-style-type: none"><li>• Disbursing of the cost of medicine</li><li>• Financing of primary health services</li><li>• Financing of the hospitalised health services</li></ul>	<div>Social Insurance</div> <div>↓</div> <ul style="list-style-type: none"><li>• Unemployment benefits.</li><li>• Sickness benefits</li><li>• Maternity benefit</li><li>• Old age pension</li><li>• Invalidity pension</li><li>• Family benefits</li><li>• Work accident benefit</li><li>• Health insurance</li><li>• Special pensions</li></ul>	<div>Services of employment and unemployment benefit</div> <div>↓</div> <ul style="list-style-type: none"><li>• Employment</li><li>• Counseling and mediation</li><li>• Counseling and vocational training</li></ul>	<div>Economic assistance and social services</div> <div>↓</div> <ul style="list-style-type: none"><li>• Economic assistance disability benefit</li><li>• Social services for children, disabled and third age persons</li></ul>

**The legal package including the social inclusion of older people** in Albania consists of the below mentioned laws and sub-legal acts:

**The general health insurance system** is a universal system which covers all the employed, self-employed and employers. Article 55 of the Constitution provides for the right to health care as a fundamental right of economic and social character. It clearly affirms the obligation of the State to provide healthcare for its citizens as well as the right to health insurance to anyone else. It also sanctions the principle of equality and non-discrimination of citizens, who equally enjoy this right. The philosophy and principles of health insurance scheme are citizen-oriented. The Law No 7870 / 1994, "On Health Insurance in the Republic of Albania". Health insurance is enabled through the compulsory health insurance scheme which covers:

- all citizens of the Republic of Albania permanently residing in Albania;
- the foreigners employed and insured in Albania.

Participation in the scheme is contribution-based. Contributions are paid by economically active persons, including employees, employers, self-employed, unpaid family workers and persons with regular income from property.

The state pays contributions on behalf economically inactive persons, including:

- children, pupils and full-time students;
- pensioners;
- people with disabilities;
- unemployed;
- persons who benefit economical assistance ;
- mothers in maternity;
- citizens in compulsory military service and other categories of persons which are determined with the decision of the Council of Ministers.

Health insurance contributions are personal, i.e. only the persons, who pay contributions, or those on whose behalf the state contributes, shall be covered. For specific cases where people do not find themselves in any category of the mandatory scheme, the law foresees the possibility of implementing voluntary insurance by paying contributions on minimum contributory wage.

As regards the third age, HII finances health services at all levels (ambulatory and hospital) as for the insured persons. Whereas, ambulatory treatment with medicaments included in the list is financed at 100% in case of chronic diseases.

Law No. 9355 dated 10.03.2005 "About social assistance and services":

This law states that older people are treated as a separate social category taking benefits such as different bonuses and services.

- **Article 6** determines the benefiter: children, young people up to 25 years old, old disabled people, women, girls in need as well as all those risking to be part of groups in need.
- **Article 22**, determines that old people are accepted in public and residential institutions free of charge, if their families have no income and their expenses are covered by the state budget.

In the framework of the law, the government has approved Decision No. 209 dated 14.04.2006 where the necessary criteria and documentation are determined for the assessment of old people's requirements to be accepted in residential, public and private institutions.

Law No. 7702, dated 11.05.1993 "About Social Insurance in RSH":

Social insurances protect by obligation all citizens who are economically active in Albania, in cases when there is an income reduction because of pregnancy, old age, invalidity and loss of the main member of the family.

The pension system functioning in the Republic of Albania is a public-private mix, comprising two pillars:

- 1. Compulsory insurance** providing old age, disability pension and survivors' pensions, based on the principle of generations solidarity; and
- 2. Voluntary insurance** providing individually capitalized pensions.

Regarding the first bar PAYGO, exclusions of different social groups are not expected.

- **Full old age pension:** shall be given to persons aged 65 (men) and 60 (women), if they have completed 35 years of insurance;
- **Reduced old age pension:** shall be provided in case the claimant has completed not less than 35 years of insurance, have reached the age of 62 (men) and 57 (women);
- **Partial old age pension age;** eligibility conditions are: 15 insurance years, age 65 (men) and 60 (women). Partial pension shall be determined as part of the full pension. This pension is calculated by multiplying the full pension with insurance years and then dividing it by 35.

There are also different sublegislation acts that take in consideration specific protection for older people:

- **DCM** (Decision of Council of Ministers) **No.565**, dated 09.08.2006 "About the protection of classes in need as a consequence of the power energy price increase" Instruction No.10, dated 26.09.2006 "About the execution of DCM No. 565 dated 09.08.2006 "About the classes in need as a consequence of the power energy price increase";
- **DCM No.564**, dated 12.08.2005 "About licensing of bidders for social care services";
- **DCM No. 658**, dated 17.10.2005 "About the social insurance standards";
- **DCM No. 321**, dated 15.5.2003 "About the approval of the List of Medicines, reimbursed from the Institution of Health Care Insurance, and the covering extent of their prices";
- **DCM No. 821**, dated 6.12.2006 "About the social care services standards for the old people in residential centers";

- **DCM No.823** dated 06.12.2006 "About the social care services standards for the old people in daily centers";
- **Instruction No.1934**, dated 18.10.2007 "About the arrangement procedures for people in residential institutions of social, public and private care";
- **DCM No. 399**, dated 21.6.2006 "About the pension increase";
- **DCM No.820**, dated 18.6.2008 "About the supplementary pensions of militaries, police officers and special financial treatments";
- **DCM No. 763**, dated 27.11.2006 "About the compensation of monthly income of retired people".

## **MAINSTREAM PROGRAM SUMMARY:**

### ***The process of social policies in Albania***

Reforms in the social protection system, decentralisation system, de-institutionalisation process and the establishment of new community services are based on Law No.8652, dated 31.07.2000 "On the Organisation and Performance of Local Government"; Law No. 9355, dated 10.03.2005 "On Assistance and Social Services", the objectives of the sectorial Strategy on Social Protection (SPS)<sup>2</sup>, the inter-Sectorial Strategy on Social Inclusion( SSSI)<sup>3</sup> 2007-2013, and the National Strategy for Development and Integration (NSDI) . Through all these documents ageing issue is a crosscutting issue.

According to the abovementioned strategic document, some of policy responsibilities for older people are:

- **Preventing** the early abandonment from education and strengthening the professional education in accordance with the demands of the labour market;
- **Targeting** the economic assistance for households and more needy people and conditioning community work for economic assistance beneficiaries;
- **Improving** social care services for specific groups in need;
- **Ensuring** the access of the population who live in poor areas, to the main services of health care and protection from poverty effects of expenditure on health;
- **Ensuring** social shelter for low-income households and developing regulatory institutions and financial sector for ensuring the access of shelter for groups of people with low income;
- **Institutionalisation** of free legal assistance for the groups in need;

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[http://www.mpcs.gov.al/images/stories/ministria/mpcsshb/strategy/social\\_protection\\_sector\\_strategy\\_-\\_final.pdf](http://www.mpcs.gov.al/images/stories/ministria/mpcsshb/strategy/social_protection_sector_strategy_-_final.pdf)

<sup>3</sup> [http://www.mpcs.gov.al/images/stories/ministria/mpcsshb/strategy/social\\_inclusion\\_-\\_final.pdf](http://www.mpcs.gov.al/images/stories/ministria/mpcsshb/strategy/social_inclusion_-_final.pdf)



- **Alleviate** economic hardship and social deprivation of the elderly and creating possibilities for a decent living, a longer life and being healthy during their elderly;
- **Facilitating** of economic difficulties and social deprivation for the elderly.

The main objectives of SPS<sup>4</sup> for the creation of a sustainable network of community services for ensuring an independent living are:

- Decentralization, transferring all residential services under the management of Local Government Units;
- Increasing the variety of community-based services and covering with basic services all the country;
- Expanding community-based services in the municipalities where at the present there are no such services;
- Pilot foster care services and expand it in all local government units;
- De-institutionalization and consolidation of the model "family home" services;
- Implementation of the standards of social services, enhancement of service quality, inspection of residential and daily care services offered by public and non public operators, licensing of new providers and periodic re-licensing of all other service providers.

### ***De-institutionalization***

It is one of the main priorities of the Albanian Government Programme. Also it comprises one of the priority intervention fields of the Social Protection Strategy 2007-2013.

Public Social Services are offered mainly to the residential institutions for groups with special needs such as orphans, people with disabilities or the elderly. The core of de-institutionalization of the social services is the transfer process from residence-based social services to community-based services. **This process is based on four components:**

1. Prevention of the unnecessary admissions and stays at the residential institutions;
2. Ensuring other alternatives for housing, treatment, education and rehabilitation for the individuals who do not need to stay at the residential service;
3. Improving the conditions, care and treatment of those in need of care in the residential centres;
4. Making sure that children and older people are placed in the residential institutions for shorter periods.

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[http://www.mpcs.gov.al/images/stories/ministria/mpcsshb/strategy/social\\_protection\\_sector\\_strategy\\_-\\_final.pdf](http://www.mpcs.gov.al/images/stories/ministria/mpcsshb/strategy/social_protection_sector_strategy_-_final.pdf)

## ***Cross-Sector Development Document on Ageing <sup>5</sup>(CSDA)***

The main goal in drafting the Document on the Cross-Sector Development and Action Plan on Aging (2009-2013) is to build institutions that support the elderly in preserving their dignity and independence in the families and communities they live in as well as to facilitate the process of cross-sector coordination for the effective use of budgetary resources at the central and local level.

This document develops specifically the objectives of the Sectoral Strategy for Social Protection, the Cross-Sector Strategy of Social Inclusion, and relies on the National Strategy for Development and Integration, which outline the horizontal policies of the Government for the reduction of poverty and the fight against social exclusion of older people.

The Action Plan on Aging addresses in an integrated fashion the organizational, institutional, and budgetary objectives and measures as a function of its implementation in the coming years. This action plan creates the opportunity for identifying the relevant mechanisms for monitoring, reporting, and reviewing progress in the implementation of this strategy.

### ***Purpose of document***

The inter-sectorial document on aging aims to ensure:

- Respect for older people in the family and community through the establishment of an effective and convenient system which integrates network services for this social category;
- Meeting the needs of older people by drafting programs for them, and budgeting appropriately at central and local government;
- Dissemination of information and coordination of public education activities for older people for them to benefit out of these;
- Provision of necessary assistance from national and local organisations and various stakeholders to facilitate the implementation of policies and services for older people;
- Undertaking research, analysis and development programmes, which include knowledge and new models that improve the quality of life and provide health and social services and dissemination of best practices at community level.

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<sup>5</sup> <http://www.mpcs.gov.al/dpshb/images/stories/files/studime-publikime-libra/6.1.9.Dokumenti-i-Politikave-Ndersektoriale-per-Moshen-e-Trete.pdf>

## ***Strategic Priorities***

- Enhancing the participation and increasing the contribution of older people in society's development processes and in designing and implementing policies to alleviate poverty;
- Improvement of health services, coverage of health and social services ensuring equal treatment for older people;
- Guaranteeing a soothing and supportive environment in the local community for older people by preventing discrimination, violence and neglect.

## ***Key Issues of Action Plan of CSDA***

- Creation and strengthening of legal and institutional mechanisms for the older people;
- Increase the active involvement of older persons in society as well as progress;
- Intergenerational solidarity;
- Acceleration of rural development, through slowing down migration and urbanization;
- Poverty reduction through improvement of the social insurance scheme and social protection;
- Increase access to health services for older persons;
- Inclusion of disabled older people in an active everyday life style;
- Improvement of housing conditions and living environment for a better life.
- Care and support for the people providing support;
- Minimise the neglect phenomena as well as abuse and violence against older people;
- Make the public opinion aware of the image of older people.

## **PILOT PROGRAM SUMMARY:**

The Pilot Program actually, that intend to encourage social inclusion in Albania is in the field of health. The reform undertaken by the government for creating the Health Insurance Funds has a special importance. A separate Fund from the state budget which shall ensure flexibility in financing health services, transparency in management and maximum credibility for the insured who cash in their contribution through it.

The reform of health insurance system shall expand health insurance scheme in the entire residential population of the country. One of its main objectives is to precisely identify and take under protection all categories of insured persons of non active population among whom as well the groups at risk of social exclusion or poor

groups. The Government has foreseen to set a taxation method and the institutions responsible which are obliged to identify the social groups who are not economically active.

A nominative identification is expected to be done which afterwards will be followed by health insurance. Health insurance authorities shall register and equip them with an insurance number and document which is proof of their registration in the Fund and which identifies the insured person. By using this new way as source of information, the possibility of not including groups in difficulty in the scheme is expected to drop. Moreover, it is also foreseen by law the possibility that the government, according to social policies, can exclude from direct payment special categories of individuals based on their abilities to pay.

Health insurance contribution for these categories shall be paid by the state budget while the level of benefits from the schemes shall be the same with the categories of active population.

In the Health system priorities are: improving the management of institutions that provide health and medical schemes and preparation of a more clearly regulatory framework about accountability to citizens. In 2008-2009 Albania has spent about 6.1-6.3% of the GDP on health. 2.7-2.9% are from the national budget and foreign financing (loans and grants). The rest (3.4-3.6%) is private financing in which *inter alia*, expenses of the Albanian citizens on drugs, private medical services, dental services and medical treatment abroad are included.

**There are some other reforms taken during the last years that intend to encourage social inclusion in Albania:**

- *Adoption of the 1998 pension reform in rural areas.* This reform is related to the establishment of special strategy for the gradual approximation and equalization of the new pensions in the rural areas with the urban areas pension. The new pensions of rural areas are approximately equal to those of urban areas and in 2012 they are going to be equal.
- *Parametric reforms of 2002.* This parametric reform consists in: the gradual increase of the retirement age, which determines the annual increase by six months of the retirement age until reaching the age of 65 for men and 60 for women. The age specified in the 2002 reform will be applied in 2012.
- *The reform to improve the performance of the contributory income collection.* The major measure undertaken was that of passing the duty of collecting social insurance contributions to tax authorities.

- *The gradual reduction of the social insurance contribution rate.* More specifically, these reductions of the contribution rate have been carried out. In 2002 the social insurance contribution rate was reduced by 4%, from 42.5% to 38.5%. In 2006, it was reduced by 9%, from 38.5% to 29.5%, aiming at reducing work in the dark and increasing the number of contributors in the social insurance scheme. In 2009 the social insurance contribution rate was reduced by 5%, from 29.5% to 24.5%. The contribution rate reduction was carried out in stages, in view of the contribution collecting performance and the financial sustainability improvement of the social insurance system.

## **FUTURE DIRECTIONS:**

The future government social inclusion directions that will support the increasing older people population demographic in Albania are:

- **Revision of pension schemes. The reform of the pension scheme, it will have three fundamental directions.** *Firstly*, there will be a reformation of the PAYG scheme (public system), which consists of:
  - o Changing the pension calculation formula (according to the WB recommendation), aiming at avoiding the individual pension erosion and the replacement rate deterioration.
  - o Increasing the ceiling of the maximum pension at least three times the basic one, thus making the system fairer to those contributors who pay based on the maximum salaries.

**Secondly**, a second mandatory pillar will start to establish, with defined contributions, totally capitalized, administered by non-public legal entities.

It is predicted that employees under 35 years old (males, females) will be part of the two pillars (the first reformed pillar and the second one), whereas employees over 35 will be part of the first pillar only.

The second pillar will have the partial contribution. It is predicted to have a salary contribution of 2.5% by the employer and 2.5% by the employee. Persons contributing in both pillars are to benefit from the first pillar plus the pension from the second pillar.

**Thirdly**, strengthening of the third pillar of voluntary pensions.

- **Strategic and instrumental financial** improvement of private funds investments.
- **Public health care system** should offer basic services for everyone, with high quality and efficiency by improving the health managing system.

- **Equalization of rural pensions** with urban pensions. This reform increases the expenditures of the social insurance system, consequently adversely affecting the system's financial situation.
- **Gradual increase of the retirement** age, extend the contribution period in the scheme by 5 years, improve the financial sustainability of the scheme, increase the participation in the labor market and harmonize the legislation with that of the EU countries. These objectives significantly improve the financial sustainability of the system in the current and long-term period. The impact of this reform is the stoppage of pension number increase in its implementation period (2002-2012). The financial effects of this reform are positive and fully cover the negative effects of the reform on rural pensions.
- **The gradual reduction of the contribution rate** : The reduction of labour costs for formal businesses; formalization of the informal economy; addition of contributors in the scheme by promoting employment; declaration of the real wage due to social insurance contributions. This reform did not have any negative impact on the financial situation of the system, since the contributions reduction was compensated with the increase in the number of contributors and the declaration of the employer's real wages.
- **The coverage expansion** was to provide coverage to certain categories in order to avoid old-age poverty and social burden in the future.
- **Approach of the Albanian legislation** with European standards, European Code of Social Security and ILO Convention on Social Security.
- **As far as the minimum period** of obtaining partial old-age pension is concerned, from 20 years it becomes 15 years. While, when the required period to obtain full or partial invalidity pension is not fulfilled, then a pension in proportion to the person's insurance period is given.
- **Special Training** and Employment Programs for older people.
- **Increase the active involvement** of older persons in society as well as progress.
- **Reciprocal treatment for foreigners'** social security. If they work in Albania they have to be insured in the Albanian insurance scheme. Thus, foreigners working in Albania are not given the choice to choose between more favorable insurance legislation. They are required to be insured.

- **The right to information** of insured persons about contributions and/or social insurance benefits is sanctioned by law.
- **For those persons who** have not fulfilled the minimum period to obtain invalidity pension, a new kind of pension is introduced, obtained in proportion to the period they have been insured. That is reduced invalidity pension.
- **To obtain unemployment payment**, conditions in order to get ready to be hired when offered a paid job are added, appropriate within the international conventions provisions in this field.

## **SUMMARY AND CONCLUSION:**

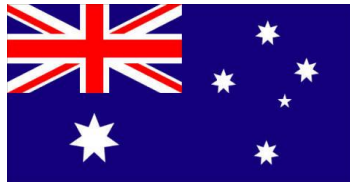
Democratic transformations in the last two decades in Albania have enabled not only the establishment of fundamental market economy institutions, but have also created the necessary conditions for increasing attention and care for different society groups.

In this process, overcoming poverty remains the main challenge in strengthening the country's stability, increasing social cohesion, and generating monetary resources in favor of groups and strata most in need.

The elderly represent a large numeric group, the main challenges of which remain: Demographic pressures that consist of reducing the birth rate, meaning a smaller number of contributors in the future, increase in life expectancy, which will increase the period of benefit and costs of the pension scheme, increasing access to public and non-public social-health services; participation in democratic processes at the local and central levels; involvement in the process of improving the legal framework that affects the level and quality of life of elderly persons.

The main goal in Albania remain to build institutions that support the elderly in preserving their dignity and independence in the families and communities they live in as well as to find and use in a effective way budgetary resources at the central and local level, create the conditions for treating the elderly with the respect they deserve and for undertaking coordinated actions that guarantee better living conditions.

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
AUSTRALIA SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**SOCIAL INCLUSION OF OLDER PEOPLE IN AUSTRALIA**

**BACKGROUND:**

Australia is a constitutional democracy based on a federal division of powers between Commonwealth, State, Territory and local levels of government.<sup>6</sup> The Commonwealth and each of the six states and two territories has its own constitution.<sup>7</sup>

Under the constitutional arrangements significant powers are retained by the States. State administrative responsibilities include, *inter alia*, public health including hospitals, community services, and overseeing local government.

The formal powers of the Commonwealth are constitutionally limited to areas of national importance, such as, *inter alia*, trade, taxation, foreign relations, defence, immigration and associated matters. However, through High Court decisions, Commonwealth-State agreements and the use by the Commonwealth of the constitutional power to make grants to the states and territories, the Commonwealth has influence in regard to other matters such as health and welfare.

Local government areas within each state and the Northern Territory have limited powers. While services vary across local government areas, common services include management of sanitary services and town planning.

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<sup>6</sup> Note that the Commonwealth Government is usually referred to as the 'Australian Government'. The term 'Australian Government' is used throughout this paper except in the context of discussing the constitution or referring to specific legislation.

<sup>7</sup> 2008 Year Book Australia, Chapter 4, Government  
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1301.02008?OpenDocument>



## **RESPONSIBILITY:**

Implementing the Australian Social Inclusion Agenda is a whole-of-government responsibility, involving collaboration and coordination across a range of Australian Government departments.

Specific portfolio responsibilities rest with the Prime Minister of Australia, Deputy Prime Minister and Minister for Social Inclusion, and the Parliamentary Secretary for Social Inclusion and the Voluntary Sector. The Minister for Social Inclusion is advised by the Australian Social Inclusion Board including through an annual report and advice on other specific matters referred to it by the Minister.<sup>8</sup>

Reinforcing social inclusion as a national priority, the Australian, state and territory Social Inclusion Ministers, at their first meeting in November 2009, agreed to find new ways to work together to improve opportunities for social inclusion for the most disadvantaged Australians.<sup>9</sup> While each jurisdiction has a wide range of activity and investment in social inclusion, Ministers agreed there is scope to assist those Australians at most risk of long-term disadvantage and promote their active participation in society. They also agreed to develop a national action plan on social inclusion to drive further reform and better service provision for consideration in the first half of 2010.

More broadly, the Australian Human Rights Commission, an independent statutory organisation, works to protect and promote the human rights of all people in Australia.<sup>10</sup>

## **GOVERNING ARRANGEMENTS:**

A Social Inclusion Unit has been established in the Australian Government Department of the Prime Minister and Cabinet. The Social Inclusion Unit provides advice to Ministers, supports the Australian Social Inclusion Board and helps to progress the social inclusion agenda across all governments and other sectors. The head of the Social Inclusion Unit is:

Dr Judy Schneider, A/g Assistant Secretary, Social Inclusion Unit  
ph: (02) 6271 5553      judy.schneider@pmc.gov.au

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<sup>8</sup> <http://www.socialinclusion.gov.au/Partnerships/Board/Pages/default.aspx>

<sup>9</sup> Communiqué at [http://www.deewr.gov.au/Ministers/Gillard/Media/Releases/Pages/Article\\_090921\\_102456.aspx](http://www.deewr.gov.au/Ministers/Gillard/Media/Releases/Pages/Article_090921_102456.aspx)

<sup>10</sup> <http://www.hreoc.gov.au/>

**Contacts** in the Department of Health and Ageing are:

Paul McGlew, Assistant Secretary, Portfolio Strategies Division,  
ph. (02) 6289 8330 [Paul.Mcglew@health.gov.au](mailto:Paul.Mcglew@health.gov.au)  
Andriana Koukari, Assistant Secretary, Office for an Ageing Australia,  
ph. (02) 6289 5246 [Andriana.Koukari@health.gov.au](mailto:Andriana.Koukari@health.gov.au)

## **LEGISLATION:**

The following Commonwealth legislation which supports social inclusion for older people may be accessed at <http://www.comlaw.gov.au/>.

- *Age Discrimination Act 2004*;
- *Aged Care Act 1997* and the *Aged Care Principles*;
- *Disability Discrimination Act 1992*;
- *Human Rights and Equal Opportunity Commission Act 1986*;
- *Fair Work Act 2009*;
- *Social Security Act 1991*; and
- *Social Security (Administration) Act 1999*.

## **MAINSTREAM POLICIES AND PROGRAM SUMMARY:**

### **Context**

Australia, like many other countries, is facing the challenges of an ageing population.

Between now and 2050 the number of people aged 65 to 84 years will more than double and the number of people aged 85 and over will more than quadruple. By 2050, nearly one-quarter of Australia's population will be aged 65 and over, compared with 13 per cent today. This means that there will be only 2.7 people of working age for every person aged 65 and over, compared with 5 people today.

The Government's *Intergenerational Report 2010* projects that for the next 40 years, real GDP growth is expected to slow to 2.7 per cent a year compared with an average 3.3 per cent a year over the past 40 years.<sup>11</sup>

One of the challenges of population ageing is the need to maintain productivity. As the Treasurer, the Hon Wayne Swan, MP, said when launching the *2010 Intergenerational Report*:

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<sup>11</sup> Australian Government Treasury, *Intergenerational Report 2010*,  
<http://www.treasury.gov.au/igr/igr2010/>

*"As the workforce becomes a smaller proportion of our society, we simply can't afford to waste the potential of our future generations. Nor can we afford to waste the potential of older Australians.*

*There has been a tendency in previous reports to present the ageing of the population only as a problem to be solved. I prefer to focus on how we can best harness the life experiences and intellectual capital of older Australians. These are Australians who have already made a massive contribution to our nation. Their experience is invaluable. Many will choose to leave the workforce, and enjoy a well-earned retirement, for a variety of reasons. But if they want to work they should be welcomed into the workforce."*<sup>12</sup>

Research commissioned by National Seniors Australia found:

- an economic contribution of \$AUD59.6 billion a year to Australia's GDP made by 1,114,076 older Australians working full-time;
- an economic contribution of \$AUD2 billion a year made by older Australians working as volunteers; and
- a social contribution of \$AUD1.2 billion a year made by 844,068 older Australians who participated in civic and political groups.<sup>13</sup>

This report covers the Government's policy framework for social inclusion and major initiatives in the Department of Health and Ageing, the Department of Families, Housing, Community Services and Indigenous Affairs, and the Department of Education, Employment and Workplace Relations.

### ***Australian Government Social Inclusion Agenda***

The Government's framework for building *A Stronger, Fairer Australia* is built on five pillars: economic growth; equitable social policy; quality services; strong families and communities; and partnership for change. Social inclusion is central to this vision.<sup>14</sup> The Government's Social Inclusion Agenda aims to tackle the most entrenched forms of disadvantage in Australia. An inclusive Australia is one where all Australians have the capabilities, opportunities, responsibilities and resources to learn, work, connect with others and have a say. When people lack the resources, opportunities and/or capabilities to actively participate in society or are unable to influence the decisions affecting them, they can experience social exclusion.<sup>15</sup>

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<sup>12</sup> <http://www.treasurer.gov.au/Main.aspx?PageID=089&min=wms>

<sup>13</sup> National Seniors Productive Ageing Centre, Still Putting In Measuring the Economic and Social Contributions of Older Australians May 2009.

<sup>14</sup> A Stronger, Fairer Australia, January 2010

<http://www.socialinclusion.gov.au/Resources/Pages/Resources.aspx>

<sup>15</sup> Australian Government Social Inclusion Agenda

<http://www.socialinclusion.gov.au/SIAGenda/Pages/Overview.aspx>

The Government's Social Inclusion Agenda addresses the need to make the Australian society a more inclusive one as well as the need to overcome the processes leading to, and the consequences of, social exclusion. The agenda is based on a set of social inclusion principles.<sup>16</sup>

As disadvantage and social exclusion tend to be higher amongst certain groups of people, the Australian Government has identified six initial priorities to begin the work of addressing social exclusion and increasing social inclusion:

- **addressing** the incidence and needs of jobless families with children;
- **improving** the life chances of children at greatest risk of long term disadvantage;
- **reducing** the incidence of homelessness;
- **improving** outcomes for people living with a disability or mental illness and their carers;
- **closing** the gap for Indigenous Australians; and
- **breaking** the cycle of entrenched and multiple disadvantage in particular neighbourhoods and communities.

Most Australians as they age continue to be active, valued participants in their families and communities and contributors to the economy. Consequently, older people as a group are not designated as one of the initial priorities under the Social Inclusion Agenda. However, some older people are among those who may be included in initiatives under priorities 3 to 6.

The Government's approach to social inclusion involves changing how policies and programs are designed, developed, coordinated and delivered. To assist in making this change, all Australian Government agencies are required to use the *Australian Public Service social inclusion policy design and delivery toolkit*.<sup>17</sup> The toolkit must be applied both to policies and programs focusing on the needs of disadvantaged groups and those designed primarily to meet the needs of the whole population including health, ageing and aged care.

The toolkit methodology draws on the Government's principles of approach to social inclusion: building partnerships with key stakeholders; developing tailored services; giving a high priority to early intervention; building joined-up services; using an evidence-based approach; using locational approaches; planning for sustainability and building on individual and community strengths.

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<sup>16</sup> Social Inclusion Principles: Summary (November, 2008)  
<http://www.socialinclusion.gov.au/Resources/Pages/Resources.aspx>

<sup>17</sup> <http://www.socialinclusion.gov.au/Resources/Pages/Resources.aspx>

## ***Ageing and Aged Care Programs***

Ageing and aged care programs funded through the Australian Government Department of Health and Ageing make a significant contribution to enabling and supporting the opportunities that older people need to be socially included.

Through the provisions of the *Aged Care Act 1997*, the *Aged Care Principles*, and arrangements for programs funded outside the Act, ageing and aged care programs and services are designed to ensure that access to care is on the basis of need, services support personal interests and continuing participation, and that there are particular protections for groups at risk of exclusion, including to help ensure that their voices are heard. The Act defines the following special needs groups at risk of exclusion because of social or financial vulnerability: people who live in rural or remote areas or are from Aboriginal and Torres Strait Islander communities; people from non-English speaking backgrounds; and those who are financially or socially disadvantaged, homeless or at risk of becoming homeless. The latter group relating to homelessness was included in the Act on 1 July 2009 as one of the Government's initiatives under the White Paper on Homelessness: *The Road Home*. The legislation is being further amended to add another special needs group, 'care leavers', former child migrants and other institutionalised children who are now ageing. All of these groups must be taken into account during the annual allocation of new residential places and community care packages and individuals in these groups are supported by special subsidy provisions.

In 2009-10 aged care funding specifically for special needs groups will total more than \$AUD1 billion. In addition to this funding, people from special needs groups access the mainstream and targeted services. Overall Australian Government funding to support the aged care needs of older people during 2009-10 will total \$AUD10 billion, including \$AUD7.1 billion for residential aged care.

All community aged care services funded by the Government are designed to assist older Australians to remain living as independently as possible in their own homes, and as active social and economic participants in their communities. Care packages are designed to meet a person's needs based on their individual preferences and care requirements. Some provide simple practical solutions such as domestic assistance and garden maintenance for those with limited mobility, or social activities and outings for people who may be at risk of social isolation. Higher level care packages may offer specialised nursing and personal care services or be designed to enable people with dementia to continue to live in their homes. Respite services may also be provided as part of a package, giving carers and care recipients a much needed break and an opportunity to pursue personal interests including employment.

In addition, a range of targeted aged care programs support social inclusion (see [Attachment A](#)). Some of these address the Government's social inclusion priority to reduce the incidence of homelessness among older Australians (see [Attachment B](#)).

### ***Broader policies underpinning social inclusion: retirement income arrangements and Medicare***

The core features of the retirement income arrangements and the Australian health system support social inclusion by ensuring that older people receive an adequate income in later life, and have access to health care on the basis of need.

#### ***1. Retirement income arrangements***

An adequate income in later life is critical to enabling older people to maintain the capabilities and opportunities necessary for ongoing economic and social participation. Australia's retirement income system is designed to ensure that all Australians have security and dignity in retirement and that those who have not been able to save will not be left in need. **It comprises 'three pillars' which combine contributions from the government, employers and individuals:**

- A means-tested, but otherwise universal, [Age Pension](#) provides a safety net of income and other benefits and assistance in retirement. Unlike pensions in many other countries, Australia's age pension is funded from tax-payer funded Government revenues, rather than a social insurance program.
- [Compulsory employer superannuation contributions](#). The Superannuation Guarantee (Administration) Act, 1992 requires all employers to provide a minimum superannuation cover for all eligible employees. The minimum level of superannuation cover under the Superannuation Guarantee, expressed as a percentage of an employee's gross salary, is 9 per cent.
- [Private savings by individuals](#) (voluntary private superannuation and other forms of savings).

In most cases retirement incomes comprise a combination of these above components, with the Age Pension as the key component for many people. As at 20 September 2009, some 2.1 million Australians were in receipt of the Age Pension, including 1.2 million female and 900,000 male pensioners. Spending on the Age Pension was around \$AUD28 billion in 2008-09, which represented about 8.6 per cent of total national government spending, and 2.6 per cent of Gross Domestic Product.

The Age Pension is available to all Australians of Age Pension age who meet the residence, means and age criteria. It is targeted to those most in need through the

social security income and assets tests. Pension age for men is 65 years and for women 64 years, rising gradually to age 65 by 1 July 2013.

In September 2009 the Government introduced comprehensive pension reforms to improve the adequacy of the Age Pension and its sustainability into the future, and to encourage older people who wish to continue working to do so.<sup>18</sup> Age Pension age will increase from 65 to 67 progressively between 2017 and 2023, and a beneficial new pension income test concession for employment income, Work Bonus, has been introduced.

## *2. Medicare*

The core feature of the Australian health care system is public, taxation-funded health insurance under Medicare which provides universal access to subsidised medical and pharmaceutical services, and free hospital treatment as a public patient. In addition, older people in receipt of the Age Pension and self-funded retirees and others holding an Australian Government Seniors Health Card may receive additional assistance with the costs of medicines and health services.<sup>19</sup>

Medicare is complemented by a private health system in which private health insurance assists with access to hospital treatment as a private patient, and with access to dental services and allied health services.

### ***Health partnerships contributing to the social inclusion of older people***

Much of the Council of Australian Governments' (COAG) reform agenda agreed to by the Australian, state and territory governments will contribute to the broader goals of social inclusion.<sup>20</sup> This includes reforms through the following Partnership Agreements which recognise the critical links between healthy ageing, participation and social inclusion.

## *1. The Fourth National Mental Health Plan*

The importance of social, cultural and economic factors to mental health and wellbeing means that both health and social issues should be included in the

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<sup>18</sup> Minister for Families, Housing, Community Services and Indigenous Affairs, Media Release, 06/09/2009, Pension increase on the way.  
[http://www.jennymacklin.fahcsia.gov.au/internet/jennymacklin.nsf/content/pension\\_increase\\_07sept09.htm](http://www.jennymacklin.fahcsia.gov.au/internet/jennymacklin.nsf/content/pension_increase_07sept09.htm)

<sup>19</sup> Department of Families, Housing, Community Services and Indigenous Affairs, Concession and health cards, <http://fahcsia.gov.au/about/benefits/concessions/Pages/default.aspx>

<sup>20</sup> Council of Australia Governments, Communiqué, 3 July 2008,  
[http://www.coag.gov.au/coag\\_meeting\\_outcomes/2008-07-03/index.cfm](http://www.coag.gov.au/coag_meeting_outcomes/2008-07-03/index.cfm)

development of mental health policy and service development. This principle includes support to live and participate in the community and effort to remove barriers which lead to social exclusion such as stigma, negative public attitudes and discrimination in health and community settings.

In September 2009 the Australian Health Ministers' Conference, comprising Australian, state and territory Health Ministers, endorsed the *Fourth National Mental Health Plan: an agenda for collaborative action in mental health in mental health 2009-2014* (the Plan). The Plan will guide further reform and identifies key actions for meaningful progress towards fulfilling the vision of the *National Mental Health Policy 2008*.

The Plan has five priority areas for government action in mental health:

- social inclusion and recovery;
- prevention and early intervention;
- service access, coordination and continuity of care;
- quality improvement and innovation; and
- accountability - measuring and reporting progress.

While led by Health Ministers, the Plan commits to a partnership approach involving sectors other than health and provides a basis for governments to include mental health responsibilities in policy and practice in a more integrated way recognizing, that many sectors can contribute to better outcomes for people living with mental illness.

The Plan has a strong focus on social inclusion. It also recognises that the focus of care may be different across the life span. Mental health services, whether in the primary care or specialist sector, cannot be provided as a 'one size fits all' across the age range. Mental health care for older people may involve greater support to their family or to staff of residential care facilities.

Each year, all governments will report progress on implementing the Plan to COAG.

## 2. National Partnership on Closing the Gap in Indigenous Health Outcomes

The gap in life expectancy between Aboriginal and Torres Strait Islander people and non- Indigenous Australians is estimated to be 9.7 years for women and 11.5 years for men. More than half of this life expectancy gap is estimated to be due to chronic disease.<sup>21</sup>

On 29 November 2008, COAG agreed to a \$AUD1.6 billion *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* to address the COAG

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<sup>21</sup> Australian Government, *A Stronger, Fairer Australia*,  
<http://www.socialinclusion.gov.au/Resources/Pages/Resources.aspx>



Closing the Gap target to close the gap in life expectancy between Indigenous and non-Indigenous Australians within a generation.

The Australian Government is investing \$AUD805.5 million over four years from 2009-10 for an Indigenous Chronic Disease Package as its contribution to the National Partnership. The Package will reduce chronic disease risk factors, encourage earlier detection and better management of chronic disease in primary health care services, improve follow up care, and increase the capacity of the primary care workforce to deliver effective health care to Aboriginal and Torres Strait Islander peoples across Australia.

The National Partnership helps to build social inclusion by improving health outcomes for Indigenous Australians through the prevention, detection and management of chronic diseases. The National Partnership focuses on the cohort of Indigenous Australians who are at most risk of, or have, a chronic illness: the 25–64 year olds who have mortality rates between 4 and 6 times higher than for other Australians, for both males and females.<sup>22</sup>

### 3. National Partnership Agreement on Preventive Health

Under the COAG *National Partnership Agreement on Preventive Health* the Australian Government is investing \$AUD872.1 million over six years from 2009-10. The Partnership addresses lifestyle risks associated with chronic disease through healthy lifestyle programs in workplaces, communities and other settings. It will disseminate messages through social marketing campaigns, and establish the infrastructure required to monitor and evaluate the progress of interventions.

The 'Healthy Communities' initiative under the Agreement has capacity to improve the social inclusion of older persons. This initiative aims to help reduce the prevalence of overweight and obesity within the target populations of participating communities by maximising the number of at-risk individuals engaged in physical activity and dietary education programs. The initiative will target individuals not predominantly in the paid workforce and at a high risk of developing chronic disease including the recently or long termed unemployed, Indigenous and older Australians. Supported by funding of \$AUD71.8 million over four years from 2009-10, key elements of this initiative include grants to Local Government Areas; national programs grants; a quality framework; and a system of recognition against that framework. Consistent with the Government's social inclusion agenda, this initiative focuses on socio-economic disadvantaged communities.

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<sup>22</sup> Australian Health Ministers' Advisory Council. 2008. *Aboriginal and Torres Strait Islander Health Performance Framework Report 2008*. AHMAC. Canberra. p 70.

## ***Housing***

Access to appropriate housing is critical to healthy ageing, participation and social inclusion. Australia's population ageing will have significant implications for housing and related services for older people.

The Australian Government is committed to improving the supply of affordable housing and has funded nearly \$AUD20 billion in new housing programs since 2009. Many of these initiatives will directly benefit older people.

The \$AUD1 billion National Rental Affordability Scheme (NRAS) provides incentives to builders and developers to stimulate the supply of affordable rental dwellings targeting special needs groups, such as people over 55 years. Over the next four years, 50,000 NRAS dwellings will be built across Australia. To date, specifically for the benefit of older people, 120 Independent Living Units have been refurbished in South Australia and five aged care providers have had applications approved under NRAS.

The Government's \$AUD5.638 million Social Housing Initiative, part of the economic stimulus package, is supporting the construction of 19,300 new social housing dwellings including 5,200 for older people. Over 16,500 of these dwellings will incorporate universal design features such as grab rails and step free showers, making properties more accessible for people who are ageing, and around 7,000 will meet Australian Standards for adaptable housing to address mobility constraints. Older people comprise around 30 per cent of public housing tenants and will benefit from much needed repairs and maintenance to 70,000 existing social housing dwellings.

The National Affordable Housing Agreement encompasses housing assistance provided by all governments. It will provide coordinated and integrated housing programs, benefiting many older Australians through \$AUD6.2 billion worth of housing assistance to low and middle income Australians in the first five years.

The Government's commitment to halving homelessness by 2020 is also assisting older Australians, particularly those who are chronically homeless. The associated \$AUD1.1 billion over 5 years committed under the National Partnership Agreement on Homelessness by the states and territories and the Australian Government, will deliver new and better integrated accommodation and support services for people who are homeless or at risk of homelessness.<sup>23</sup>

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<sup>23</sup> Further information housing initiatives may be accessed at <http://www.fahcsia.gov.au/sa/housing/overview/Pages/default.aspx>

## ***Encouraging participation by older Australians***

The Government believes all Australians deserve to enjoy economic and social participation in the community and one of the best ways of achieving this is through having a job. Everyone who can work should have the opportunity to do so.

### ***Productive Ageing Package***

On 1 February 2010, the Government announced a Productive Ageing Package (AUD\$43.3 million over five years from 1 July 2010) to help older people who want to work remain in the labour market, and to encourage the transfer of their skills and experience to younger generations. The Package will provide practical support including through access to free professional career advice and training to support job retention.<sup>24</sup>

Under the Package, \$AUD23.5 million will help older people to remain engaged in the labour market, including those in physically demanding roles for whom transitioning to another industry or occupation may be of benefit. Up to 8,000 eligible older workers in physically demanding roles in selected industries and locations, and about 1,600 eligible retrenched job seekers not on income support (in selected industries and locations) will receive tailored employment assistance through Job Services Australia. Professional career advice will be available to help job seekers and workers aged 45 years and over plan for successful career transitions.

A further \$AUD18.8 million will help eligible older people retain their job and/or transfer their skills to younger workers. It will provide: face-to-face job support and training for up to 2,000 eligible older workers at risk of losing their job due to a health condition, injury or disability; up to 2000 training grants for employers to allow eligible mature age workers to retrain as supervisors, trainers or workplace assessors; and up to 50 funding grants for Golden Gurus organisations to encourage skills transfer, including to trade apprentices.

A Consultative Forum on Mature Age Participation will provide Government with advice on further measures to support mature age job seekers and workers. The Forum will also focus on employer and community attitudes towards older people and age-based discrimination.

For further information on the Golden Gurus initiative and other initiatives that encourage social inclusion through participation in the workforce, community and volunteering, see Attachment C.

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<sup>24</sup> Further information on the Productive Ageing Package may be accessed at [www.jobwise.gov.au](http://www.jobwise.gov.au)

## ***Older People and the Law***

Older Australians face a wide range of issues in their interaction with the law. The House of Representatives Standing Committee on Legal and Constitutional Affairs Inquiry on *Older people and the law* heard evidence on many of their experiences.

The Committee's key recommendations include:

- national industry-wide protocols for banks and financial institutions to report alleged financial abuse;
- uniform legislation on powers of attorney;
- a nationally consistent approach to the assessment of mental capacity;
- a national register of enduring powers of attorney;
- awareness and education campaigns for powers of attorney, advance health care planning and advance care directives and family agreements;
- nationally consistent legislation on guardianship agreements;
- a rebate scheme for legal fees for older Australians; and
- a review of retirement village contract arrangements.<sup>25</sup>

The Government accepted the majority of the recommendations.<sup>26</sup> This included agreement to progress a number of recommendations through the Standing Committee of Attorneys-General and other ministerial processes to harmonise laws and take nationally consistent approaches on a range of matters.

Addressing financial abuse and improving consumer protection measures will be progressed by the Australian Securities and Investments Commission, and agreement by the Council of Australian Governments that the Commonwealth should assume regulatory responsibility for all consumer credit regulation will facilitate addressing some of the recommendations. The response also outlines education campaigns, reviews and studies of areas of particular relevance to older people that will be undertaken.

The strengthened arrangements that will flow from the Government's response will help people as they age to feel more confident about managing their own lives, and that the law will give them greater protection as they become more frail.

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<sup>25</sup> The report may be accessed at  
<http://www.aph.gov.au/house/committee/LACA/olderpeople/report.htm>

<sup>26</sup> <http://www.ag.gov.au/olderpeopleandthelaw>

## **PROGRAMS IN PLANNING AND PILOT PROGRAMS: SUMMARY**

### ***Flexible aged care for Aboriginal and Torres Strait Islander people in East Arnhem Land***

A new flexible aged care service is being introduced in the remote East Arnhem Land Region of the Northern Territory. The service will support existing community based and outreach aged care services, enable greater access to transition care from hospital, respite care for both aged Indigenous people and Indigenous people with a disability; and cater for the needs of people living with Machado Joseph Disease.

The flexible care service will increase the social inclusion outcomes for people in the East Arnhem region by practically supporting development of strong and resilient communities and the active participation by all members of the community in society and employment (see [Attachment D](#) for further information).

### ***Dementia Community Support Grants***

The Dementia Community Grants Program supports local projects and activities that aim to raise awareness about dementia in the community; support prevention, risk reduction and early intervention for people at risk of dementia; and encourage innovation and improve services for people with dementia, and their families and carers.

Since 2006, over 100 small grants up to \$AUD55,000 each have supported community initiatives of one-year duration. Many of the projects address issues of stigma and social exclusion by enabling community members to better understand dementia issues, and by developing strategies and opportunities to help people living with dementia and their carers to maintain their independence and participate in their communities (See [Attachment E](#) for further information).

## **FUTURE DIRECTIONS:**

Further progress on the Government's social inclusion agenda will be built on improving mainstream services, supplemented by targeted flexible, tailored support and services and an increased focus on joined-up services in the most disadvantaged neighbourhoods and communities. All action to improve social inclusion will maintain a strong focus on building resilience and self reliance – on building capability rather than reinforcing dependence – so that individuals, families and communities are able to take responsibility and help themselves.

The Government is proposing wide-ranging reforms to the health and hospital systems with a greater local focus, including improving the links between hospitals and primary care and aged care providers to ensure more responsive, tailored care for older people.

The Government will shortly provide a reference to the Productivity Commission to conduct a public inquiry into the needs of older Australians over the next 20 years. This is expected to examine appropriate care standards and funding arrangements to secure the best possible long term outcomes for Australia's aged care needs. Future policy responses to this inquiry will also be informed by the recommendations of Australia's Future Tax System Review, which has been examining issues around the interaction of taxes and transfers with aged care and retirement incomes, and the *Intergenerational Report*.<sup>27</sup>

The Government considers it is important that services for older Australians not only deliver the high quality, socially inclusive care that they require, but that they are also sustainable in the long term. This is the common goal of the Government, aged care service providers and older Australians and their families.

## **SUMMARY AND CONCLUSION:**

The Government's Social Inclusion Agenda addresses the need to make the Australian society a more inclusive one and to tackle the most entrenched forms of disadvantage in Australia. Delivering the Social Inclusion Agenda is both a whole of Australian Government responsibility and a shared commitment with the states and territories.

Most Australians as they age continue to be active, valued participants in their families and communities and contributors to the economy. As Australia tackles the challenges of an ageing population it is critical that they have the capabilities, opportunities, responsibilities and resources to maintain active participation.

The core features of Australia's retirement income arrangements and health system underpin participation and social inclusion by ensuring that older people receive an adequate income in later life and, through Medicare, have access to health care on the basis of need. Much of the COAG reform agenda agreed to by the Australian, state and territory governments will also contribute to the broader goals of social inclusion. This includes reforms through a number of Partnership Agreements which recognise the critical links between healthy ageing, participation and social inclusion.

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<sup>27</sup> Australia's Future Tax System Review,  
<http://taxreview.treasury.gov.au/Content/Content.aspx?doc=html/home.htm>

Ageing and aged care programs make a significant contribution to supporting the opportunities that older people need to be socially included. Through the provisions of the *Aged Care Act 1997*, the *Aged Care Principles*, and arrangements for programs funded outside the Act, ageing and aged care programs and services are designed to ensure that access to care is on the basis of need, services support personal interests and continuing participation, and that there are particular protections for groups at risk of exclusion, including to help ensure that their voices are heard.

The Government believes that some of the best ways of achieving economic and social participation in the community is through having a job or volunteering. A range of initiatives has been introduced to encourage older people who wish to continue working to do so, to challenge employer and community attitudes that can lead to discrimination against older workers, and to encourage volunteering.

Australia has in place age discrimination and human rights and equal opportunity legislation and continues to look at ways to better support older people in their interactions with the law. This includes strengthening protections against financial abuse, improving consumer protection measures, and supporting the development of a nationally consistent approach to advance care directives.

Access to appropriate housing is critical to healthy ageing, participation and social inclusion. Significant investment is being made in new and upgraded housing and support services for older people on low incomes and for those who are homeless or at risk of homelessness.

The Government recognises that only by working together, building on a strong economy and improved services, will its vision for social inclusion be achieved.

[ATTACHMENT A: Additional Information Targeted Support and Programs](#)

[ATTACHMENT B: Social Inclusion for Older Homelessness People](#)

[ATTACHMENT C: Encouraging Participation by Older Australians](#)

[ATTACHMENT D: Program in Planning](#)

[ATTACHMENT E: Dementia Community Support Grants](#)

## **ATTACHMENT A: ADDITIONAL INFORMATION TARGETED SUPPORT AND PROGRAMS**

### **AGEING AND AGED CARE PROGRAMS:**

Special needs groups must be taken into account during the annual allocation of new residential places and community care packages. The Aged Care Act also requires approved providers to demonstrate that they understand the care needs of people from the special needs groups when applying for new places or the transfer of places.

Under the Act, all residents in aged care homes and recipients of community care are entitled to the same quality of care, regardless of their background or capacity to pay.

The Act protects and promotes the rights of care recipients, and helps ensure that their voices are heard, through the Aged Care Complaints Investigation Scheme and the Aged Care Commissioner, advocacy services, the Community Visitors' Scheme and the Charter of Rights and Responsibilities for Community Care.

### ***Older people from Aboriginal and Torres Strait Islander communities***

Aboriginal and Torres Strait Islander people may need to access aged care services earlier than non-Indigenous people owing to the high incidence of chronic disease and social disadvantage. Consequently, planning for services is based on the number of Aboriginal and Torres Strait Islander people aged 50 years and over instead of 70 years and over as used for the rest of the population. Aboriginal and Torres Strait Islander people have the same entitlement as all other Australians to use mainstream services under the Aged Care Act.

Under the Aged Care Act there are approximately 35 mainstream services delivering aged care to 450 older Indigenous people, mainly located in remote and very remote areas. Some of these are managed by Aboriginal and Torres Strait Islander organisations.

#### **1. National Aboriginal and Torres Strait Islander Flexible Aged Care program**

In addition to services under the Aged Care Act, there are also services specifically for Aboriginal and Torres Strait Islander people funded outside the Aged Care Act under the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

This program provides culturally appropriate aged care, to older Aboriginal and Torres Strait Islander people close to their home and community, with greater



scope for flexibility in delivery than would be possible under the Aged Care Act. The 29 services funded under the program deliver over 650 flexible aged care places, mainly in rural and remote areas.

## *2. Indigenous Aged Care Plan*

The Indigenous Aged Care Plan provides \$46 million over four years to improve the long-term quality of aged care for Aboriginal and Torres Strait Islander Australians.

The plan recognises that to help maintain social inclusion there is a need to provide tailored and flexible aged care to older Indigenous Australians wishing to remain in their communities. It provides for the development of an independent quality framework to set standards for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, and grants for capital works to establish, upgrade or expand Aboriginal and Torres Strait Islander aged care services.

The Indigenous Aged Care Plan provides funding for Aboriginal and Torres Strait Islander aged care providers in remote areas to access expert assistance, guidance and advice on care delivery, governance and management, financial management, quality delivery (assistance with meeting quality care standards) and locum relief.

## *3. Indigenous Aged Care Workforce Development*

Funding is being provided for the creation of ongoing employment and associated training through changes to the Community Development Employment Projects program. This will assist with employment of Indigenous workers in aged care services funded under the Home and Community Care, National Aboriginal and Torres Strait Islander Flexible Aged Care and Residential aged care programs. By the end of June 2009, more than 700 permanent, part-time equivalent positions in aged care services had been created nationally.

The creation of these permanent positions and associated training, serves several social inclusion principles. It enables Aboriginal and Torres Strait Islander people to access jobs in their own communities, aims to improve access to quality aged care services for Aboriginal and Torres Strait Islander people and encourages connection with the local community for both the aged care service recipient and the worker. By creating jobs in local communities workers are able to maintain strong connections to their families, communities and country while accessing employment opportunities.

## ***Older people from non-English backgrounds***

All aged care services are expected to provide culturally appropriate care for their care recipients. Two initiatives target provision of information and services to people from non-English speaking backgrounds.

### ***1. Partners in Culturally Appropriate Care and the Community Partners Program***

Eight organisations, one in each state and territory, receive funding under the Partners in Culturally Appropriate Care Program to equip aged care providers to deliver culturally appropriate care to people from non-English speaking backgrounds. Activities include providing cross cultural training for staff of aged care services, conducting information sessions for various communities, developing partnerships between culturally and linguistically diverse communities and aged care services, and establishing links with Aged Care Assessment Teams, the Aged Care Complaints Investigation Scheme, and the Aged Care Standards and Accreditation Agency Ltd.

### ***2. Community Partners Program***

Under the Community Partners Program, grants are provided to organisations representing culturally and linguistically diverse communities to undertake projects that promote social inclusion and facilitate increased and sustained access to aged care information and service by those communities.

## ***Older people who are financially or socially vulnerable***

Frail older people who are assessed as needing aged care services can access them regardless of financial or social vulnerability. There are special provisions for supported, concessional and assisted aged care residents and hardship provisions for care recipients in both residential and community aged care.

### ***1. Supported, concessional and assisted residents***

Older people have access to care, irrespective of their capacity to make accommodation payments. Concessional and some supported residents do not pay accommodation bonds or charges. Assisted residents and some supported residents pay a reduced amount of accommodation bond or charge. The Australian Government provides additional supplements to aged care providers on their behalf. For each aged care planning region, there is a minimum target ratio for concessional, assisted and supported residents based on regional socio-economic

indices. The ratio also includes certain residents approved under the hardship provisions.

## *2. Hardship provisions*

Hardship provisions under the Aged Care Act assist the minority of residents who experience difficulty paying care fees and accommodation payments. Some classes of care recipients, as set down in the Residential Care Subsidy Principles, are automatically eligible for financial hardship assistance.

### ***People living in rural and remote communities***

People living in rural and remote areas need access to the same level and quality of aged care services as people living in more populated areas. However, service providers face higher costs and difficulties in attracting, training and retaining staff, and flexible approaches to service delivery are needed. Viability supplements, capital grants and zero real interest loans, and professional and emergency support services are provided to help address these issues.

#### *1. Viability supplements*

Viability supplements are provided to assist both residential and community aged care services in rural and remote areas with the extra cost of delivering services in those areas.

#### *2. Capital assistance*

The Australian Government acknowledges that some aged care services may not be in a position to attract sufficient residents who can pay accommodation payments because, for example, of their rural or remote location or because the service targets financially disadvantaged people. An ongoing program of targeted capital assistance helps providers who, as a result of such circumstances, are unable to meet the cost of necessary capital works. In addition, the Zero Real Interest Loans initiative provides zero real interest loans to residential aged care providers to build or expand residential and respite facilities in areas of high need. The objective is to get proven providers of residential aged care, through the provision of low cost finance, to establish residential aged care services in areas where they were previously less likely to invest.

### 3. Support for Aged Care Training program and the Aged Care Nursing Scholarship Scheme

These initiatives recognise the higher costs and difficulties in attracting, training and retaining staff in rural and remote areas. The Support for Aged Care Training program funds the education and training of personal care workers in smaller aged care homes in rural and remote locations in Australia including backfilling, accommodation and travel costs. The Aged Care Nursing Scholarship Scheme, aims to encourage more people to enter (or re-enter) aged care nursing particularly in rural and regional areas.

### 4. Multi-purpose services

In many small communities, providing separate services such as an acute hospital, residential care or community health and home care services is difficult to sustain. Multi-purpose Services combine funding from both national and state and territory governments, to provide a mix of services, including hospital services and aged care, tailored to meet a community's needs. Some services provide care in more than one location. Multi-purpose Services are also eligible to receive funding through the Support for Aged Care Training program.

## ***Protecting people's rights and ensuring their voices are heard***

### 1. The National Aged Care Advocacy Program

The Government funds aged care advocacy services in each state and territory under the National Aged Care Advocacy Program. Services operating under this program provide free, independent advocacy and information to recipients or potential recipients (or their representatives) of aged care services. The services also perform an educative role for aged care recipients and Approved Providers on the rights and responsibilities of care recipients.

### 2. The Community Visitors Scheme

The Community Visitors Scheme provides one-on-one volunteer visitors to residents of Australian Government subsidised aged care homes who are socially or culturally isolated and whose quality of life would be improved by friendship and companionship and by helping them to maintain links to the community. The Community Visitors Scheme is available to any resident of an Australian Government subsidised aged care home who is identified by their aged care home as at risk of isolation or loneliness, whether for social or cultural reasons or because

of disability. The scheme has wide acceptance in the community and the aged care sector.

### ***Services and support for people of all ages that contribute to participation and healthy ageing***

#### ***1. National Eye Health Initiative***

The National Eye Health Initiative is the Government's response to the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss. A number of activities under the initiative target eye health issues and services for Aboriginal and Torres Strait Islander people, people from a non-English speaking background and people in rural and remote areas. There are also specific projects targeting older people in residential aged care settings, as well as those living in the wider community.

#### ***2. The Continence Aids Assistance Scheme***

The Continence Aids Assistance Scheme (CAAS) meets some of the cost of continence products for eligible people who have permanent and severe incontinence. The scheme assists those aged five years of age and over including, Aboriginal and Torres Strait Islander people, people from a non-English speaking background and people in rural and remote areas. From 1 July 2010, the Continence Aids Payment Scheme will replace CAAS, providing eligible clients with a direct payment and giving them choice and flexibility as to where and when they purchase their continence products.

#### ***3. National Continence Management Strategy***

The National Continence Management Strategy aims to improve continence awareness, treatment and management for all Australians. The program provides national leadership and coordination of policy and research with a focus on preventative health. The Bladder and Bowel Website, [www.bladderbowel.gov.au](http://www.bladderbowel.gov.au) contains information about prevention and management of bladder and bowel problems for consumers, carers, health professionals, service providers and researchers. The strategy also supports the National Continence Helpline, a free and confidential service staffed by professional continence nurses. The Helpline seeks to inform people and enable them to better manage their condition, and to increase access to appropriate continence services.

## ***End of Life Care – the National Palliative Care Strategy***

Palliative care is required by all age groups. If given the choice, most people prefer to die at home in close contact with their families and friends in their communities. This places increasing emphasis on the provision of quality palliative care services at home or in home-like settings. Under the National Palliative Care Strategy, by working in partnership with State and Territories Governments, palliative care service providers and community-based organisations, the Australian Government aims to develop a better integrated palliative care system so that wherever possible, direct care is provided in a primary care setting, by primary care practitioners who are skilled in palliative care and who can access support from palliative care specialists whenever needed.

### ***Carers***

#### ***1. National Carer Counselling Program***

Many carers experience social and physical isolation. This can lead to depression and poorer health generally with many carers less likely than the general population to seek treatment or help for their situation. Access to the National Carer Counselling Program can help carers through providing counselling, emotional and psychological support services in order to reduce carer stress, improve carer coping skills and facilitate wherever possible, the continuation of the caring role. Counselling services and support are offered through the Network of Carers Associations in each state and territory. Access by anyone in Australia, no matter where they live, is available by contacting the single number of 1800 242 636 (freecall).

#### ***2. Commonwealth Respite and Carelink Centres***

Commonwealth Respite and Carelink Centres provide free and confidential information about community and aged care services and carer support offered through Commonwealth and State government programs, and private and charitable organisations, including information on types of services, costs for services, assessment processes and eligibility criteria. Centres can also help carers find appropriate respite care from local services to facilitate carer breaks, and have a pool of funding that can be used to purchase short term or emergency respite for carers.

## ***People living with Dementia***

### ***1. The Dementia Initiative***

The Dementia Initiative aims to help improve the quality of life for people with dementia, their carers and families through support and better access to dementia-specific services. Community support grants and education and training for carers are programs which have a specific emphasis on social inclusion for people with dementia and their carers.

The Dementia Initiative supports a range of information and resources that can assist people with dementia, their carers and families.

### ***2. Dementia Research Grants Program***

In collaboration with the National Health and Medical Research Council, \$15.3 million is being provided for 25 research grants under the Dementia Research Grants Program. The grants target the practical applications of dementia research to help improve care and support for people with dementia and their carers. Grants include two projects focusing on culturally appropriate and practical ways to assist Indigenous people with dementia and their families and communities, and on improving the quality of life of people from Greek and Italian backgrounds with dementia and living in residential aged care.

## **ATTACHMENT B: SOCIAL INCLUSION FOR OLDER HOMELESSNESS PEOPLE**

Older people experiencing insecure housing or homelessness have more complex health and support needs, face lower life expectancy and less likely to have family and community support than other older people. The Australian Government has expanded the support it provides for housing and care needs of these older people through:

- **amending** the *Aged Care Act 1997* to include homeless older people as a 'special needs' group;
- **encouraging** care providers with a proven track record in servicing homeless older people to apply for specially allocated places for homeless people in the annual Aged Care Approval Round; and
- **providing** capital funds for at least one new specialist facility for homeless older people each year for the four years to 2012.

These measures are part of the Government's broader response to the White Paper on Homelessness, *The Road Home*, released in December 2008.<sup>28</sup> The response builds on existing initiatives including Assistance for Care and Housing for the Aged (ACHA).

The ACHA program assists older people to gain or maintain secure housing and care in order to live, participate and feel included in the community of their choice. The program targets frail, low income older people renting insecure accommodation such as refuges, boarding houses or squats, and those frail, low income older people who are homeless including those living on the streets and sleeping rough.

ACHA focuses on the physical and social needs, immediate and future housing and care choices of each individual client and their carer, family or advocate workers. ACHA workers provide case coordination whilst resources and supports are being organised. They link clients with state government housing authorities and with other service providers that facilitate access to more permanent housing and other community support and care.

This may be through assisting them to better use their current services. It may be through gaining access to basic supports such as health or culturally appropriate aged care, or to a range of services including counseling, drug and alcohol treatment services, and disability support services.

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<sup>28</sup> <http://fahcsia.gov.au/sa/housing/progserv/homelessness/whitepaper/Documents/default.htm>



In 2008-09 the program assisted 3,430 people into accommodation of whom 2,652 were new clients. Funding for the 42 ACHA service providers across Australia in 2009-10 is \$AUD4.4 million. ACHA providers are largely charitable or religious not-for-profit organisations.<sup>29</sup>

Box 1 illustrates the outcomes two brothers achieved with ACHA assistance.

## **BOX 1: ASSISTANCE WITH CARE AND HOUSING FOR THE AGED PROGRAM**

### **WORKING TOGETHER TO BRING HOMELESS PEOPLE BACK INTO THEIR COMMUNITY**

Gerry was referred to the Assistance with Care and Housing for the Aged (ACHA) program by the repatriation hospital where he was a long term patient. Gerry has macular degeneration and type one diabetes. He has had triple bypass surgery, multiple toe amputations and partial foot amputation. The retirement village where he previously lived asked him to leave. His brother Roy, who is also on a Disability Support Pension, offered to care for his brother

ACHA staff undertook to help the brothers find accommodation, source and other household goods as well as link the brothers into services that would enable them to remain independent.

Given a two year waiting list for state housing, the brothers agreed to private rental, while remaining on the waiting list with a possibility of cheaper accommodation in the future.

The social worker arranged for Gerry to go into short-term rehabilitation until housing was found. ACHA helped Roy fill in paper work needed to get the Carer Allowance. A latex mattress and 'Gopher' were purchased for Gerry to reduce the risk of pressure sores and enable him to be more independent. The brothers took some financial responsibility for purchasing household items and were successful in their application to a charitable organisation for a grant to obtain a fridge and washing machine.

ACHA staff located a two bedroom unit in a retirement village which Roy was quick to accept it as it provided security and independence and the assurance of support services as necessary, including maintenance for the unit and the

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<sup>29</sup> Further information may be found at:

<http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-commcare-acha-overview.htm>

grounds. ACHA staff also organised the delivery of the furniture, linked Gerry with the Royal Society for the Blind and Diabetes Australia and arranged for the Royal District Nursing Service to visit regularly. Given Gerry's health problems, he now has assurance that assistance is only a phone call away.

ACHA's involvement with the brothers has provided a positive outcome for them both. As all the goals set have been achieved, they have now exited the ACHA program. The brothers love the location as Gerry can Gopher to the shops independently. Both are very pleased with the outcome.

## **ATTACHMENT C: ENCOURAGING PARTICIPATION BY OLDER AUSTRALIANS**

### ***Golden Gurus***

The national Golden Gurus program is a part of the Australian Government's Social Inclusion Agenda. Golden Gurus provides opportunities for Australians aged 50 years and over to pass on their skills to the next generation, meet new people, develop social support networks, to make a difference in their communities and help to address skill shortages the challenges of an ageing workforce. The program encourages older people who are retired, semi-retired or not working full-time to provide voluntary mentoring support to community organisations and small business owners.<sup>30</sup>

### ***Participation through approved volunteer work***

In recognition of the challenges faced by mature age job seekers, job seekers aged 55 years and over have reduced activity test requirements. Newstart Allowance is an income support payment that provides financial support to Australians who are looking for work. Recipients are required to demonstrate that they are actively looking for work, or taking part in activities to improve their work prospects, such as further study or training. Recipients aged 55 years or over, can choose to satisfy this activity test requirement by undertaking 30 hours per fortnight of approved voluntary work, or a combination of paid and approved voluntary work.

### ***Ambassador for Ageing***

The Ambassador for Ageing is working to positively promote respect for and the value of older Australians, and to promote active and healthy ageing. A series of active ageing posters and brochures, featuring the Ambassador for Ageing, have been developed that provide sensible tips and advice on how to maintain and protect health, wellbeing and independence. The Ambassador has been involved in a wide range of activities such as media interviews including many in rural and regional areas, television appearances on, for example, Anzac Day, health promotion events including flu vaccination for the elderly, and community events such as positive ageing expos, conferences and meetings.

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<sup>30</sup> Further information on the Golden Gurus program may be accessed at [www.deewr.gov.au/goldengurus](http://www.deewr.gov.au/goldengurus)

The Ambassador for Ageing, Ms Noeline Brown, challenges the stereotypes held of older Australians. Ms Brown highlights the value of older Australians, recognises their vital and ongoing contribution and encourages them to fully participate in all aspects of Australian life.

### ***Broadband for Seniors***

The Broadband for Seniors is part of a wider Australian Government initiative 'Making Ends Meet - Plan for Older Australians, People with Disabilities and Carers'. The Government has committed \$AUD15 million over three years to 2010-11 to create approximately 2,000 senior internet kiosks. One in five Australians over the age of 65 years currently use the internet. The initiative responds to the needs of seniors wishing to be trained in the use of the internet to stay in contact with family and friends.

### ***National Volunteering Strategy***

The Government is leading the development of a National Volunteering Strategy which will be released ahead of 2011 and mark the tenth anniversary of the United Nations' Year of Volunteers in 2001. The National Volunteering Strategy will articulate the Government's vision and commitment to volunteering in Australia and flag the emerging trends in volunteering over coming years. The Strategy will identify key barriers to volunteering, encourage appropriate policy responses, and support more strategic decision making in relation to volunteering into the future.

### ***Other initiatives to support older people's participation in the workforce***

Job Services Australia, which commenced on 1 July 2009, provides tailored employment assistance for mature age job seekers. Mature age job seekers work with their provider to develop their own combination of job search, training and other assistance to address barriers to employment.

On 1 March 2010, the Government introduced the new and improved Disability Employment Services, delivering more effective employment assistance for job seekers with disability, including those of mature age. Job seekers with disability will have immediate access to tailored services that are flexible and responsive to both their needs and those of employers.

Mature age people can also access training through Australian Apprenticeships, Group Training, Incentives for Higher Technical Skills, VET FEE-HELP and the Productivity Places Program.

## **ATTACHMENT D: PROGRAM IN PLANNING**

### **FLEXIBLE AGED CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE IN EAST ARNHEM LAND**

The East Arnhem region is one of five aged care planning regions in the Northern Territory (NT) of Australia. It is located in the north-eastern corner of the territory and is around 500 kilometres from the territory capital Darwin. The region has an area of 97,000 km<sup>2</sup> and a population of 16,745. Tropical conditions limit road travel for some months each year as high rainfall washes away road surfaces and closes river crossings.

The region has more than ten major Aboriginal communities and many smaller homelands and outstations, and includes the remote mining towns of Nhulunbuy on the Gove Peninsula and Alyangula on Groote Eylandt. Six of the major Aboriginal communities are priority communities under the Remote Service Delivery National Partnership. Nhulunbuy is the major town in the East Arnhem region with a population of 3,700 people (approx. 90% non-indigenous). Older Aboriginal and Torres Strait Islander people in the East Arnhem region represent 9 per cent of the total aged population in the Northern Territory, and 7 per cent of the population of the East Arnhem region.<sup>31</sup>

People living in remote communities may have access to aged and disability services such as: community aged care packages; home and community care which includes meals on wheels; flexible aged care services; and some limited options for respite care. Support is also provided through the East Arnhem Aged and Disability Program administered by the NT Department of Health and Families. However, in the East Arnhem region there is no access to culturally appropriate residential aged care, unmet need for residential respite services for aged and disabled people, and a need for better support for people with a disability arising from Machado Joseph Disease or other causes.

Older people want to stay in 'country' with their family and community. As the care needs of older people increase, pressures on their families also increase. Limited options for respite to support family and residential care for the older person often mean that the older person has to travel to a service in Darwin or Katherine. This can affect the whole community. Older people are not able to be included in

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<sup>31</sup> The Aboriginal and Torres Strait Islander people aged population is based on those 50 years and over; for the non-Indigenous people, it is those aged 70 years and over.

community life. For family members, visiting people in Darwin or Katherine is costly, time consuming and disrupts work and schooling.

Older people may also have difficulties when in aged or respite care outside their country. Cultural norms mean connections between clans, groups and families from different regions are an important consideration when selecting carers and engaging with other residents. Unless comfortable with these, older people may refuse care, limiting their own health outcomes and further affecting family relationships. Family members may feel they do not know how to look after a family member whose health is deteriorating leading to an acute health event which may result in the older person being taken away from the community for medical treatment. Returning home after an acute event can be difficult for both the family and the older person whose care needs, physical and mental capacities may have changed.

Addressing the need for residential respite, residential aged and disability care within the East Arnhem region has been a priority for the communities for many years. Department of Health and Ageing consultations with community members, the East Arnhem Shire Council and the NT Department of Health and Families reveal strong joint support to establish a culturally appropriate, flexible aged care service in Nhulunbuy, which also provides disability services, in a service model that strengthens employment and training opportunities in the region.

The Australian Government has given in-principle approval to establish a ten (10) place flexible aged care service and the NT Government has provided in-principle support for the provision of land on the campus of the Gove District Hospital for the service. The East Arnhem Shire Council is working towards the establishment of the new flexible care service and is undertaking developmental work on a culturally appropriate design and service delivery model.

In planning and establishing the flexible care service, the following principles apply:

- a commitment to community engagement, consultation and guidance;
- a service model that provides quality, culturally appropriate care and respite services for Indigenous older people throughout the East Arnhem region;
- capital works that will result in a facility that meets the needs of older Aboriginal and Torres Strait Islander people and people with a disability, both present and future;
- a collaborative approach by the Australian Government, the NT Government and the East Arnhem Shire Council to achieve the proposed outcomes; and
- a commitment to providing training and employment opportunities for local communities, thereby supporting the social and economic participation of jobless families.

The new flexible care service will: support existing community based and outreach aged care services; enable greater access to transition care from hospital, respite care for both aged Indigenous people and Indigenous people with a disability; and cater for the needs of people living with Machado Joseph Disease

The establishment of the service will create employment opportunities for Aboriginal and Torres Strait Islander people. The development of an ongoing training program will benefit the broader East Arnhem region through enabling Indigenous families to gain skills to participate economically and work toward building their capabilities. The flexible care service is expected to become operational in early-mid 2011.

The flexible care service will increase the social inclusion outcomes for people in the East Arnhem region by practically supporting development of strong and resilient communities and the active participation by all members of the community in society and employment. The consultative approach underpinning this initiative, its collaborative approach across governments, and its support for training and employment of Indigenous aged and disability workers in the East Arnhem Shire will contribute to reducing disadvantage and increase social, civic and economic participation in a remote area of the Northern Territory.

## **ATTACHMENT E: DEMENTIA COMMUNITY SUPPORT GRANTS**

The Dementia Community Grants Program supports local projects and activities that aim to raise awareness about dementia in the community; support prevention, risk reduction and early intervention for people at risk of dementia; and encourage innovation and improve services for people with dementia, and their families and carers.

Since 2006, over 100 small grants up to \$AUD55,000 each have supported community initiatives of one-year duration. Many of the projects address issues of stigma and social exclusion by enabling community members to better understand dementia issues, and by developing strategies and opportunities to help people living with dementia and their carers to maintain their independence and participate in their communities.

Many projects have focused on raising awareness of dementia issues in the community. Some fifteen of these projects have successfully involved Culturally and Linguistically Diverse communities. One current project is developing bilingual DVD resources featuring local Ukrainian, Serbian and Arabic families discussing dementia and how it affects their communities. The DVDs will be used as a discussion tool in workshops for families, carers, community groups, schools and in professional development workshops.

Three projects are working to improve the dementia friendliness of local businesses and facilities so that they interact appropriately and effectively with people with dementia and their carers. The projects are providing seminars and training for businesses in regional and rural towns, with one project developing dementia champions within clusters of businesses and services in the region.

The National Gallery of Australia (NGA) and Alzheimer's Australia, ACT, are developing resources to assist people with dementia to continue to enjoy visiting galleries. The resources include: a training manual for gallery guides of people with dementia, based on the NGA's 'Visits to the Art Gallery' project'; and a model for discussion tours of works of art for people with dementia. Following implementation at the NGA in Canberra, the resources will then be used in three regional galleries.

The Creative Spirit project explored and evaluated the use of creative arts as an avenue for self expression and new learning for people with early to moderate dementia. Students from a local secondary school volunteered to help support the involvement of people with dementia in the arts project. This project resulted



positive outcomes for all participants. The organisation continues to offer creative arts projects through an Adult Day Centre which involve the staff and students of another school as part of the school's community service program.

The Ageing and Changing Project conducted by Alzheimer's Australia Victoria developed a resource kit to raise dementia awareness among primary school children and the local community. This project aims to de-stigmatise dementia among young people in the community and create positive linkages between young people and people with dementia. Over 2470 kits have been distributed to primary schools and the project has been featured in a presentation at a teacher association conference.

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
CHINA SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MELBOURNE – MAY 2010**



**AGEING-IN-PLACE IN CHINA**  
**Practices and Experiences**  
**Mr. WU Yushao**, Vice President  
China National Committee on Ageing

**INTRODUCTION:**

As a developing country with the largest elderly population, China faces the challenges of rapid growth of elderly population, unbalanced demographic changes of elderly population in both urban and rural areas, as well as that in western part and eastern part of China, and the challenge of getting older before getting rich. It is a strategic task for China to deal with ageing issues in the future. As for the services in this regard, the Chinese government has worked out the development strategy, which is based on homecare services, supported by community services, and supplemented by institutional care.

**IT IS A FUNDAMENTAL SOLUTION TO DEVELOP AGEING-IN-PLACE IN CHINA:**

***Demographics***

Demographic situation of the elderly in China (the numbers are from The Research Report on the Projection of Population Ageing in China)

	60 and plus (million)	%
currently	153	11.6%
2014	200	14.71%
2026	300	20.06%(2025)
2037	400	26.96%(2035)
2051	437	31%
Near future	300-400	Around 31%

Beside these figures, there will be 30 million elderly persons aged 80 and above by 2020, accounting for 12.37% of the total elderly population.

### ***Changes of Family structure***

The Chinese tradition of living together with their children in the older persons' later years is challenged by some factors, including the reform of economic system, the way of supporting the elderly, especially the adoption of family planning system. The decline of fertility from five to six children per woman in the past to the currently one to two children, brings heavier burden to the children who will support their parents in the future. According to statistics, 70% of the elderly population live with their families in 1990, but now in some cities, 40% to 50% of families are empty nest families, and this percentage even reaches 70% in some cities.

### ***It is better for the allocation of resources.***

According to the basic situation of China, it is impossible for the government, or institutions to solve ageing problem individually. The government, the society, individuals, and families should work together, to develop homecare service. International and domestic practices have told us that running the business by the government proves to be a failure because of the high cost and low efficiency. And limited resources cannot be used to those in need. In big cities like Beijing and Shanghai, a bed in an institution costs 300 thousand Yuan, with an extra 20 to 30 thousand Yuan per year, and furthermore, there is rarely any land for institutions. Instead, the government encourages ageing in place, which means that the government pays a subsidy of 2 to 3 thousand Yuan for each elderly person each year. It lowers the cost, is more efficient and saves resources.

### ***It adheres to the Chinese tradition of family support of the elderly.***

Ageing in place means living together with family, neighbors and relations. Older persons can enjoy home care services in a familiar environment, which to the largest extent can meet their psychological needs. According to the survey and prediction, 85% of the elderly wish to stay at home, most of whom are healthy and can take care of themselves. Only 6-8% of them prefer to stay in institutions, most of whom are old old persons or are in need of care and assistance.

## ***Major practices and experiences of China***

From 2006, China National Commission on Ageing started to encourage local authorities to conduct home care services programs nationwide after 6-year's pilot programs proved to be a success in eastern China's developed areas.

### ***Major home care services provided***

Service type	Service providers	Service detail
Living services	Service providers (companies) or volunteers	Cleaning, meal delivery, reading newspapers, chatting
Medical assistance	Community Medical institution	Medical archive, regular body check, consulting service, medical visit. Prevention, diagnosis, and rehabilitation.
Spiritual aspects	volunteers	Regular visits, chatting, reading.
Legal assistance	Legal aid centers (Community court, community lawyer.)	Legal disputes about Personal property, marriage, intergenerational relationship, insurance, medical care.

### ***The major practices and experiences are:***

***1. The guidance of the government. Local authorities have included ageing in place into their plan of socio-economic plan. And the main measures are:***

- **Making plans.** Ageing in place is a complicated project, so governments at all levels make long-term plans, set pilot programs, then implement the plans, and at last establish regulations about it. It takes time and efforts, so governments at all levels should make mid-term or long-term plans on it, and include it in to their socio-economic plans.
- **Support from government.** Home care service is a new industry in China, and most service providers are societies or small enterprises, so the government should provide them with preferential tax policies, financial support and other supportive means. In the meantime, the government also pays the bills for low-income older persons.
- **Resource integration.** The government takes administrative measures to integrate resources in the community, to avoid the waste of resources.
- **Supervision and inspection.** In order to guarantee the quality of the service, the government supervises and inspects the service market, service quality and the products, especially those paid by the government.

2. The involvement of society. Government's efforts and guidance are the main power for developing home care services, but the government cannot complete it without the involvement of social forces.

- **Encouraging the involvement of enterprises.** The introduction of market mechanism can soundly allocate resources of home care services, so that the industry could develop in a sustainable and healthy way with low cost.
- **Making full use of NGOs.** NGOs are very important in helping the government and market in many aspects. The Chinese government attaches much importance in making full use of NGOs, we buy services from them, we provide them with working places, and we reduce or exempt their taxes.
- **Making full use of volunteers.** Ageing in place needs volunteers, who could be young older persons and neighbors, and this is very important.
- **The role of family.** Despite the role of government and society, the role of family is also indispensable and even more important, especially in living service and spiritual comfort.

3. Professionalism. Which means:

- Home care service includes not only housekeeping services, but also some professional services, for example, medical service, health care service, and legal service. In order to guarantee the quality of the services, the service providers are strictly chosen.
- The service personnel, including volunteers, must be trained in professional knowledge and skills. Trained personnel will have a certificate if they pass the exam. And at the same time, the service providers also recruit graduates from universities who major in rehabilitation, health care, nursing, nutrition, psychology and so on. Community volunteers are also required to be trained in nursing and health care for the elderly.

It has not been long since China started the ageing in place program. There are experience and also problems. **The main problems are:**

- some local governments do not put enough investment into the project and take enough efforts to develop it;
- some relevant NGOs are not capable enough to run the business;
- there is not enough resources of home care services and efficient integration of resources in communities;
- the service providers are not well-qualified and well-paid, which is not good for the professionalization of home care services.

[ATTACHMENT: SPEECH – TOWARDS A HARMONIOUS SOCIETY](#)

**ATTACHMENT: TOWARDS A HARMONIOUS SOCIETY**  
**Mr. Wang Xun**  
**China National Committee on Ageing, International Department**

Distinguished Mr. Chairperson, dear colleagues,

15 years ago, at the World Summit for Social Development held in Copenhagen, the capital city of Denmark, social integration was put forth as one of the three prioritized areas of social development and it was asserted that the purpose of social integration is to create a for-all society. Passed at the meeting were two significant documents, Copenhagen Declaration on Social Development and Program of Action of the World Summit for Social Development which require participating countries' commitments to promote the building of a society which is stable, secure, harmonious, peaceful and equitable to all including disadvantaged and vulnerable groups of population.

Since then great efforts have been devoted by the international community in pushing ahead the cause of social integration. Series of documents including MIPAA have been passed targeting benefiting vulnerable population and have played a great role in guaranteeing the rights of and justice to vulnerable population including older person and in eliminating social isolation and promoting social justice. The participating countries have taken positive internal actions and international cooperation to fulfill their commitments raised in MIPAA.

This year is the 15<sup>th</sup> Anniversary of the World Summit for Social Development. At the **48th** Session of the UN Commission for **Social Development** held earlier this year, UN resolutions and action plans including MIPAA related to benefits of vulnerable population were prioritized in reviewing their implementation and follow-up actions were suggested. Today at the HOM of IFA 10<sup>th</sup> Global Conference, the issue of social integration is again given great attention to, which demonstrates that, with worldwide population ageing, there are commonly shared knowledge about the situation and joint efforts by all the governments and non-governmental organizations to guarantee older persons' rights and promote their well-being to finally build a society for all ages. The global financial crisis since 2008 had imposed great challenges upon social stability and economic development of concerned countries as well as upon the cause of social integration. And vulnerable population including older persons, because of low skillfulness, social prejudice and inefficient resources, are confronted with more difficulties and at the risk of being marginalized. In view of the new situation, greater efforts are required to be devoted into the cause of social integration.

Chinese government has always attached much importance to protecting the legitimate rights of older persons and promoting their participation in social development and sharing the achievements by constructing an age-friendly social environment and fulfilling the commitments of UN resolutions on ageing. MIPAA has been implemented in a way that is mainstreamed into the cultural reality of China towards a goal of guaranteeing age-care, medicare, education, learning, social participation and recreation for all the aged. Confronted with the social-economic challenges imposed by population ageing and the resulted increasing needs for spiritual and cultural life of older people, Chinese government has carried out step by step comprehensively planned efforts to address issues of protecting older people's legitimate rights, overall development of ageing cause and a coordinate and sustainable linkage between the aged population and social-economic development as a significant component of constructing a well-to-do and harmonious society.

Chinese government began in 1990s with the formulation of national plans on ageing and has integrated them into the overall planning of national development. At present, China has launched its research program on developing its national strategy on population ageing, and then based upon it long- and mid- term action plans will be worked out. Facing the serious challenges of the current financial crisis, Chinese government has taken as its standpoint the principle of man first and improving their well-beings through measures of both guaranteeing economic growth and promoting well-being of the people, including accelerating the process of developing public service systems covering both urban and rural areas, large-scale increase of social security coverage and expansion of basic medicare coverage level and enhanced input into those initiatives. Those measures have made great contribution to guaranteeing the rights and interests of vulnerable population, to constructing a for-all society and to social integration. And older people are among the most benefited group of population.

Through years of efforts, China has made obvious progress in setting up its administrative system on ageing, formulating legislations and policies, improving age care and medicare services, strengthening social services, enriching spiritual and cultural life, promoting older people's participation in social development as well as building a respectful social environment for them.

A network of government administrative bodies on ageing have been set up in China from national level to provincial, prefectural, county and township level to guarantee institutional support for ageing undertakings. The legislative and policy system on ageing and older persons, based upon China's Constitution, have been set up with the principal part the Law of the People's Republic of China on the

Protection of the Rights and Interests of Elderly People and the complementary components policies on social security, well-being and services, healthcare, cultural and physical life, legitimate rights, preferential entitlements and ageing-related industry. Chinese government has been accelerating its efforts in building old-age pension and medicare systems which covers both urban and rural areas. In 2009, based upon the further improved urban old-age pension reform and urban-rural medicare reform, a pilot program of new type of rural old-age pension was launched first in around 10% of China's counties(cities, districts), which adopts the combination of individual contribution, collective subsidy and governmental allowance, and under which rural older persons are entitled to a monthly pension when reach the age of 60, and for those already aged 60 at the program time, they are exempt from individual contributions but entitled to the basic pension.

The minimum guarantee system has been built up in China to help needy population and categorized measures being given to older persons. Chinese government has also been striving to build public services system covering both urban and rural areas. With the trend of the aged getting older and their families narrowed and empty-nested, efforts have been directed into building an old-age care system which is based upon family care, supported by community care and supplemented by institutional care. At present, there are in China over 40,000 care facilities with more than 2.3 million beds.

The government attaches great importance to the cultural undertakings for the aged, organizing them to carry out various spiritual and cultural activities, supporting the development of their organizations and creating conditions for them to participate in social development. There are over 670,000 centers (facilities) for recreational and sports purposes for the aged in the urban and rural areas, over 46,000 third-age universities (schools) with a total enrollment of 5.74 million elderly students. There have been 15 national mass organizations of the elderly and 420,000 mass organizations of the elderly at grassroots level. Chinese government has always laid emphasis on advocating and promoting awareness on respecting, supporting and assisting older persons, eliminating age discrimination and building an age-friendly environment. As a regular event, nationwide assessment and awarding of advanced institutions and individuals have taken place for their administrative work or involving cases of respecting and supporting older persons. In 2009, a pilot program was first launched in 6 provinces on building age-friendly community and age-friendly cities.

China is a developing country of huge aged population. At present, the population aged 60 and above have reached 167 million, accounting for 12.5% of China's total population and for one-fifth of the world total. There is a trend of the older



population growing at a faster rate, and it has been estimated that by 2020 and by 2040 China's aged population will reach respectively 200 million and 430 million, accounting respectively for 17% and 31% of the total. As a result, it will impose further challenges upon China's economic, political, social, cultural process, and also higher demands will have risen on safeguarding the rights and interests of older persons and guaranteeing social justice and promoting social integration. This is a long way with great tasks and the Chinese government will strengthen its efforts in developing the national strategy on population ageing and the long- and mid-term action plans to deal with the resulting issues and meanwhile China will deepen fulfilling its international commitments including those in MIPAA towards building a society for all ages.

Thanks Mr. Chairperson.

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
KIRIBATI SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**Government of Kiribati  
Ministry of Internal and Social Affairs  
Tinia Rakenang Ag  
Social Welfare Officer**

**INTRODUCTION:**

This report briefly outlines and identifies dimensions of Social inclusions emphasising on valued recognition, Human development, Involvement, engagement, and Proximity and how to work towards in order to achieve those dimension of social inclusions.

Overall total population of Kiribati is 92,533. It is located in the Central Pacific at about 1800 km north of Fiji and the nearest neighbouring countries to the North are the Marshall Islands and Hawaii. The country comprises of thirty three islands of mainly atoll and coral formation with a total land area of about 810.5 square kilometres. The islands are widely scattered within three distinct 200 miles of Exclusive Economic Zone (EEZ) which cover over three and half million square kilometres of ocean. Kiribati gained its Independence in 1979 and had selected to become a sovereign republic with the President as Head of State and Government businesses.

**SENIOR CITIZEN FUND:**

At the beginning of 2004, senior citizen fund was introduced by the Kiribati government. It was introduced on the knowledge that there were more aged people experiencing lacking of care form their siblings in terms of in kind support and all other basic needs. Traditionally, the elderly would be the responsibility of the children but in a monetary cash system, these traditions are gradually dying. As a result, concern for the elderly has been a key attention to the present government from 2004 to date.

Senior Citizen Fund is sourced from the government recurrent budget through the Ministry of Internal and Social Affairs. The total number of senior citizens covered under the scheme since inception in January 2004 is nearly three thousands. Only those whose ages fall at 70 are entitled.

Some allowances are left unclaimed, as claimants have passed away or left to other islands. Such allowances are returned to MISA to be forwarded to the Deceased Estate Account with the land and Management Division of Ministry of Environment and Agricultural Development (MELAD) or sent to claimant once their whereabouts are known. The allowance is \$40.00 a month paid on a quarterly basis to those living on the islands. On South Tarawa (Capital City of Kiribati) where it is easy to obtain funds from the concerned Ministry, payment is made on a monthly basis.

### ***How the aged benefit from the funds***

- Has facilitated closing social and physical distances between older persons and their community and reduce isolation, marginalization and depression. This has allowed the aged in being more mobile to places he/she wishes to go to such as in attending community, church functions, meetings etc and for pleasure and leisure **(PROXIMITY)**;
- Helps supplement household income especially those without children.
- Helps the aged in meeting basic needs;
- Raises the self-esteem of the aged amongst his/her family;
- Some elderly do small business such as selling local and rolled cigarettes.

### ***Problems experience when dealing with issuing of senior citizen allowance***

- Dates of births are sometimes a problem as culturally Kiribati people would have had two names at birth;
- Poor registry recordings on outer islands sometimes gave difficulty in proper identification of some aged people;
- Delayed payments especially to those in outer islands;
- Lack of flights to outer islands sometimes brought delay to remitting of cash to local government offices responsible for issuing funds.

### **KIRIBATI PROVIDENT FUND (KPF):**

Kiribati introduced a Kiribati Provident Fund in the late 1970's for all within formal employment and in more recent years has allowed a more flexible way of investing in the KPF through other channels to enable those within the informal sector and casual jobs join the saving scheme for future needs upon retirement. Retirement

age is 50 years old and that is the age in which a person is entitled to withdraw his/her KPF. Some consultations regarding how to improve these social security schemes to cover other aspects such as creating an elderly Fund had been undertaken.

## **WELFARE AND COUNSELING SERVICE, NGO REGISTRATION (MISA):**

Existence of the office concerned (Welfare and Counseling Unit) in helping the aged in regard to aged maintenance and other welfare services has helped the aged in many ways though some unsolved cases will be lodged to court for court hearing.

Kiribati is culturally believed that each family unit has the responsibility to take good and proper care for their aged. The family that fails to do this will bring shame to the entire family and therefore each family are being encouraged to look after their aged though some families are not.

### ***Social Welfare Data***

	<b>2007</b>	<b>2008</b>	<b>2009</b>
Age Maintenance	26	26	35
Age Custody	1	1	8
Aged Negligence	1	1	0

Source: Welfare and Counseling Service, Ministry of Internal and Social Affairs. Please note that the data from the figure above is reported cases only.

### ***NGO Registration***

The office is responsible for registration of non-governmental organisations to register and incorporated under the Society Act. Unimwane (Aged Groups) is amongst the organisations being formed and register at the NGO Unit. Upon registration the Aged groups will then receive recognition certificate and are able to run their organisation activities, programs in accordance to their constitution. This has involved conferring recognition and respect. One component of registered aged constitution was to Foster peace and harmony (**Involvement and Engagement and Valued Recognition**).

## **MEDICAL SERVICES AND MEDICATION:**

Free medication is provided for all including aged population. It is an obligation for health nurses to look after the aged properly especially to those who are hospitalized and are not accompanied by own children and relatives. This has

provided respect to individuals as they age and a sense of belonging care and being loved.

## **CONCLUSION:**

The elderly fund has been a great initiative to the elderly of Kiribati but it would be best to complement this with a law that should maintain the roles of the Young towards them, It is not sufficient to depend solely on government to supply the support to old people. \$40.00 per month is not enough to make the aged live well. A family law which has provisions of the family responsibility to care for their aged parents would be one way of ensuring that Kiribati people do not neglect their once treasured culture, giving care and all possible means of support to their old aged parents. Some education on caring for the old by the Ministry of Health can be mainstreamed in its future community health education outreach programs through village nurse.

Kiribati participation to this very important meeting is an excellent opportunity to share and exchanging views and experiences and to adapt those that are of relevant and suitable to ones culture.

Kiribati Blessing upon us all,

**Health, Peace and Prosperity**

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
MAURITIUS SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



***Ministry of Social Security, National Solidarity & Senior  
Citizens Welfare and Reform Institutions  
The Mauritian Experience***

**BACKGROUND:**

The Republic of Mauritius comprises several islands, the main one being Mauritius covering an area of about 2000 sq kilometres located in the South West of the Indian Ocean (about 5900 kms west of Australia) . It is one among the most densely populated countries in the world. Mauritius has 1.2 million inhabitants whose ancestors came from various continents, namely Asia, Africa and Europe.

It has a rich cultural and religious tradition. It was colonised successively by the Dutch, French and British. It obtained its independence from Great Britain in 1968 and acceded to the status of the Republic within the Commonwealth in 1992. It has a democratic system of Government based on the British Model. English is the official language while French is widely spoken and several other oriental languages are taught at schools.

**GLOBAL AGEING:**

The phenomenon of ageing is one of humanity's greatest triumphs. However, it is also one of its greatest challenges. Worldwide, the proportion of people aged 60 and above has over the past decades been growing at a very fast rate. Population ageing refers to a decrease in the proportion of children and young people and an increase in the proportion of people aged 60 and above. As the population increases, the triangular population pyramid will be replaced by a more cylinder-like structure. Globally, it is estimated that the elderly population aged 60 and above will increase from about 740 million in 2009 (11% of total world population) to approximately 2 billion (22% of total world population) in 2039. There are around

450,000 centenarians in the world today and, according to the estimates of experts, there could be a million across the world by 2030<sup>32</sup>.

### **AGEING IN MAURITIUS:**

Mauritius is no exception to this global phenomenon. The elderly population of those aged 60 and above is projected to increase from **136,100** (about 10% of the population) **in 2009** to reach about **335,600** in **2039** so as to represent about 25% of the total population. The pensioner support ratio<sup>33</sup> is expected to decrease from 6.3% in 2009 to 2.5% in 2039. This will, therefore, constitute a major socio-economic challenge requiring the adoption of a multi-dimensional strategy covering various sectors.

### **CHALLENGES OF AGEING:**

As in many countries, the ageing of the population in Mauritius has ushered in numerous challenges relating mainly to the following:

- increasing pressure on Government budget, especially social security benefits (as example the total Basic Retirement Pensions<sup>34</sup> for the year 2010 represent about 50% (Rs 5 billion, approximately 167 million US \$) of the total budget of the Ministry of Social Security, National Solidarity & Senior Citizens Welfare and Reforms Institutions in Mauritius).
- marginalisation and social exclusion of the Aged
- risks of deteriorating conditions of female elderly persons
- increasing risk of isolation of elderly persons
- need for increasing residential and day care facilities for elderly persons
- increasing pressure on health care services particularly with emphasis on non communicable diseases
- need for more housing facilities
- need for increasing protection for elderly persons
- need for increasing recreational and leisure facilities for elderly persons

### **POLICY RESPONSE AT THE INTERNATIONAL LEVEL:**

The global ageing population has been a cause of major concern since the 1980's and has retained the attention of the United Nations and various other International

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<sup>32</sup> Reuters – Agence France Presse, Bulletin 97, April 2010 (information compiled by the Government Information Service, Prime Minister's Office, Mauritius)

<sup>33</sup> Pensioner Support Ratio – Number of persons of working age (15-59 years) per old-age pensioner (aged 60 years and over)

<sup>34</sup> Basic Retirement Pension is a universal non-contributory pension payable monthly to all persons aged 60 and above.

Bodies. Numerous Conferences/Meetings/International Instruments have been organised/introduced so as to sensitize the international community on the need to adopt appropriate policy measures to deal with the ageing phenomenon.

The **1982 Vienna International Plan of Action on Ageing** is the first international instrument on ageing recommending the adoption of an Action Plan on Ageing. The objectives of the Action Plan were to:

- **strengthen** the capabilities of national Governments and Civil Society to deal effectively with population ageing;
- **address** the development potential and dependency needs of older persons;
- **advocate** regional and international co-operation.

In December **1991**, the **United Nations Principles of Older Persons** were adopted by the UN General Assembly and all Governments were encouraged to incorporate them in their national programmes. They aim at promoting **five clusters** relating to the status of older persons namely:

- Independence
- Participation
- Care
- Self-fulfilment
- Dignity

In **1999**, the UN proclaimed the **International Year of Older Persons** in recognition of humanity's demographic coming of age and the promise it holds for maturing attitudes and capabilities in social, economic, cultural and spiritual undertakings. It aims also at paying homage to the significant contribution of elderly persons in the socio-economic development of their countries. In **2002**, in Madrid, the representatives of a large number of governments met at the Second World Assembly on Ageing and adopted an **International Plan of Action on Ageing** which advocated new policies and programmes that would promote a "Society for all Ages".

The MIPPA aims '*to ensure that persons everywhere are able to age with security and dignity and to continue to participate in their societies as citizens with full rights*'. The core concepts are:

- A developmental approach: It adopts a development approach to population ageing, through the mainstreaming of older persons into international and national development plans and policies across all sectors.
- A life-course intergenerational approach: It advocates policy that stresses equity, reciprocity and inclusiveness of all age groups through all policy areas.

The overarching approach of the MIPAA hinges on INCLUSION and MAINSTREAMING.



It addresses the whole issue of ageing population from a three-pronged perspective:

- Older persons and development
- Advancing health and well-being into old age; and
- Ensuring enabling and supportive environments

The **First African Union Conference of Ministers in charge of Social Development** was held in Windhoek, Namibia from 27 to 31 October 2008. The main objective of the Conference was to review and adopt a Social Policy Framework for Africa to assist Member States in the formulation of their national social policies to promote human empowerment and development. All Member States were invited to implement a series of recommendations adopted at the Conference to enhance social development in Africa and especially promote the rights and welfare of the vulnerable groups, including elderly persons.

## **SOCIAL INCLUSION OF THE AGED IN MAURITIUS:**

Mauritius has over the years adopted the policy instruments and recommendations of various recognised International Bodies to develop appropriate policies for dealing with the challenges of ageing.

### ***Financial Support***

Mauritius has thus developed the following policy measures/support to promote the socio-economic integration of the elderly:

- Development of a comprehensive social security system based on five pillars mainly to ensure a minimum support to all elderly persons and other vulnerable groups. The five pillars consists of the following:
  1. Universal non-contributory Pension for elderly persons aged 60 and over, disabled persons between age 15 and 59 years, widows up to age 60 years, orphans up to age of 20 years and children, not exceeding three, of disabled persons and widows;
  2. Mandatory contributory Pensions Schemes for all private sector employees (6% employers and 3% employees contribution) to guarantee a minimum pension to elderly persons on their retirement
  3. Provident fund (National Savings Scheme) for both the public sector and the private sector;
  4. Private occupational Pension Schemes for the private sector;
  5. Subsidies on food items and other services, free education up to tertiary level, free health services including tertiary health care and free transport for elderly, disabled persons and students.

- BRP payable to all elderly persons aged 60 and above has been adjusted systematically every year based on the cost of living. The BRP has increased from Rs 2,200 (approximately 73 US \$ monthly) in 2005 to Rs 3,048 (approximately 100 US \$) in 2010 (an increase of about 38%)
- Enhanced pensions to all elderly who need constant and attention
- Since August 2008, introduction of gradual increase in the retirement age from 60 to 65
- Despite gradual increase in retirement age, payment of the BRP maintained at 60 years.
- Free transport to all elderly persons aged 60 and above
- Rent Allowance to elderly persons living alone
- Special support to Centenarians (currently 86)
  1. Cash gift of Rs 10,000 and a monthly pension of Rs 9,994 (about 330 US \$)
  2. Allowance for purchase of medicines and other support
- Reduced rate for renewal of passport
- Exemption from payment of Airport tax

## ***Health***

Mauritius has a well developed health care system and is easily accessible to all Mauritians. A network of health care services exists in almost all regions of the country. The Mauritius health care system pays special attention to elderly persons who benefit from the following:

- Fast track system
- Health promotion campaigns
- Free domiciliary medical visits to all persons aged 90 and above and to bedridden persons aged 75 and above.
- Yearly free anti-influenza vaccination to persons aged 60 and above
- Free issue of wheelchairs, hearing aids, spectacles and other assistive devices

## ***Institutional Support***

The following institutions have been set up to provide necessary support to our elderly:

### ***1. Residential Care Home Board***

A Residential Care Home Board was set up under the Residential Care Homes Act 2005, to monitor the provision of care to elderly and also to support residential care institutions catering for elderly. Actually there are 24 Government and 60 private Homes.

## 2. Day Care Centres

14 Day Care Centres (DCCs) have been set up to help elderly persons integrate in society and create a forum for exchange and sharing of ideas. The main objective of the DCCs are to create an appropriate space for recreational, leisure, spiritual, cultural, informative, educational, and intergenerational activities and also to help the elderly persons integrate in society through group interactions and social functions.

## 3. Senior Citizens Council

The Senior Citizens Council was established in 1985 under the aegis of the Ministry of Social Security, NS and SCW &RI. The objective of the Council is to determine areas in which the welfare of senior citizens needs to be improved and promote activities and projects with regard to their rights to dignity and independence. Presently there are some 630 senior citizens associations in Mauritius (including Rodrigues Island). The Council has a total number of 62,500 members aged 55 and over.

## 4. Centre for Elderly Persons with Severe Disabilities

Following the signature of a 'Protocol d'Accord' between the Republic of Mauritius and the Luxembourg Authorities in September 1996 by the Honourable Prime Minister, a Centre for Elderly with Severe Disabilities was constructed and was officially opened in 2008. The Centre provides residential specialised care services to elderly persons with severe disabilities.

## ***Leisure & Recreation***

The policy of the Government is to provide the necessary leisure and recreational facilities for the elderly to promote the principle of active ageing and above all prevent them from remaining in isolation. In line with this policy, the elderly persons in Mauritius benefit from the following:

- **Residential leisure facilities at recreation centres.** Currently there are two recreation centres located in the western and eastern coastal areas of Mauritius respectively, to provide recreational activities to senior citizens and help them meet their counterparts from other associations.
- **Different programmes organised** by the Social Welfare Division of the Ministry and the Senior Citizens Council as follows:
  - o seminars, workshops and talks on ageing issues
  - o sessions for promotion of light physical exercise and dancing

- visits abroad for senior citizens
- interclub exchanges
- IT programmes for senior citizens
- Creativity activities and skill development courses in greeting cards, doll making, flower arrangements
- Indoor game tournaments & Fun Games
- Basic counselling sessions

### ***Protection of Elderly***

Since 2006, the Protection of the Elderly Act was proclaimed to set up a legal and administrative framework to ensure that protection and assistance are available to elderly persons. Following the proclamation of the Act, the following institutional mechanisms have been set up:

- **Welfare and Elderly Persons' Protection Unit (WEPPU)** – The functions of the Unit are to:
  1. receive complaints from elderly persons who are in need of protection or assistance and take necessary measures;
  2. organise public awareness and sensitisation campaigns *inter alia* on the rights of the Elderly, vulnerability of the Elderly and Intergenerational conflict/gap; and
  3. arrange for the admission of an elderly person to a residential care home as and when required.
- **24 Elderly Watch** in different regions of Mauritius – the elderly Watch is constituted of members of Senior Citizens, representatives of Non Governmental Organisations and community workers. The functions of the Elderly Watch are to:
  - promote the welfare of elderly persons in the region for which it is responsible;
  - provide support to families that need assistance and protection for elderly persons;
  - endeavour to prevent acts of abuse on elderly persons; and
  - attend to complaints regarding cases of repeated abuse on elderly persons.
- **Monitoring Committee for the Elderly** – The Monitoring Committee exercises an overall supervision on the work of the WEPPU and the Elderly Watch. It also discusses and takes policy decisions on issues relating to protection and assistance to elderly persons.

## PREPARATION FOR EMERGING CHALLENGES:

As already indicated, the elderly population in Mauritius is projected to increase from 10% in 2009 to 25% in 2039. In this context, it is anticipated that a number of emerging challenges will loom in the horizon.

The Government of Mauritius has, therefore, launched a National Policy Paper in October 2008. The Policy Paper is mainly based on the 2002 Madrid International Plan of Action on Ageing with its core concepts as follows:

- A development Approach with emphasis on mainstreaming elderly persons in national policies across all sectors;
- A life-course Intergenerational Approach which stresses on equity, reciprocity and inclusiveness of all age groups; and
- A gender perspective to ageing.

The National Policy on Ageing reflects the commitment of the Government towards the creation of a '**society for all ages**'.

In order to be better equipped to meet the emerging challenges, in the context of the ageing population, the Mauritian Government is enlisting the support and collaboration of all stakeholders for **implementing the following proposals/policies/projects:**

- need for more home-based care services
- need for launching of Carers' Strategy
- provision of increasing support to elderly persons
- need for launching an observatory on ageing
- need for launching a Non State Actors Unit with enlistment of services of elderly
- organising training sessions for medical and paramedical staff working with elderly persons
- need for training of officers on socio psychological aspects of ageing
- increasing efforts towards mainstreaming the issue of elderly
- use of Corporate Social Responsibility (CSR)/lotto funds for funding projects for elderly
- construction of additional recreation centres to cater for leisure for the increasing elderly population
- setting up of a Geriatric Hospital

## **References**

- *Active Ageing 'A policy Framework' – World Health Organisation – **2002***
- *National Policy Paper and Action Plan on Disability 'Valuing People with Disabilities' - Ministry of Social Security, NS and SCW & RI, Republic of Mauritius – **December 2007***
- *National Policy on Ageing 'Ageing with Dignity, Respect and Smile' – Ministry of Social Security, NS and SCW & RI , Republic of Mauritius – **October 2008***
- *Social Security Statistics, Republic of Mauritius – **September 2009***
- *Reuters – Agence France Presse, compiled by the Government Information Service, Prime Minister's Office, Mauritius, Bulletin 97 - **April 2010***

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
NETHERLANDS SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**DEPARTMENT LONG TERM CARE  
MINISTRY OF HEALTH, WELFARE AND SPORT,  
THE NETHERLANDS**

**RESPONSIBILITY:**

The following report is written in the context of the national policy for the elderly. The last time that an integrated vision on policy for the elderly was communicated with the parliament was five years ago:

[http://www.minvws.nl/en/notas/zzoude\\_directies/dvvo/2005/policy-for-older-persons.asp](http://www.minvws.nl/en/notas/zzoude_directies/dvvo/2005/policy-for-older-persons.asp)

**GOVERNING BODY:**

Administering Department/Agency with contact details including an email address.  
Ministry of Health, Welfare and Sport

**Contact:** <http://www.minvws.nl/en/contact/>  
Mr. Floris O.P. de Boer  
Senior adviser international affairs  
Department Long term care  
Ministry of Health, Welfare and Sport  
P.O. Box 20350  
2500 EJ The Hague  
The Netherlands  
T + 31 (0)70 3405235

## LEGISLATION:

[http://www.minvws.nl/en/notas/zzoude\\_directies/dvvo/2005/policy-for-older-persons.asp](http://www.minvws.nl/en/notas/zzoude_directies/dvvo/2005/policy-for-older-persons.asp)

## MAINSTREAM PROGRAM SUMMARY:

### ***Social Support Act:***

<http://www.minvws.nl/en/themes/social-support-act/default.asp>

On 1 January 2007 the Social Support Act (Wet maatschappelijke ondersteuning, Wmo) came into force in all municipalities in the Netherlands.

Under the Act, the municipalities are now responsible for setting up social support. The introduction of the Wmo offers an opportunity to improve the service provision to citizens and clients.

The Wmo is the result of broader policy, emphasising individual responsibility in health care, both at the insurance side as well as the provision of care side. Within this concept, a new basic health insurance scheme for the entire population is established.

The Wmo is part of this reform and introduces a new scheme for all Dutch citizens covering care and support in cases of protracted illness, invalidity or geriatric diseases. The act encloses the area of well-being or welfare policy as well.

### ***Participation***

The aim of the Social Support Act is participation of all citizens to all facets of the society, whether or not with help from friends, family or acquaintances; the perspective is a coherent policy in the field of the social support and related areas.

Municipalities now have the opportunity to develop a cohesive policy on social support, living and welfare along with other related matters.

The Wmo puts an end to various rules and regulations for handicapped people and the elderly. It encompasses the Services for the Disabled Act (WVG), the Social Welfare Act and parts of the Exceptional Medical Expenses Act (AWBZ).

The Ministry of Health, Welfare and Sport defines the framework in which each municipality can make its own policy, based on the composition and demands of its inhabitants.



## **PILOT PROGRAM SUMMARY:**

National Strategy Report on Social Protection and Social Inclusion 2008-2010 - the Netherlands (2008):

<http://ec.europa.eu/social/BlobServlet?docId=2558&langId=en>

## **FUTURE DIRECTIONS:**

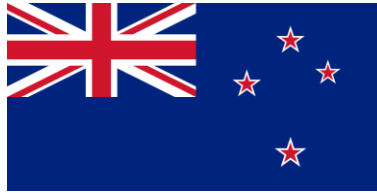
Social Support Act <http://www.minvws.nl/en/themes/social-support-act/default.asp>

## **SUMMARY AND CONCLUSION:**

[http://www.unece.org/pau/docs/age/2007/AGE\\_2007\\_MiCA07\\_CntrRprtNLD\\_e.pdf](http://www.unece.org/pau/docs/age/2007/AGE_2007_MiCA07_CntrRprtNLD_e.pdf)

At the moment the Dutch government has lost its majority in parliament. New elections will be held at June 9th 2010. Afterwards a new coalition government will be formed. The general expectation is that a new coalition government will not take office before September 2010. So, as this report was being prepared, it is not clear what changes in emphasis or new focuses would be introduced to the Netherlands' policy on the elderly or their social inclusion.

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
NEW ZEALAND SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**INTRODUCTION:**

This report provides an overview of the major policies and programmes in place to meet the challenges of an ageing population and ensure the continued participation of older people in all aspects of New Zealand society.

**BACKGROUND:**

New Zealand has a population of approximately 4.3 million people. The New Zealand population is ageing. The median age of the total population was 36 years in 2006, and it is expected to rise to 38 years by 2016 and to 40 years in 2026.

At the 2006 Census<sup>35</sup>, the European ethnic group comprised 77.6 per cent of the total population, Māori 14.6 per cent, Pacific peoples 6.9 per cent, Asian 9.2 per cent and Other<sup>36</sup> 0.9 per cent (Social Report 2009).<sup>37</sup> New Zealanders are able to self identify with multiple ethnicities.

According to 2006-based medium population projections, by 2026 the Māori share of the population is estimated to be 17 per cent, the Pacific peoples share 10 per cent and the Asian share 16 per cent.

***Fertility***

Fertility rates for the year 2008 indicate that New Zealand women average 2.18 births per woman, which is slightly above the replacement rate of 2.01 per cent.

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<sup>35</sup> The New Zealand Census is conducted on a five yearly cycle and the last Census was in 2006. Much of the statistical information contained within this report is derived from this Census data. Unless otherwise stated this report uses medium projections that assume medium mortality, fertility and net migration.

<sup>36</sup> In 2006, the Other category included people who identified with Middle Eastern, Latin American and African ethnic groups (MELAA).

<sup>37</sup> These percentages are for total counts for self-identified ethnic group(s).

New Zealand's comparatively high fertility rate reflects, in part, the higher fertility rates of Māori women (2.95 births per woman in 2008) and Pacific women (2.95 in 2005–2007) in addition to the higher share of Māori and Pacific women in the female population of childbearing age.

### ***Life Expectancy***

Between 2005 and 2007, New Zealanders' life expectancy at birth was 82.2 years for females and 78.1 years for males. This was slightly below the OECD median of 82.3 years for females and slightly above the OECD median of 77.1 years for males. Out of 30 OECD countries, New Zealand was ranked seventeenth for females, and seventh equal for males.

There are marked ethnic differences in life expectancy. Between 2005 and 2007, male life expectancy at birth was 79 years for non-Māori and 70.4 years for Māori, a difference of 8.6 years. Female life expectancy at birth was 83 years for non-Māori and 75.1 years for Māori, a difference of 7.9 years.

## **CURRENT SITUATION OF OLDER NEW ZEALANDERS:**

### ***Demographic Projections***

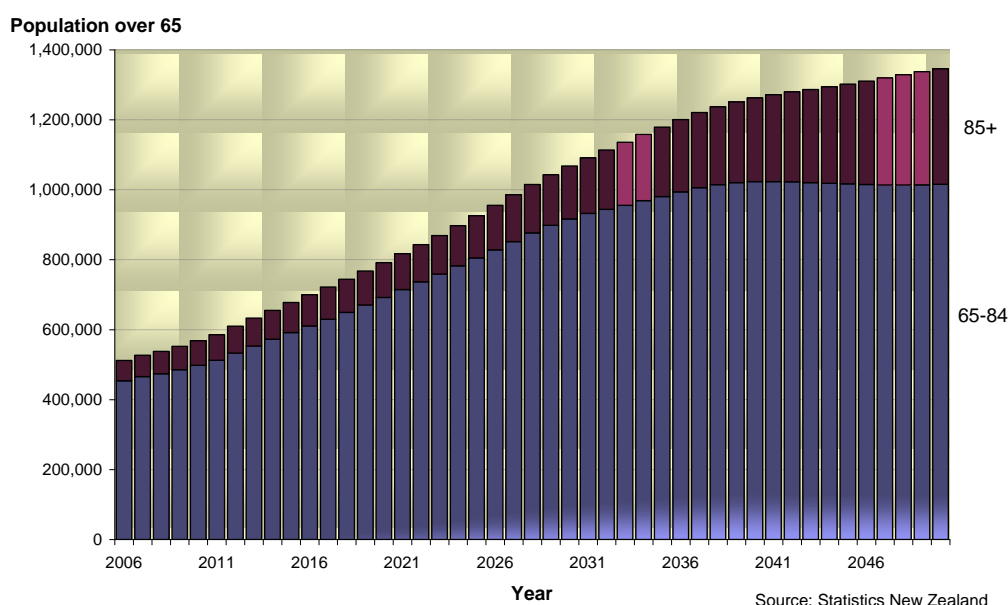
New Zealand has a comparatively younger population profile than most other OECD countries due to slightly higher fertility rates. The transition to an older population structure will accelerate from 2011, when baby boomers (born between 1946 and 1964) start turning 65 years old. There will also be a significant increase in the proportion of people over 85 years. During this shift, the relative proportions of people aged less than 65 years remains relatively constant.

Some of the implications of the demographic shift will be more immediate, while others have a longer time horizon.

As Figure 1 below illustrates:

between 2011 and 2030 there will be a rapid increase in people aged 65 plus from 512,000 (12% of the total population) currently to 1.1 million (21%) by 2030; there will be a significant growth in the oldest old (aged 85 and over) from 58,000 (1% of the total population) in 2006, to 151,000 (3%) in 2030, to 330,000 (6%) by 2050.

**Figure 1: Projected number of those aged 65 and over**



The composition of the older population will become increasingly diverse, reflecting a greater range of financial, social, cultural and family circumstances. For example, the proportion of the population aged 65 and over who are Māori is forecast to increase from 4.7 per cent to around 7 per cent between 2006 and 2030. Māori and Pacific people will also form a much greater proportion of the younger working-age population in the future.

### ***Labour Force Participation***

New Zealand's participation rates of older workers compares well with its OECD counterparts. In December 2009, 80 per cent of those aged 55-59 years, 69 percent of those aged 60-64 years, and 16 per cent of those aged over 65 years were in the labour force.<sup>38</sup> The provision of a non-means tested New Zealand Superannuation and no compulsory retirement age contributes to this high participation rate.

It is expected that baby boomers will continue the trend of remaining in work later. Despite this, total workforce participation rates are expected to decline from 2011. This is because, as the baby boomers age, they will eventually exit the labour market (i.e. between ages 60-70 years). While there will still be new entrants to the labour force, the growth of the labour force will slow as exits exceed entrants. Unless there is a significant increase in labour productivity, this will impact on

<sup>38</sup> *Household Labour Force Survey: December 2009 Quarter*  
[http://www.stats.govt.nz/browse\\_for\\_stats/work\\_income\\_and\\_spending/Employment/HouseholdLabourForceSurvey\\_HOTPDdec09qtr.aspx](http://www.stats.govt.nz/browse_for_stats/work_income_and_spending/Employment/HouseholdLabourForceSurvey_HOTPDdec09qtr.aspx)

overall economic growth. The number of working-age people for each 65 year old is projected to fall from five in 2006 to three in 2030 and down to two in 2050 (see Table 1 below). This trend will flow through to a significant decline in the proportion of 'economically active' people working and paying taxes, relative to those receiving New Zealand Superannuation and other social security benefits funded from general taxation.

**Table 1: Projected ratio of working age people to older people**

65+ years	15-64 years	
<b>2006</b>	♂ ♂ ♂ ♂ ♂	♂
<b>2020</b>	♂ ♂ ♂ ♂	♂
<b>2030</b>	♂ ♂ ♂	♂
<b>2050</b>	♂ ♂	♂

### ***Living Standards***

Ministry of Social Development research shows the majority of older New Zealanders has sufficient income and assets to provide a reasonable standard of living. Although there is evidence of a small group of older New Zealanders (between 4-9%) whose living standards are very restricted, the hardship rate for older New Zealanders is lower than for any other age group.

These relatively good outcomes are due to the mix of public provision (mainly New Zealand Superannuation) and the private provision built up over their lifetime. A key component of the private provision is home ownership; 75 per cent of older New Zealanders own their own home mortgage free.

This assessment of the relative material wellbeing of older New Zealanders is based on three strands of research using:

- household incomes (after taking housing costs into account) as an indicator of material wellbeing
- non-income measures which seek to get a more direct measure of actual daily living conditions in the population
- self-ratings of income adequacy and material wellbeing.<sup>39</sup>

The poverty and hardship rates for different age groups in 2008 are shown in

<sup>39</sup> See the Ministry's *Household Incomes Report* and *Working Paper* on the 2008 Living Standards Survey for full detail of the methodologies used and other findings. These are available on the Ministry's website [www.msd.govt.nz/about-msd-and-our-work/publications-resources/index.html](http://www.msd.govt.nz/about-msd-and-our-work/publications-resources/index.html)

Table 2 below. This table uses two measures – household income less housing cost and the Economic Living Standards Index (ELSI).<sup>40</sup> On both measures, the rates for older New Zealanders are lower than for other age groups.

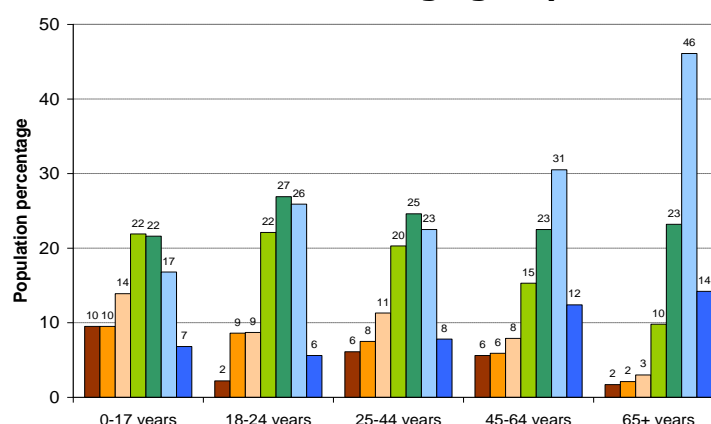
**Table 2: Poverty and hardship rates (%) for selected age groups in 2008<sup>41</sup>**

	Using Household incomes after deducting housing costs	Using ELSI, a more direct non-income measure
<b>ALL</b>	14	13
<b>0-17</b>	19	19
<b>18-24</b>	12	11
<b>25-44</b>	13	14
<b>45-64</b>	12	12
<b>65+</b>	9	4

The ELSI measure allows the living standards of different groups to be compared across the full range from low to high. For presentation purposes the ELSI living standards range can be divided into seven levels - from very low (Level 1) to high (Level 7).

Figure 2 below shows that older New Zealanders have the most favourable distribution of living standards of all age groups.

**Figure 2: Distribution of ELSI scores for age groups in 2008**



<sup>40</sup> The Ministry of Social Development's Economic Living Standards Index (ELSI) is made up of 40 non-income items related to current actual living conditions. A household's ELSI score reflects the combined effect on living conditions of incomes, assets, assistance from outside the household, housing costs, the extra costs of poor health, and so on.

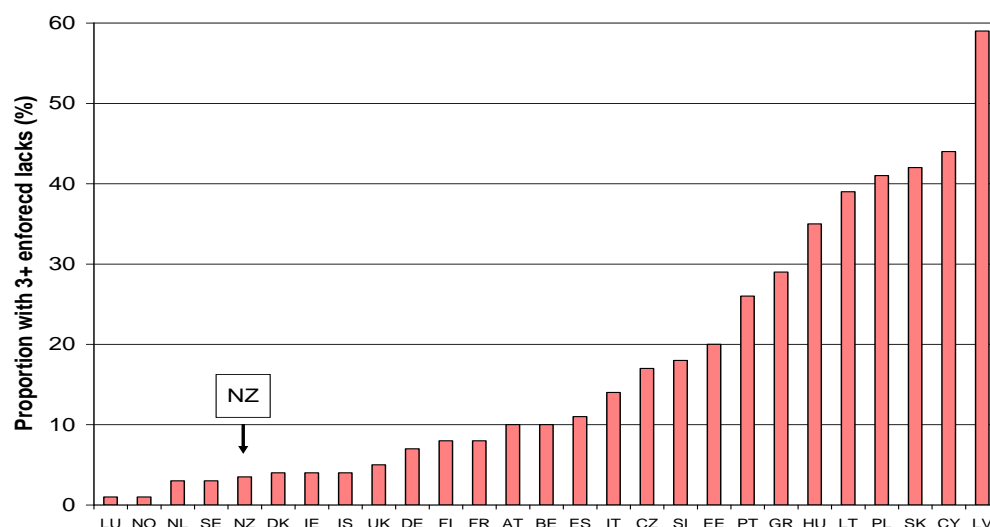
<sup>41</sup> The "income poverty measure" is the after-housing costs measure used in the Ministry of Social Development *Social Report* (2009). "Hardship" is defined as Levels 1 and 2 in the Ministry of Social Development's ELSI measure.

Older New Zealanders have the highest average ELSI score of all groups – 47 compared with 40 for the whole population. Children under 18 years of age have a score of 36. International comparisons of the living standards of groups within nations have traditionally been carried out using household incomes before taking housing costs into account. Comparisons based on this approach have some well-known and serious limitations and can often be misleading. Comparisons using after-housing costs income measures are much more useful but the relevant data is not available in enough countries to make using this a viable option at present.

Recently, some international comparisons have become possible using non-income measures. At present, the comparisons are limited to European nations and New Zealand. This is because countries such as Canada, Australia, and the United States do not yet have the survey data to do the comparisons.

Relative to the European nations, New Zealand has a low hardship rate among its older population. Figure 3 below shows that New Zealand ranks near the top of the table alongside the Netherlands, Sweden, Denmark and Ireland. Even when only compared with the “old European Union” members, the New Zealand rate is low.

**Figure 3: Deprivation rates using the official 9 item EU index, those aged 65 years and over (EU 2007, NZ 2008)**



Despite these relatively good outcomes for current older New Zealanders there is no room for complacency. The risk of experiencing hardship is higher for older people who do not own their own home and who have little or no income in addition to New Zealand Superannuation. The living standards of future older people depend to a large degree on trends in savings rates and home ownership for these future cohorts. The picture is not entirely clear yet as to what the trends in home ownership are.

## **RETIREMENT INCOME POLICY:**

This section provides an overview of current retirement income policy in New Zealand. Many OECD countries are beginning to look at changing retirement income policy to meet the challenges of an ageing population, such as increasing the age of eligibility to aged pensions. New Zealand has already made changes that will help to mitigate the impact of population ageing. Between 1992 and 2001, the age of eligibility for New Zealand Superannuation was increased from 60 to 65 years and compulsory retirement was abolished.

### ***New Zealand Superannuation***

New Zealand was one of the first countries to provide an old age pension (in 1898). The current foundation of the New Zealand Government's retirement income policy is a superannuation scheme established in 1977, funded through general taxation.

### **New Zealand Superannuation is an equitable, effective, simple and secure foundation for retirement income because:**

- eligibility is based on 10 years residence in New Zealand (with five years after age 50);
- over 90 per cent of residents aged 65 years and over receive New Zealand Superannuation;
- means-tested income assistance is available for those who do not meet the residence criteria;
- it does not discourage personal saving because it is not means-tested;
- it does not discourage employment at older ages as it is paid whether the recipient works or not;
- it is simple to explain and administer;
- the rate it is paid is linked to the after-tax, average weekly wage and the Consumer Price Index (CPI);
- it operates at a low administration cost.

*The rate of New Zealand Superannuation payable to a married couple is currently set at 66 per cent of the after-tax average weekly wage.*

### ***Additional Support***

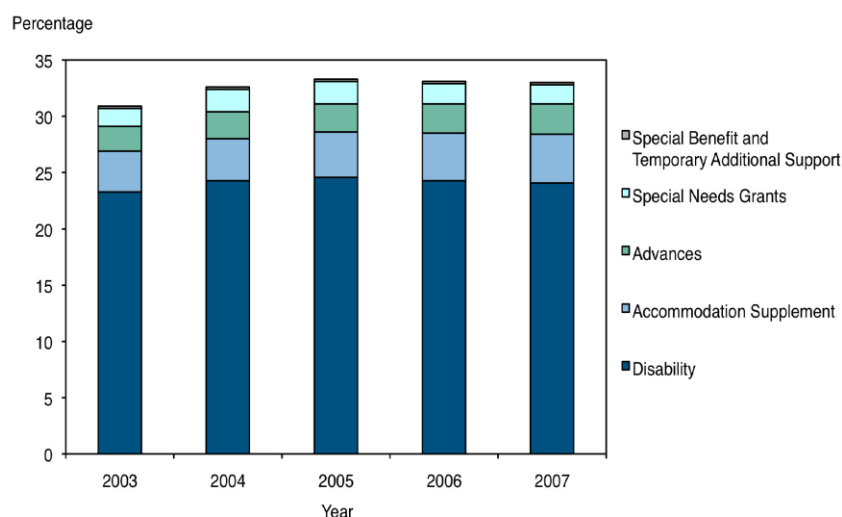
The New Zealand Government provides a range of financial support in addition to New Zealand Superannuation. The non-means tested Living Alone Payment recognises that single superannuitants may face similar costs to couples, but have only one income. Means-tested support available to older people includes the



Disability Allowance, the Accommodation Supplement, Temporary Additional Support, Special Needs Grants, and Advance Payment of Superannuation.<sup>42</sup>

Figure 4 below shows the percentage of older New Zealanders receiving additional support.

**Figure 4: Percentage of New Zealand Superannuation recipients receiving extra financial help<sup>43</sup>**



Source: Information Analysis Platform, MSD

\* Transitional Retirement Benefits were discontinued from 31 March 2004, so are included in 2003 and 2004 only

\*\* Temporary Additional Support replaced Special Benefit from 1 April 2006 with Special Benefit being 'grandparented' for clients who applied prior to this date

Ministry of Social Development initiatives to address the possible barriers to older people accessing extra help have included:

- **outbound calling** to check full and correct entitlement;
- **upskilling** superannuation case managers;
- **developing** fact sheets on what extra help is available;
- **increasing** the distribution of information about extra help through non-government agencies.

<sup>42</sup> The Disability Allowance assists with additional costs associated with a long-term medical condition or disability. The Accommodation Supplement assists with housing costs regardless of tenure. Temporary Additional Support is a weekly payment to assist those who are unable to meet their essential living costs. A Special Needs Grant is a non-recoverable payment to assist meeting the costs of essential and immediate needs when there are no other means of meeting the cost. An Advance Payment of Superannuation is a payment to meet a particular immediate need and must be repaid in instalments.

<sup>43</sup> *New Zealanders Getting Older, Doing More: Briefing to the Incoming Minister* (2008) <http://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/bims/osc-bim-2008.pdf>

The Transitional Retirement Benefit refers to a benefit that assisted older people when the age of eligibility to New Zealand Superannuation was raised from 60 to 65 years.

### ***The New Zealand Superannuation Fund<sup>44</sup>***

The New Zealand Superannuation Fund (the Fund) was established on 1 July 2002. It recognises population ageing as a significant multigenerational, social and financial challenge. The Fund seeks to mitigate this challenge by “smoothing” the tax burden between generations of the future costs of New Zealand Superannuation. It is expected that the Fund will provide eight per cent of the net cost of New Zealand Superannuation in 2050.

The Fund does this by investing Government contributions received during the early period of the Fund and through returns generated over decades of investing (growing the size of the Fund). The intention is not to draw down from the Fund until 2031.

Due to the recent economic downturn the Government made the decision to suspend contributions to the Fund. This does not change the level of New Zealand Superannuation payments. Without the contribution holiday, the Fund would have covered about 11 per cent of the net cost of New Zealand Superannuation in 2050.<sup>45</sup>

Partially “pre-funding” the future costs of New Zealand Superannuation means that future Governments do not have to seek as much from taxpayers (or other sources such as raising credit) to meet the costs of New Zealand Superannuation when it is increasing most sharply.

### ***KiwiSaver<sup>46</sup>***

KiwiSaver is a voluntary work-based savings scheme that came into operation on 1 July 2007. The main purpose of the scheme is to raise the level of personal retirement savings.

All New Zealanders (with some exceptions) aged 18-65 starting a new job are automatically enrolled in KiwiSaver but can choose to opt out. Employees can choose to contribute two, four or eight per cent of their gross pay. The self-employed and unemployed can choose how much they want to contribute. Participants choose to put their savings in one of several approved saving schemes with varying degrees of expected risk and return.

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<sup>44</sup> See <http://www.nzsuperfund.co.nz/index.asp?pageID=2145831955>

<sup>45</sup> Treasury *Long-Term Fiscal Statement*  
<http://www.treasury.govt.nz/government/longterm/fiscalposition/2009/ltps-09.pdf>

<sup>46</sup> See <http://www.kiwisaver.govt.nz/>

KiwiSaver contributions can only be accessed in the following circumstances:

- turning 65 years, or being a KiwiSaver member for five years (whichever is the later);
- a one-off withdrawal after three years to help in the purchase of a first home
- serious illness;
- significant financial hardship;
- being out of New Zealand for 12 months.

From 1 April 2008, employers had to make matching contributions starting at a minimum of one per cent of the employee's gross salary and increasing by one per cent each year. On 11 November 2008, legislation reduced the compulsory employer contribution to two per cent and also allowed employees to reduce their contribution to the same level.

As at 31 March 2010, 1,369,609 New Zealanders have joined KiwiSaver. For the financial year 2009/2010, the total amount in KiwiSaver accounts is \$2,136.1 million.<sup>47</sup>

### ***The Retirement Commissioner***

The role of the Retirement Commissioner was created in statute under the New Zealand Superannuation and Retirement Income Act 2001. The Retirement Commissioner is appointed by the Minister for Social Development and Employment. As an autonomous Crown entity, the Commissioner contributes towards three elements vital to New Zealand's retirement income framework.<sup>48</sup>

#### **These are:**

- maintaining stable, effective government policy;
- developing a more trusted financial services sector;
- creating a financially educated population.

The Retirement Commissioner conducts three-yearly reviews of retirement income policy and provides research on retirement income issues. The main vehicle for improving financial literacy is a website, administered by the Retirement Commission, which provides online tools and calculators.<sup>49</sup>

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<sup>47</sup> <http://www.kiwisaver.govt.nz/statistics/ks-stats-10-03-31.html>

<sup>48</sup> See <http://www.retirement.org.nz/>

<sup>49</sup> See <http://www.sorted.org.nz/>

## **LEGISLATION:**

As the above section demonstrates, the key legislative platform for retirement policy and income is the New Zealand Superannuation and Retirement Income Act 2001 (the Act).<sup>50</sup>

New Zealand Superannuation is governed by the Act. The rate of New Zealand Superannuation and how it is annually adjusted is set out in this legislation. On 1 April each year, the net weekly rates of New Zealand Superannuation must be adjusted, in line with any annual percentage increase in the Consumers Price Index for the year ending the previous 31 December.<sup>51</sup>

After this adjustment, the net weekly amount of New Zealand Superannuation payable to a married couple must be at least 65 per cent of the net average weekly wage, but cannot be greater than 72.5 per cent of the net average wage. It is current Government policy to ensure that the net married couple rate is maintained at a minimum of 66 per cent of the net average wage.

If the net married couple rate after the price adjustment is less than 66 per cent of the net average wage, a further adjustment is made to bring the rate to this level. Following the price and wage adjustment, the single sharing and living alone rates are set at 60 per cent and 65 per cent of the net weekly amount of New Zealand Superannuation payable to a married couple respectively. The calculations for the 1 April 2010 rates are detailed in Appendix 1.

### ***Other Legislation***

The Human Rights Act 1993<sup>52</sup> legislates against discriminatory practices, including age discrimination.

The Employment Relations (Flexible Working Arrangements) Amendment Act 2007<sup>53</sup> gives employees with caring responsibilities a statutory right to request flexible work. The Act has changed the way some employees and employers make, and respond to, requests for flexible working arrangements.

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<sup>50</sup>[http://www.legislation.govt.nz/act/public/2001/0084/latest/DLM113924.html?search=ts\\_act\\_New+Zealand+Superannuation\\_resel&p=1&sr=1](http://www.legislation.govt.nz/act/public/2001/0084/latest/DLM113924.html?search=ts_act_New+Zealand+Superannuation_resel&p=1&sr=1)

<sup>51</sup> The process for adjusting the rates of payment for Veteran's Pension, described under the War Pensions Act 1954, mirrors that for New Zealand Superannuation.

<sup>52</sup> <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>

<sup>53</sup> <http://www.legislation.govt.nz/act/public/2007/0105/latest/DLM1034656.html>

## MAINSTREAM PROGRAMME SUMMARY:

### *The New Zealand Positive Ageing Strategy*<sup>54</sup>

The New Zealand Positive Ageing Strategy (the Strategy) was launched in 2001. Successive governments have agreed it is as relevant now as when it was first developed. The Strategy promotes the value and participation of older people in communities. The Strategy:

- **aims** to improve opportunities for older people to participate in the community in the ways they choose
- **provides** a framework within which policy with implications for older people can be understood and developed
- **identifies** ten positive ageing goals, including health, financial security, independence and physical environments.

The vision of the Strategy is of a society where people can age positively, where older people are highly valued and where they are recognised as an integral part of families and communities.

### *Current Positive Ageing Priorities*

The current Minister for Senior Citizens has decided to focus on three areas. These three areas are linked to one or more of the ten positive ageing goals. They are:

- **employment** of mature workers
- **raising awareness** of elder abuse and neglect
- **changing attitudes** about ageing.

These goals and priorities provide a framework for central and local governments to include population ageing and older people's issues as part of mainstream policy development and strategic planning.

### *Carers' Strategy*<sup>55</sup>

The *New Zealand Carers' Strategy* was published on 28 April 2008 and is a major step towards valuing the immense contribution of carers to New Zealand. It is supported by a Five-year Action Plan to address some of the issues that impact on people who assist friends and family members who need help with everyday living because of ill health, disability or old age. The Carers' Strategy was developed in a partnership between government agencies and the New Zealand Carers Alliance, a network of over 40 non-governmental organisations.

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<sup>54</sup> See <http://www.osc.govt.nz/positive-ageing-strategy/positive-ageing-strategy.html>

<sup>55</sup> See <http://www.msd.govt.nz/about-msd-and-our-work/work-programmes/policy-development/carers-strategy/>

## **FUTURE DIRECTIONS:**

### ***Improving Access to Information and Services***

Growing numbers of older people are using the internet and other communication technologies. This is changing the way government agencies provide information and services now and into the future. The Ministry of Social Development is transforming services to older people by moving towards services being accessible online. For example it is now possible for individuals to start the process of applying for New Zealand Superannuation online.

The *New Zealand Positive Ageing Strategy* is moving towards an online reporting system for positive ageing. This will include demographic data and information about trends.

### ***Older New Zealanders Living Outside New Zealand***

Payment of New Zealand Superannuation may be made to New Zealand citizens living overseas under the following provisions:

- Temporary Absence: Payment of New Zealand Superannuation may continue at the full rate to a person who is temporarily absent for up to 26 weeks, provided that the person returns to New Zealand within 30 weeks.
- General Portability: Payment of New Zealand Superannuation may be made at up to 100 per cent of the core rate, depending on how long a person has lived in New Zealand between the ages of 20 and 65, to people who intend to travel overseas for more than 26 weeks or who intend to live in a country that does not have a social security agreement with New Zealand.
- Special Portability: Payment of New Zealand Superannuation may be made at up to 100 per cent of the core rate, depending on length of residence in New Zealand over a 20-year time frame, to a person who intends to live for 52 weeks or more in certain Pacific countries.
- Social Security Agreement: New Zealand has bilateral social security agreements with several countries.<sup>56</sup> Each agreement enables New Zealanders access to certain social security benefits or pensions when moving to these countries and allows for similar entitlements to people who move to New Zealand from these countries.

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<sup>56</sup> Australia, Canada, the Netherlands, Denmark, Greece, Ireland, Jersey and Guernsey, United Kingdom.

If the agreement allows, payment of New Zealand Superannuation may be made at up to 100 per cent of the core rate (depending on residence in New Zealand over 40–45 years) to a person living in a country that has a social security agreement with New Zealand.

### ***Recognising the Economic Contribution of Older New Zealanders***

While there are very real challenges and fiscal pressures associated with population ageing, there are also opportunities. As the baby boomers begin to turn 65 in 2011 they are likely to challenge the way ageing and retirement is defined. They are already changing the face of business, as mature consumers are the fastest growing market segment. New Zealand businesses are becoming increasingly aware of the opportunities provided by their ageing workforce and consumer base.

### **CONCLUSION:**

The views and voices of older New Zealanders are an integral part of policy and service development. The older population is well served by lobby groups such as Age Concern New Zealand and Grey Power. Both of these groups have regular meetings with government Ministers and officials.

The Volunteer Community Co-ordinators work with the Office for Senior Citizens. There are approximately 50 volunteers in this network. They have been nominated by their community because they have an interest in older people and they are the well-placed to promote positive ageing. Their personal knowledge of their communities is invaluable for policy development and improving frontline services for seniors.

Many older New Zealanders want to contribute to their communities, and there are high rates of volunteering among older people. These volunteering opportunities have the advantage of breaking down intergenerational barriers and misconceptions. For example, the highly successful SAGES programme pairs an older person with a younger family to become their life-skills mentor.

As volunteers, key stakeholders, advocates, family members, workers and consumers, older New Zealanders make, and will continue to make, a positive contribution to New Zealand society and our economy. Our challenge, and our greatest opportunity, is to dispel the stereotypes and myths associated with ageing to ensure that as a society we are able to make the most of the knowledge, skills and experiences of older New Zealanders for the benefit of all ages.

### **[Appendix: Calculation of New Zealand Superannuation Rates 2010](#)**

## APPENDIX: CALCULATION OF NEW ZEALAND SUPERANNUATION RATES 2010

Net (after tax @ 'M' rate) married person rate as at 1 April 2009	\$239.19
CPI increase for the year ending 31 December 2009 (1.96%) <sup>57</sup>	\$4.69
CPI adjusted married person rate	\$243.88
<b>CPI adjusted amount payable to a married couple (2x married person rate)</b>	<b>\$487.76</b>

Gross average ordinary time weekly earnings (males & females combined) from December 2009 Quarterly Employment Survey <sup>58</sup>	\$934.78
Less: Tax (@ 'M' rate and including ACC <sup>59</sup> earner levy of 2.0%)	\$193.24
Net Average Ordinary Time Weekly Earnings (NAOTWE)	\$741.54
<b>CPI adjusted amount payable to a married couple as a percentage of NAOTWE</b>	<b>65.78%</b>

Percentage is less than the 66% <sup>60</sup> floor, therefore further increase the net married person rate	
<b>CPI/Wage adjusted amount payable to a married couple (2x married person rate)</b>	<b>\$489.42</b>
<b>CPI/Wage adjusted amount payable to a married couple as a percentage of NAOTWE</b>	<b>66.00%</b>

<b>Net (after tax @ 'M') rates payable from 1 April 2010</b>	
Married couple rate (total)	\$489.42
Married person rate (each)	\$244.71
Single sharing rate (60% of married couple rate)	\$293.65
Single living alone rate (65% of married couple rate)	\$318.12

<sup>57</sup> Statistics New Zealand, Consumers Price Index (December 2009 quarter), Table 1 (Tradables, non-tradables and all groups), Series SE9A from: [http://www.stats.govt.nz/~media/Statistics/Browse\\_for\\_stats/ConsumersPriceIndex/HOTPDdec09qtr/cpi-dec09-all-tables.ashx](http://www.stats.govt.nz/~media/Statistics/Browse_for_stats/ConsumersPriceIndex/HOTPDdec09qtr/cpi-dec09-all-tables.ashx)

<sup>58</sup> Statistics New Zealand, Quarterly Employment Survey (December 2009 quarter), Table 7.01 (Average earnings and hours, all surveyed industries, males and females combined), Series SBAZ9A from: [http://www.stats.govt.nz/~media/Statistics/Browse\\_for\\_stats/QuarterlyEmploymentSurvey/HOTPDdec09qtr/qes-dec09-tables.ashx](http://www.stats.govt.nz/~media/Statistics/Browse_for_stats/QuarterlyEmploymentSurvey/HOTPDdec09qtr/qes-dec09-tables.ashx)

<sup>59</sup> Accident Compensation Corporation provides no fault personal accident insurance cover for all New Zealanders.

<sup>60</sup> While the legislated wage floor is 65% the current government has committed to maintaining a 66% wage floor.



**SOCIAL INCLUSION FOR AN AGEING POPULATION  
SLOVAK REPUBLIC SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**RESPONSIBILITY:**

National Policy and Program

**GOVERNING BODY:**

Ministry of Labour, Social Affairs and Family of the Slovak Republic  
Spitalska 4, 6, 8  
816 43 Bratislava, Slovak Republic

**Contact:** Dr. Miloslav Hettes, International Labour and Social Affairs  
Director General  
Email: [miloslav.hettes@employment.gov.sk](mailto:miloslav.hettes@employment.gov.sk)  
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**LEGISLATION:**

The principal objective of social policy of the Slovak Republic is to create such legislative and institutional frameworks for the population and to adopt and implement measures that would ensure a decent living standard for everyone. The legislation regulating, inter alia, the area of the inclusion of older people includes:

- **Act No. 448/2008** Coll. on the Social Services and on amending of the Act No. 455/1991 Coll. on small trade business (the Trades Licensing Act) as amended, as amended by the Act No. 317/2009 Coll.,
- **Act No. 599/2003** Coll. on the Assistance in Material Need as amended,
- **Act No. 447/2008** Coll. on the Cash Benefits for Compensation of the Severe Disability,
- **Act No. 600/2003** Coll. on Child Allowance and on amending of the Act No. 461/2003 Coll.,
- **Act No. 461/2003** Coll. on the Social Insurance as amended.

Intergeneration solidarity plays a key role particularly in the pension system's first, pay-as-you-go pillar. The economically active people pay pension contributions from their gainful activity in real time, which generates the revenues in the pension insurance system and represents the main source of financing for the already acquired pension rights. As will have followed from the above this way of financing depends on the **developments in the rate of economically active population (demography)** and the rate of employment, or the number of active policyholders in the system.

To relieve the impact of the demographic risk on the pay-as-you-go pillar, a number of Member States of the European Union have created the so-called demographic reserve funds. At the same time, a part of the new Member States of the European Union (such as Hungary, Poland, Slovakia, Latvia, Lithuania and Estonia) have put in place a **contribution-defined, funded pillar (so-called Pillar II)**, in which a part of insurance contributions paid into the public old-age insurance system has been transferred. The main challenge for the funded pillar in the long term is to relieve the financial pressures on the PAYG pillar.

Beside effective legal framework and the macroeconomic development, the financial behaviour of the pension system is also affected by the **structure of the Slovak population – the demographic development**. Model calculations for various legal frameworks and for different scenarios of demographic and macroeconomic development are used in preparing analytical materials with a view to identifying the strategic direction of the pension system. In modelling the pension system in general, the Ministry of Labour, Social Affairs and Family of the Slovak Republic uses a demographic scenario corresponding to the medium variant of the demographic development, which was elaborated by the Demographic Research Centre.

From a long-term perspective several **effective instruments for the maintenance of financial balance** are available for the pension system within acceptable limits (such as increasing retirement age depending on life expectancy, changing the valorisation mechanism, and adjusting the actual pension value (APV) to the demographic development). What remains an open question is the issue of timing the effectiveness of the implementation of potential solutions and their combinations. **Equally important is to take regard in the application of potential instruments of the average solo old-age pension to the average wage ratio in the national economy that is the adequacy of pension benefits.**

The most significant change, falling effective from 1 January 2009 in the pay-as-you-go pillar (so-called Pillar I), is **the change of the date for valorisation of pension and injury benefits**, namely from originally 1 July of the current year to

1 January of the current year. The above change entails speedier response of benefits, via increase, to the consumer price growth, contributing to increasing the annual income of pensioners and thus to increasing the annual replacement rate of all pensions payable to the annual average wage in the relevant year. As of 1 January 2010, pension benefits and injury benefits were valorised by 3.05 percent. Based on the average monthly amount of old-age pension, by shifting the date of valorisation from 1 January 2010, the income of the average old-age beneficiary will increase cumulatively by 62.10 EUR for the half-year.

## **MAINSTREAM PROGRAM SUMMARY:**

### ***The area of social services***

On 1 January the Act No. 448/2008 Coll. on the Social Services fell effective, which provides in a new way for legal relations and conditions of social service provision in the SR, having as its objective to support the citizens' inclusion and meet the social need of people in unfavourable social situations, including older persons. The Act addresses the long awaited quality improvement and modernisation of social services. In the social services provision each individual has the right to be provided a social service which, in its scope, form and way of provision, allows one to exercise his or her basic human rights and freedoms, respects the human dignity, activates towards strengthening of one's self-reliance, prevents the exclusion and promotes the integration in the society.

The right of the individual to social service provision is declared in consistency with the European Social Charter and in the interest of ensuring the access to social services. Equally, the Act has put in place a number of new kinds of social services and specified the quality requirements and professional standards for social services. Provision is also made for supervision over the delivery of social services, which is to be carried out by the Ministry of Labour, Social Affairs and Family of the Slovak Republic. This central body shall also evaluate the quality of services provided, based on the qualitative and quantitative criteria, i.e. the quality standards.

### ***The area of assistance in material need***

The Ministry of Labour, Social Affairs and Family of the SR lay great emphasis of adequate provision for older people already within the legislative process. Older people constitute one of the categories at risk of poverty. It is a category of people who are incapable or cannot ensure income through their own work by reason of age, or unfavourable health state. According to the data of the Statistical Office of the SR the rate of poverty risk for older people (65 plus) was seen to increase in

2007 by 2.8 percentage points relative to the year 2004. In 2007, 9.9 % of older people were below the poverty line. The data for 2008 will be published only in September 2010, and the SO SR will collect the data for 2009 over the course of 2010. The official results of this survey will be made available in September 2011.

***The rate of risk for poverty for older people aged 65 +***

Year	2004	2005	2006	2007	2008	2009
%	7.1	8.5	8.4	9.9		

The legal framework for the provision of assistance in material need, which is of supplementary nature, is ensured by the Act No. 599/2003 Coll. on the Assistance in Material Need and on amending of certain acts, as amended (hereinafter referred to as the "Act").

The Act in a way favours older people, insofar as it involves a disadvantaged category of people who owing to age or unfavourable health state have limited capacity to ensure income through own work. The advantages in the income and means testing, options to ensure income, as well as the advantages in the entitlement to housing allowance and the protective allowance allow receiving greater support of the State, which mitigates the unfavourable social situation of older people with inadequate income.

***The area of state support***

Within the family policy, and in accordance with the SR Government Statement of Policy, the support was extended for families with children by adding a recurrent state social support benefit - **child allowance bonus**, with effect from 1 January 2008. The child allowance bonus is designed for parents of dependent children, who are in receipt of old-age pension, early old-age pension, invalidity pension by reason of decreased capacity to carry out gainful activity at above 70%, and the pension for years of service upon reaching the age necessary for the entitlement to old-age pension, if, for objective reasons, they do not have income from gainful activity and cannot claim the tax bonus in respect of their dependent children as do the other gainfully active parents.

In such a case the state will provide the parents – pensioners a bonus in respect of each dependent child, at 10.31 € monthly, on top of child allowance. As the child allowance was increased as of 1 January 2010 to 21.99 € monthly, the state social support comprises a total of 32.30 €/month in respect of each dependent child of a pensioner that does not work. The child allowance and child allowance bonus are increased annually, as of 1 January of the calendar year, using the same coefficient as is used for adjusting the amounts of subsistence minimum.

### ***The area of cash benefits for compensation of severe disability***

The Act No. 447/2008 Coll. on the Cash Benefits for Compensation of Severe Disability stipulates the conditions for the provision of cash benefits for compensation for persons with severe disabilities, including older people.

The act makes provision for legal relations in compensating for social consequences of severe disability so as to create comparable opportunities for persons with disabilities in their day-to-day life and eliminate barriers they encounter, with a view to protecting this group of natural persons against social exclusion while respecting their human dignity. In connection with the areas that can be compensated for, the subject of this act are the conditions for the provision of particular cash benefits.

The act aims to maintain, recover or develop the capacities of natural persons and their families to lead independent life, create conditions and support the integration of individuals and their families in the society, with their active participation in the process, and overcome or mitigate the social consequences of severe disabilities.

In response to the implications of the unfavourable demographic development, the ageing of the population, the extension of life span and the associated problems of care provision for older people dependent on the assistance from others, the conditions have been defined for the provision of a cash benefit for nursing and a cash benefit for personal assistance, by which the limited capacity or the loss of self-care capacity of persons with severe disabilities is compensated for, thus extending the scope of beneficiaries to whom these cash benefits can be paid. As the result, natural persons with severe disabilities can remain as long as possible in their family environment.

By the cited act a possibility was introduced to provide a cash benefit for personal assistance also after reaching 65 years of age to such individuals who were also active before that age and had already been provided this cash benefit. In the cash benefit for personal assistance, the promotion of independence is particularly emphasised, as is the maximum activation of individuals with disabilities in their integration in all spheres of life.

Pursuant to this act, the following cash benefits are provided: benefits for personal assistance, nursing, purchase of a personal vehicle, transportation, apartment adjustments, family house adjustments, garage adjustments, purchase of an assistive device, repair of an aid and compensation for increased costs (specific diets, hygiene and the wear of clothing, linen, foot ware and furniture, the operation of a personal vehicle and the care of a specially trained dog).

## PILOT PROGRAM SUMMARY:

### Social enterprises

A social enterprise (*sociálny podnik*) is a legal entity or natural person that:

- **employs** disadvantaged jobseekers as at least 30% of the total number of employees;
- **provides** support and assistance to employees who were disadvantaged jobseekers in finding work in the open labour market;
- **uses** at least 30% of annual profits to create new jobs or to improve working conditions;
- **is registered** as a social enterprise.

The Central office of labour, social affairs and family (*Ústredie práce, sociálnych vecí a rodiny*) grants social enterprise status to such subjects based on a written application.

An application may be submitted by a natural person or legal entity that satisfies the conditions, a sheltered workshop or a sheltered workplace. A legal entity must not be prohibited by law from engaging in business activity.

The employer proves satisfaction of the requirement that disadvantaged jobseekers must make up at least 30% of the total number of employees by means of statistical data, a list of named employees confirmed by the competent office of labour, social affairs and family (*Úrad práce, sociálnych vecí a rodiny*).

The employer proves satisfaction of the condition of providing support and assistance to employees in finding work in the open labour market by means of contracts, payment of invoices, cooperation agreements or other documents proving activity in this area.

The employer proves satisfaction of the condition of using at least 30% of annual profits to create new jobs or to improve working conditions by means of a copy of the tax return, documentation of the results of its activities in the relevant year, statistical reports and the identification of specific improvements in working conditions compared to the previous state of affairs.

If a social enterprise remains in breach of the conditions laid down by the law for over 12 calendar months, the Central office of labour, social affairs and family withdraws its social enterprise status. The central office renews the status of social enterprise no earlier than two years from the cancelation of a previous social enterprise status.

The office pays the following subsidies to the employer monthly:

- subsidy to support the creation of jobs for 12 calendar months at a rate of up to 50% of total labour costs of the employee whose employment the subsidy is intended to support up to a maximum of 50% of labour costs calculated from the average wage in Slovakia (50% of EUR 943.81 = EUR 471.91);
- subsidy to support the creation of jobs after the first 12 calendar months if the employee has not found work in the open labour market alone or with the help and support of the social enterprise at a rate of up to 40% of total labour costs of the employee whose employment the subsidy is intended to support up to a maximum of 40% of labour costs calculated from the average wage in Slovakia (40% of EUR 943.81 = EUR 377.53).

The social enterprise concludes an employment contract with the disadvantaged jobseeker or jobseeker whose employment the subsidy is intended to support for a period of 12 calendar months and for at least half of the set weekly working time.

***Name of social enterprise: Municipal Services in Očová (Obecné služby Očová)***

The allowance organisation Municipal Services in Očová established by Očová municipality was awarded social enterprise status on 15.7.2009.

This social enterprise can serve as an example of good practice; it works actively and is capable of expansion in combination with the implementation of projects that the municipality is working on or which are currently awaiting approval.

Activities:

- disposing of municipal waste and small construction waste (collecting and removing of solid communal waste);
- keeping the municipality clean and tidy;
- maintaining public greenery;
- cleaning streams and ditches;
- operating and maintaining public lighting;
- building and maintaining local roads (for summer and winter use) and public spaces;
- maintaining the municipal cemetery;
- maintaining municipal facilities and buildings;
- operating and maintaining a crafts centre;
- maintaining the municipal public address system.

## **FUTURE DIRECTIONS:**

### ***The area of social services***

In June 2009, the Ministry of Labour, Social Affairs and Family of the SR drew up the National priorities of the development of social services for 2009 to 2013, which reflect the real situation in the social service provision in the SR, based on the needs identified within the SR and the European Community priorities (affordability and accessibility of social services and their financial sustainability). National priorities of the social services development serve as points of departure for the municipalities in drawing up their community plans for social services, and for self-governing regions in drawing up their social service development concepts. The main objective of national priorities is to ensure the right of citizens to social services, increase the quality and accessibility of social services, with an emphasis on the development of social services that are in short supply, or services, which are altogether lacking in particular regions or municipalities.

The national priorities of the development of social services by 2013 include: support for the client's remaining in the natural environment through the development of field social services, day care social services and residential social services in facilities with weekly stay, upgrading of the quality and humanisation of social services secured through reconstruction, extension, modernization, and building of social service facilities and through staff training in the area of social services.

### ***The area of assistance in material need***

In cases of inadequate social security from other systems, such as from the pension system, the Slovak system of assistance in material need provides a guarantee also for older citizens to have the basic living needs ensured, namely by providing assistance in material need.

The basic objective of the social policy of the SR is to continue with creating such legislative and institutional frameworks for the population and adopt and implement measures that will ensure the maintenance and development of human, economic, social and cultural rights and the resources aimed at securing a decent living standard for everyone, promoting gender equality, safeguarding equal opportunities and eliminating any form of discrimination.

### ***The area of state support***

One of the potential approaches that might create room for affecting the demographic behaviour of young people is to **create conditions allowing for**



**reconciliation of personal, family and working life of parents of underage children.** From the aspect of state social support benefits, designed for families with children, the new legislation contributes to the possibility of reconciliation of parental responsibilities and work duties by the provision of parental allowance and the introduction of new social benefits – an allowance for childcare, and a one-off contribution to the parent.

The cited benefits make up a self-contained system enabling the parents of children aged up to three years to decide how long they want to involve in personal care of their child, and when they want to return back to the working process. The state accepts and financially supports every decision by the parent. Increased parental allowance, at 256 € per month, is designed for parents who personally take care of the child aged up to two years, and as the result loose the income from gainful activity. The one-off contribution to the parent is designed for the expenditures incurred in the entry or re-entry of the parent to the labour market. The allowance for childcare is designed for gainfully active parents that will arrange for childcare of their child aged up to three years during the time of performing their gainful activity through another legal or natural person.

## **SUMMARY AND CONCLUSIONS:**

### ***The area of social services***

The Act on the Social Services falling effective on 1 January 2009 is a modern provision of the system of social services in the SR aiming to increase the quality and modernise social services, which will promote the social inclusion of citizens and meet the social needs of people in unfavourable social situations, including older persons.

Despite the existing modern legislation in the SR and in many European countries, we consider the actual guarantee of equal access to social services (including financial affordability on the part of the client, as well as the creation of adequate public resources for the entities responsible for social service provision), to be crucial as it is the basic prerequisite for the provision of social services of adequate quality and quantity.

At the same time we believe it is necessary to create a special mechanism of social and legal protection of the target group of older people, which would safeguard the legal protection of this vulnerable population group, particularly where they are unable to protect their rights and legitimate interests by reason of age and disability, and may thus be exposed to, for example, the risk of abuse and torture.

### ***The area of assistance in material need***

In the Slovak Republic too, the progressive ageing of the population is characteristic for the demographic development parameters. It is therefore necessary to pay greater attention to the support of citizens also at later stages of their life cycle. This concerns mainly those areas of substantive competence of the state which aim at securing the basic living conditions, social and economic security, with a view to contributing to a life of dignity for older people, encouraging their independence but also helping and protecting them at a time of their dependence for assistance from others.

Ivan Gašparovič, President of the Slovak Republic, signed the Convention on 26 September 2007.

The Government of the SR expressed agreement to the proposal for ratification of the Convention and the Optional Protocol by its Resolution No. 117 of 10 February 2010, recommending the President to sign the instruments of ratification and, the National Council of the SR, to express agreement to the ratification of the Convention and the Optional Protocol, with a reservation concerning the application of the provision of Article 27 paragraph 1 (a) of the Convention, "with a proviso that the implementation of the prohibition of discrimination on the ground of disability in specifying the conditions for recruitment, acceptance in employment and the duration of employment is not applicable to the recruitment in the service relationship of the members of the armed force, armed police force, armed corps, the Slovak National Certification Authority, the Slovak Information Service and the fire and rescue service".

The National Council of the SR expressed its agreement to the ratification of the Convention and the Optional Protocol by its Resolution No. 2048, of 9 March 2010, and also agreed to the application of the reservation of the SR concerning the implementation of the provision of Article 27 paragraph 1 (a) of the Convention. At present the Ministry of Labour, Social Affairs and Family of the SR has requested the Ministry of Foreign Affairs of the SR to issue the instruments of ratification of the Convention and the Optional Protocol and their signing by President of the SR is expected.

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
UNITED STATES OF AMERICA SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**RESPONSIBILITY:**

***National policy and programs***

- The Administration on Aging (AoA) serves as the Federal agency responsible for advancing the concerns and interests of older people and their caregivers. AoA's mission is to help strengthen the Nation's capacity to provide the opportunity for older people to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.
- The AoA was created under the 1965 Older Americans Act (OAA). The OAA also authorizes grants to States and Tribal organizations, as well as for research, demonstration and training projects in the field of aging.
- AoA works with and through the National Aging Services Network (the Network) - a nationwide network of national, state, tribal and local organizations and individuals - to carry out its mission by promoting the development of comprehensive and coordinated systems of home and community-based long-term care at the State and local level that are responsive to the needs and preferences of older people and their family caregivers. In the last few years, the Network has taken on a central role in the transformation of health, and most importantly long-term care services in the U.S.
- In addition to OAA act programs, a number of other federal programs such as the Departments of Transportation, Housing and Urban Development, Labor and Veterans Health Administration provide special services for the elderly. AoA works with these programs through interdepartmental agreements and committees and taskforces, such as the Taskforce on the Aging of the American Workforce and the National Center on Senior Transportation. AoA also administers grants together with other agencies, such as the Community Living Grants, administered with the Veterans Health Administration.

## GOVERNING BODY:

Administration on Aging  
U.S. Department of Health and Human Services  
One Massachusetts Avenue, NW, Washington, DC 20001

**Contact:** Marla Bush, International Coordinator  
[marlabush@aoa.hhs.gov](mailto:marlabush@aoa.hhs.gov)  
202-357-3508 (tel); 202-357-3555 (fax)

## LEGISLATION:

- AoA's primary authorizing legislation is the Older Americans Act (OAA), which has played an important role for many years in shaping the U.S.s health and long-term care system to help older adults learn about and access opportunities for maintaining their health and well-being in the community. The OAA recognizes the significance of older people and promotes social services to enhance their ability to live with independence and dignity.  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/OAA/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/OAA/index.aspx).
- Medicare and Medicaid programs, along with the OAA, are key to the rebalancing of the US long-term care system. Medicare provides insurance coverage for healthcare, and Medicaid provides health, long-term care and nursing home care for low-income individuals and persons with disabilities. Together, these programs provide the majority of funding for health care and nursing home care for older persons. All three programs are being modernized to emphasize care in the least restrictive setting with the maximum amount of personal choice and control over care options.  
<http://www.cms.hhs.gov/>.
- Section 398 of the Public Health Service Act authorizes AoA to administer the **Alzheimer's Disease Demonstration Grants to States (ADDGS)** program to develop systems of care for caregivers of persons with Alzheimer's disease.  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Alz\\_Grants/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Alz_Grants/index.aspx).
- The Health Insurance Portability and Accountability Act (HIPAA) provides AoA with Health Care Fraud and Abuse Control funding to support **Senior Medicare Patrols** infrastructure, technical assistance, and other program support and capacity-building activities for purposes of education and training seniors how to participate actively in preventing and detecting waste, fraud and abuse in Medicare and Medicaid.

[http://www.aoa.gov/AoARoot/AoA\\_Programs/Elder\\_Rights/SMP/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/SMP/index.aspx).

- Title XXIX of the Public Health Service Act (42 U.S.C 201) authorizes AoA to administer the **Lifespan Respite Care Program** which provides temporary respite to caregivers of children of adults of any age with special needs.  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/LRCP/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx).

## **PROGRAM FUNDING:**

- The OAA is a federal grant program. Funding for the programs described below is provided via formula grants to States and Territories that then distribute funds to area agencies on aging, which in turn fund local agencies and service providers.
- Within each of the programs, States and Territories have the flexibility to allocate resources among the various authorized services in order to best meet local needs.  
[http://www.aoa.gov/about/legbudg/current\\_budg/legbudg\\_current\\_budg.aspx](http://www.aoa.gov/about/legbudg/current_budg/legbudg_current_budg.aspx).
- The OAA provides services without cost to persons aged 60 and over. All OAA services are targeted at clients who are more vulnerable than the overall population of older Americans and OAA clients tend to be the oldest of the old.
- The OAA also provides for federally assisted employment programs for low-income persons aged 55 years or older. The Senior Community Service and Employment Program operates through the Department of Labor.

## **MAINSTREAM PROGRAM SUMMARY:**

- AoA's long-range vision is to develop a long-term care service system which is person-centered, consumer directed, helps people at risk of institutionalization, allows them to fully participate in all aspects of society and community life and supports living at home for as long as possible. Social inclusion is a key component of programs under the OAA, and other identified legislation.
- Home and community-based long-term care, health, prevention and wellness programs, and elder rights programs serve as the foundation for the Network's responsibility to bring together and coordinate a variety of services

and activities to help older Americans remain independent, active, and at home.

- These include services such as transportation, case management, and information and referral; in-home services such as personal care, chore, and homemaker assistance; and community services such as adult day care and senior center programs.
- Nutrition Services includes congregate nutrition services, home-delivered nutrition services and the Nutrition Services Incentive Program. These programs provide meals and related services in a variety of settings including congregate facilities such as senior centers, or by home-delivery to seniors that are homebound due to illness, disability, or geographic isolation.  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Nutrition\\_Services/index.aspx#nutrition%20services](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Nutrition_Services/index.aspx#nutrition%20services).
- Family Caregiver Support Services include a range of supports to family and informal caregivers in order to help them care for their loved ones at home for as long as possible. The program includes five basic system components: information and outreach, access assistance, counseling and training, respite care, and supplemental services.  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Caregiver/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Caregiver/index.aspx).
- Preventive Health Services are designed to promote behavioral change resulting in healthy lifestyles through physical activity, appropriate diet and nutrition and regular health screening, and to educate older persons of the benefits of including these activities in their daily routine.  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/HPW/Index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HPW/Index.aspx).
- Elder Rights  
[http://www.aoa.gov/AoARoot/AoA\\_Programs/Elder\\_Rights/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/index.aspx).

The OAA brought together various advocacy programs into a system of services, programs, and personnel designed to help older persons understand their rights, exercise choice through informed decision-making, and benefit from the support and opportunities promised by law. As the federal advocate for older Americans and their concerns, AoA is committed to protecting the rights of older people and preventing their abuse, neglect, and exploitation. Toward this end, AoA works to heighten awareness among other federal agencies, organizations, groups, and the public about the needs of vulnerable older people

AoA supports programs that specifically promote the rights of seniors and protect them from abuse, neglect, and exploitation. AoA coordinates these programs at the national level, and members of the Aging Network implement them at the State and local level. The goal of the Elder Abuse, Neglect, and Exploitation Prevention Program is to develop and strengthen prevention efforts at the State and local level. This includes funding for State and local public awareness campaigns, training programs, and multi-disciplinary teams.

Ombudsman staff and volunteers serving in the Long-Term Care Ombudsman Program advocate on behalf of older residents living in nursing homes, assisted living, and other residential settings. Working through hundreds of grassroots programs, dedicated advocates assist residents to voice concerns, secure their rights, and correct conditions affecting their care.

Legal Assistance Developers at the state level coordinate services and work to increase the availability of legal representation and advice to older adults throughout the state, especially those in the greatest social or economic need.

Predatory lending, investment schemes, identity theft, home repair scams, and other types of financial exploitation continue to be major problems for older Americans. Many victimized older adults lose their life savings or their homes and then require nursing homes. AoA's legal providers and legal help lines protect seniors from these threats to home ownership by providing them with prevention information and help in seeking restitution.

AoA recently funded the National Resource Center for Lesbian, Gay, Bisexual and Transgender Elders (LGBYE), which will be the nation's first national resource center to assist communities across the country in their efforts to provide services and supports for older lesbian, gay, bisexual and transgender (LGBT) individuals.

The Resource Center will engage, empower and support mainstream aging providers, LGBT providers and LGBT older adults to ensure that LGBT elders have the necessary and culturally appropriate supports and services to successfully age in place.

[http://sageusa.org/about/news\\_item.cfm?news=167](http://sageusa.org/about/news_item.cfm?news=167).

The Senior Medicare Patrol (SMP) Program trains thousands of senior retired volunteers to educate their peers in preventing, identifying and reporting Medicare, Medicaid and other healthcare waste, fraud, and abuse. The SMP program empowers older Americans to take a more active role in monitoring and understanding their health care.

[http://www.aoa.gov/AoARoot/AoA\\_Programs/Elder\\_Rights/SMP/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/Elder_Rights/SMP/index.aspx).

## PILOT PROGRAM SUMMARY:

- In addition to formula grants, AoA's Program Innovations funding allows AoA to develop and evaluate innovative approaches that can help seniors to stay active, healthy, and independent; remain in their own homes and communities; prevent or delay nursing home placement; and avoid unnecessary spend-down. Competitive grants, cooperative agreements and contracts for Program Innovations are awarded to eligible public and nonprofit agencies, including SUAs, AAAs, institutions of higher learning, community and faith-based organizations, and other entities representing or serving older people. For our most recent Compendium of Grants, go to <http://www.aoa.gov/AoARoot/Grants/Compendium/index.aspx>.
- Among the many pilot programs funded through AoA, the following are examples of strategies that focus on supporting social inclusion of older people to remain active and in the community:
  - **The Aging and Disability Resource Center (ADRC) Grant Program, a cooperative effort of the AoA and the Centers for Medicare & Medicaid Services (CMS)**, was developed to assist states in their efforts to create a single, coordinated system of information and access for all persons seeking long term support to minimize confusion, enhance individual choice, and support informed decision-making. Since 2003, Centers are operating in at least one community in 54 States and Territories. For further information, go to [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/ADRC/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/ADRC/index.aspx).
  - **The Lifespan Respite Care Program** is designed to provide coordinated systems of accessible, community-based respite care services for family caregivers of children or adults of all ages with special needs. [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/LRCP/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/LRCP/index.aspx).
  - **The Community Living Program (CLP)** grant initiative is designed to assist individuals who are at risk of nursing home placement and spend down to Medicaid to enable them to continue to live in their communities. The CLP grants are administered through the State Units on Aging (SUAs), in partnership with Area Agencies on Aging (AAAs) and in collaboration with community service providers, and other key long-term care stakeholders. [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/NHD/index.aspx](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/NHD/index.aspx).



- **The Evidence-Based Disease Prevention Grants Program** is a public-private partnership of federal agencies and private foundations coordinating their efforts to support evidence-based prevention programs at the state and community level. Evidence-based prevention programs are interventions based on the application of principles of scientific reasoning, behavior change theory, and program planning that are proven effective in reducing the risk of disease, disability, and injury among the elderly. For further information go to [http://www.aoa.gov/AoARoot/AoA\\_Programs/HCLTC/Evidence\\_Based/index.aspx#evidence](http://www.aoa.gov/AoARoot/AoA_Programs/HCLTC/Evidence_Based/index.aspx#evidence).

## **FUTURE DIRECTIONS:**

The aging of America creates new challenges and opportunities. In response to these challenges, AoA continues to work with its partners at the Federal, State and community levels to help strengthen the Nation's capacity to promote the dignity and independence of older people. Under President Obama's leadership, we will pay particular attention to:

### ***Supporting Middle Class Families***

A year ago, President Obama appointed a Task Force on the Middle Class, naming Vice President Joe Biden as its chair. Involving many cabinet secretaries, it was designed to find ways to strengthen the economy, help the private sector create jobs and reverse the declines middle-class families have experienced. One area is to help families balance work and caregiving obligations.

The initiative supports increased funding to ease the burden on families with elder care responsibilities and allow seniors to live in the community for as long as possible. It provides support for caregiver support programs that provide temporary respite care, counseling, training, and referrals to critical services as well as funding for programs that provide transportation help, adult day care, and in-home services, such as aides to help seniors bathe and cook.

### ***Community Living Initiative***

President Obama has reaffirmed the Administration's commitment to vigorous enforcement of the civil rights for Americans with disabilities and to ensuring the fullest inclusion of all people in the life of our nation. The Department of Health and Human Services and the Department of Housing and Urban Development play leading roles in identifying ways to improve access to housing, community supports and independent living arrangements. These agencies will work together to put in

place solutions that address barriers to community living for individuals with disabilities and to give people more control over their lives and the supports they need.

### **SUMMARY AND CONCLUSION:**

The OAA programs continue to do a good job in keeping older persons independent and in their communities. The AoA, under the leadership of Assistant Secretary for Aging, Kathy Greenlee, is in the process of preparing for the reauthorization and amendments to the OAA in 2012. The reauthorization provides an opportunity to adapt OAA programs to future needs of older persons and their caregivers, incorporating the principles of integrated, modernized and consumer-directed long-term care for older adults and adults with disabilities.

**SOCIAL INCLUSION FOR AN AGEING POPULATION  
VICTORIA, AUSTRALIA SUMMARY REPORT  
10<sup>TH</sup> GLOBAL CONFERENCE ON AGEING – MAY 2010**



**RESPONSIBILITY:**

Victorian State Government

**GOVERNING BODY:**

Office of Senior Victorians,  
Department of Planning and Community Development

**Contact:**

Director of the Office of Senior Victorians,  
Barbara Mountjouris  
(613) 9208 3155  
[Barbara.mountjouris@dpcd.vic.gov.au](mailto:Barbara.mountjouris@dpcd.vic.gov.au)

**LEGISLATION AND POLICY:**

***A Fairer Victoria***

The Victorian Government has been investing in a whole of Government social policy action plan to address disadvantage and promote inclusion and participation since 2005. *A Fairer Victoria* has been the centrepiece of Victoria social policy since its inception in 2005 and is key in coordinating government effort and articulating future directions to address disadvantage. It is founded on an understanding that in order for the state of Victoria to fulfil its potential as the most liveable place in Australia it must aspire to be the fairest place in Australia.

Recent reporting on outcomes of the *A Fairer Victoria* action plan has shown some impressive results. The \$5 billion committed to actions under *A Fairer Victoria* until 2009 have reaped significant dividends for Victorian families and communities.

For example:

- we are the state closest to achieving a 90% Year 12 or equivalent completion rate;

- we have the lowest rate of people sleeping rough in a time of increased homelessness; and
- more than 3,200 Victorians have been assisted into jobs through the Workforce Participation Partnership program.

*A Fairer Victoria 2009: Standing together through tough times* commits \$925.6 million to protect the vulnerable and address social disadvantage across a range of initiatives. Specific initiatives designed to support seniors in the community include:

- additional funding to the Home and Community Care (HACC) program to strengthen community based services;
- investment in a state-wide network of Community Registers;
- increased access to emergency personal alert devices for seniors who may be socially isolated; and
- additional investment in capital grants for Men's Sheds to continue development of Men's Sheds in locations with limited community facilities and activities for older men.

(<http://www.dpcd.vic.gov.au/Web14/dvc/dvcmain.nsf/allDocs/RWPBA66A032F874AC59CA2572D00026A891?OpenDocument>)

### ***Ageing in Victoria: A plan for an age-friendly society***

Victoria's new ten-year plan for building an age-friendly society which describes commonsense action to build age-friendly homes, workplaces and communities. While Victoria's response to population ageing is shared across a range of portfolios and service sectors, the *Ageing in Victoria* plan articulates a single vision for an older society to guide coordinated whole-of-government planning and investment. The Victorian Government will prepare a Status of Seniors report every two years to assess how well it is meeting the three outcome areas of the Plan.

### ***Social Inclusion: A Victorian Approach***

This 2008 Victorian Government policy document describes the Victorian approach to social inclusion, and outlines a number of Victorian initiatives that promote social inclusion. Victoria invests in a range of universal and targeted programs and also has extensive experience in addressing locational disadvantage through place based approaches. This paper underscores how important it is for social inclusion work to acknowledge, complement and build on existing government effort, especially at the Commonwealth level. The document references Victoria's role in implementing initiatives to support the Australian Government's Social Inclusion Agenda (<http://www.socialinclusion.gov.au>).

*Social Inclusion: A Victorian Approach* articulates an all-encompassing definition of Victoria's approach to social inclusion:

*"Through social inclusion our objective is to improve wellbeing and reduce disadvantage in ways that look beyond a simple lack of economic and material resources. We want to improve opportunities and remove barriers so people can participate in the activities that most Victorians take for granted such as: a job; an education; access to services; involvement in sport and recreation; volunteering; and taking part in local decisions."*

([http://www.dpcd.vic.gov.au/Web14/dvc/rwpgslib.nsf/GraphicFiles/Social+Inclusion+a+Victorian+Approach/\\$file/Social+Inclusion+a+Victorian+Approach.pdf](http://www.dpcd.vic.gov.au/Web14/dvc/rwpgslib.nsf/GraphicFiles/Social+Inclusion+a+Victorian+Approach/$file/Social+Inclusion+a+Victorian+Approach.pdf))

### ***Victorian Charter of Human Rights and Responsibilities***

The Victorian Charter of Human Rights and Responsibilities Act 2006 (Vic) was introduced to articulate the freedoms, rights and responsibilities of all Victorians and focuses on civil and political rights. Government departments and public bodies must observe these rights when they create laws, set policies and provide services.

(<http://www.equalopportunitycommission.vic.gov.au/human%20rights/the%20victorian%20charter%20of%20human%20rights%20and%20responsibilities/>)

### ***Equal Opportunity Act 1995 (Vic)***

The *Equal Opportunity Act 1995* has been successful in raising awareness about human rights and preventing some forms of discrimination. However, the Victorian Government recognised that there remains a need to address systemic barriers to equal opportunity and thus in 2007 initiated a review of certain aspects of the **Equal Opportunity Act 1995**.

The final report from the review, *An Equality Act for a Fairer Victoria*, makes recommendations on a range of issues including that the Commission take on an investigatory role to better address system limitations on human rights.

The first stage of the Government's response to the final report was implemented through the **Equal Opportunity Amendment (Governance) Act 2009**. Another Bill will be introduced in 2010 to implement the remainder of the response to the final report, the content of which is yet to be made public.

## **MAINSTREAM PROGRAM SUMMARY:**

The Victorian Government is engaged in a range of activities addressing social isolation among older people. The following section outlines key findings from two projects: focus group research commissioned by the Office of Senior Victorians, Department of Planning and Community Development and conducted by the Brotherhood of St Laurence; and an inclusion project being delivered by the Department of Human Services in residential aged care facilities called *Count Us In!* It also briefly references a range of other initiatives aiming to facilitate the inclusion of older Victorians.

### **Project 1 - Addressing social isolation amongst older Victorians: An evidence based approach**

In 2007-08 the Office of Senior Victorians (OSV) commissioned a report to develop a better understanding of the scale and scope of social isolation amongst older people and to identify the potential next steps in social policy responses. The study involved an international English language literature review and series of focus groups with older people, service providers and government officials.

The report indicates that approximately 7% of the population over 65 years of age are likely to be socially isolated. Accepting this estimated prevalence rate of 7%, application to the Australian population over 65 suggests there are could be over 286,545 isolated older Australians. Considering the rapid ageing of our population and the financial and service pressures this change represents, the Victorian Government recognises the importance of providing conditions that facilitate the social inclusion of all members of the community, including older people.

#### **Focus group findings - key Issues:**

- 1. *Transport*** - Participants emphasised the importance of accessible transport options for social inclusion and noted the significance of naturally occurring transport support, such as transport provided by neighbours and volunteers.
- 2. *Health and Community Support Services*** - Contributors to the focus groups indicated that health and community services need to take a “use it or lose it” approach which includes empowering older people and using language of “support and choice”, not “care”. Holistic assessment approaches need to be developed that incorporate an understanding of an older person’s social needs and aspirations. Accessible information on community activities and programs provided in a variety of formats and mediums is also needed.

3. *Housing and urban infrastructure* - The focus groups emphasised the importance of affordable, well located housing and “age friendly” urban infrastructure that facilitates ongoing engagement with the community. An Aged Friendly Cities approach which actively includes older people in planning was recommended.
4. *Workforce* – Participants also considered a ‘transition to retirement’ as key to their ongoing social inclusion and noted that information about the range of services, supports and activities available in the community was important to support this transition.
5. *Social Inclusion and Ageism* - A dominant theme in all groups was the negative role of ageism in reinforcing social isolation. To counter ageist attitudes, many ideas were raised for enabling older people to continue as contributing and valued members of the community including implementing an enabling model of care (as noted above) and involving older people in the design and delivery of local programs to support inclusion.

Overall the report made several conclusions about the required characteristics of successful social inclusion programs. These include:

- **Diversity of responses** – the report emphasised that a range of diverse responses and opportunities for participation need to be pursued in order to reduce social isolation. The report also acknowledges the role that ‘gatekeeper’ programs play in identifying older people at risk of or experiencing isolation.
- **Technology** - a strong role was noted for technology to connect older people and the future potential of technology based connections programs was emphasised. The importance of staying up to date with changes in technology was a frequent theme and consistent issues raised with an increased reliance on technology for older people were affordability, training and user-friendliness.
- **Community ownership** – one of the strongest themes to emerge from the research was that responses must be community driven, locally targeted and that program design and delivery must be informed by and involving older people themselves. The report particularly highlighted the beneficial nature of education based social inclusion initiatives.
- **Building networks** - the focus groups and literature review also found that sustainable results are realised when social inclusion programs aim to build networks of peers through areas of common interest.

## **Project 2 - Count Us In! – Promoting and facilitating community inclusion, good health and quality of life for people living at public sector residential aged care services**

Older women and men living in public sector residential aged care services are at greater risk of social isolation and disconnection from the community as relationships and community engagement are often reduced or no longer provided by relatives, friends and the community. Launched in 2006 the Aged Care *Count us in!* initiative continues to promote and facilitate community inclusion, good health and quality of life for older people living at Public Sector Residential Aged Care Services.

In 2006-07 sixteen pilot projects were funded to break down barriers to social inclusion, provide successful strategies to improve community engagement and support the move towards a more inclusive community life for older people in residential aged care.

The second phase in 2008-09 funded nineteen projects across Victoria, building on the successful strategies and resources developed by phase I projects. Projects targeted up to two key focus areas: - to empower and improve the resident's lifestyle and aspirations; to build community capacity to facilitate and support social inclusion for residents; and to embed social inclusion practice within residential aged care organisations. These projects will be completed in April 2010.

Approved projects in the third 2009-10 phase of the initiative will target an integrated approach to incorporate aged care quality improvement initiatives such as the Home and Community Care (HACC) program's *Active Service Model*, and *Well for life* emotional health and wellbeing to improve the living experiences of older people in residential care settings.

### **In particular these projects are encouraged to apply the following principles:**

- support the individual with services they want and need to sustain their sense of inclusion and identity;
- build trust, relationships and partnerships with other residents, family, staff and the community to best support what is unique about the individual;
- promote a holistic person-centred care approach which meets the social, emotional, pastoral and physical needs of the individual;
- maintain the individual's autonomy and independence while living in a congregate care setting.



These projects will explore and challenge these principles and concepts, testing new ground to take social inclusion for older people living at PSRACS to the next phase of good practice.

Key outcomes:

- 1. Increase engagement** between the local community and residents living at public sector residential aged care services.
- 2. Improve access** for people living at public sector residential aged care services to the local community's social supports, civic engagement and activity infrastructure.
- 3. Improve the health and wellbeing** of people living at public sector residential aged care services.
- 4. Strengthen workforce and community capacity and culture** to facilitate social inclusion opportunities for older people living at public sector residential aged care services.
- 5. Promote a positive shift in community** (that is families, friends, volunteers, community groups and the public) attitudes and behaviour towards people living at public sector residential aged care services and residential aged care services.
- 6. Provide resources to support** residents, families, staff, residential aged care services and community organisations to promote and facilitate social inclusion opportunities for older people living at public sector residential aged care services.

**Other areas of work**

- Concessions program – Victorian pensioners have access to one of the most comprehensive assistance packages available in Australia. A wide range of Victorian Government funded services offer concessions to aged pensioners. The Victorian Government funds concessions for pensioner concession card holders on energy, municipal rates, water and sewerage, public transport, motor vehicle registration, TAC insurance charge, and property stamp duty. In addition, pensioner concession card holders receive free ambulance, subsidised public dental, community health, eye care and hearing services.

Eligible pensioner concession card holders can also access hardship programs such as the Utility Relief Grant scheme, targeted environmental and demand reduction programs such as Water Wise, Home Wise, and the water and sewerage connection scheme.

The Victorian Seniors Card program also offers rewards to all Victorians over 60 years of age who are not working full-time. The Seniors Card entitles seniors to travel on public transport at concession rates, free travel on metropolitan public transport on Sundays and during the week of the Victorian Seniors Festival, and two free off-peak travel vouchers yearly for use on regional or metropolitan public transport. Cardholders are also able to access a wide range of discounted goods and services from participating businesses including travel, accommodation, hospitality, entertainment and leisure.

- Investing in social housing – The Victorian Government is working through several initiatives to increase the overall supply of social housing. The 2007-08 Victorian Budget committed \$510 million to improve and build social housing and invest in homelessness assistance. Increased availability of smaller properties will help to meet the needs of older people in housing difficulty.

Housing affordability is an issue for the Commonwealth as well as state governments. The 2009 *National Affordable Housing Agreement* will provide approximately \$1.3 billion (over five years) to Victoria for social housing and to address homelessness.

In addition, \$1.2 billion has been earmarked for Victoria to build approximately 4,500 homes for lower income households and to refurbish existing social housing as part of the *Nation Building and Jobs Plan*. \$500 million has been invested in public and social housing to provide approximately 800 new and redeveloped public housing units and 1,200 new rental homes.

The Victorian Government is also working with the Australian Government to deliver the National Rental Affordability Scheme (NRAS). NRAS aims to increase the supply of reduced cost rental housing for low and moderate income individuals and families across Australia.

- Fostering appropriate and accessible housing - The Victorian Government recently released the *Victorian Integrated Housing Strategy*. The strategy identifies future strategic directions and emerging priorities that will be critical in ensuring that Victorians have housing that is more affordable, more accessible and more sustainable. It recognises that as Victoria's population grows and changes, more diverse housing and tenure arrangements will be needed to reflect the circumstances, lifestyles and choices of Victorians. Collaboration in the development of the Victorian Integrated Housing Strategy has brought together policies and actions from across the Victorian Government. Its implementation will see an ongoing partnership with not-for-profit housing providers, the private housing sector and the broader

Victorian community. The Victorian Government also launched a major community and building industry awareness campaign in 2009, *Build for life*, inform builders, designers and consumers about accessible design elements that should be built into new homes.

*Build for life* acknowledges that often standard homes are not equipped for the changing needs of families and individuals and highlights that as Victoria's demographics change, these 'adaptable features' will become even more relevant.

In conjunction with the *Build for Life* campaign a comprehensive Australian guide to designing accessible homes was released. The guide was developed by the Victorian Building Commission, in collaboration with leading government agencies and building industry organisations and takes a fresh look at the way we design and build houses and outlines ideas for improving access.

In May 2009 work also began on a Regulatory Impact Statement examining the costs and benefits of mandating four accessibility features in the Building Code of Australia. This RIS into VISIBLE and ADAPTABLE Features in Housing has now been completed and a phase of community and industry consultation is now underway.

- Improving access to transport – A 10 year transport plan, the *Victorian Transport Plan*, was launched in 2008 to deliver public transport infrastructure and services that will improve mobility for the whole community, including older Victorians. Funded projects under the plan include new trains for regional services, more bus services for outer suburbs, more low-floor buses, 50 low floor trams and 70 new metro trains. The *Victorian Transport Plan* also commits an additional \$80 million to the *Transport Connections Program* to deliver creative local transport solutions for communities in rural, regional and outer suburban areas (such as community-based transport, taxis, volunteers and car-pooling).

The Multi Purpose Taxi Program also contributes to ensuring continuing mobility by subsidises taxi fares for over 187,000 Victorians with severe and permanent disabilities who cannot access public transport independently. Reforms to the program in 2008 included doubling the existing financial caps. \$44 million per annum is provided to this program.

Other taxi reforms include the introduction of 330 new wheelchair accessible taxi licences for the greater Melbourne metropolitan area. When these licences are released this will more than double the current number of wheelchair accessible taxis in Melbourne.

- Home and Community Care (HACC) - Social inclusion is recognised as a key issue in Victoria's Home and Community Care program, which funds services delivered to over 250,000 Victorians each year. Victoria is engaged in three interrelated service improvement measures aimed at improving the autonomy, independence and social inclusion of older people. The first is the Active Service Model which focuses on refocusing services so that they work together to support service users in achieving their goals, taking a reablement approach which includes reconnecting people into social networks. The second is a Diversity Framework that focuses on identifying at a local level, the range of people in the HACC target group and their specific characteristics that may result in barriers to accessing services, together with an action planning process to deal with those barriers to access. The third is a review of HACC social support and respite services which focuses on how those services identify and respond to users preferences and other opportunities for introducing an Active Service Model approach to this important group of services.
  
- Positive Ageing in Local Communities Project - \$1.305m was invested between 2005 and 2009 to assist local councils and older people to plan for positive ageing in their local communities. Thirty-eight council projects across the state were funded. As a result there has been an increase in local councils with a positive ageing plan from 12 to 73; 11 councils dedicated a staff position to positive ageing; 57 councils formally allocated one or more staff with positive aging as part of their role; more than 10,000 older people had the opportunity to engage with their local council on issues of ageing, and many larger councils have positive ageing implementation plans supported by ongoing program and/or capital funding.
  
- Elder Abuse Prevention- In the 2006-2007 Budget, the Victorian Government allocated funding of \$5.9 million over four years to support the prevention of abuse of older people, strengthen service responses to cases of abuse and to establish a state-wide community education service and older persons' legal service. The funding has been used to establish: Seniors Rights Victoria, a state-wide legal and support service for older people experiencing elder abuse; a state-wide community awareness strategy including public forums and workshops for older people; a program of financial literacy workshops and; a three year professional education strategy providing training to key sectors providing services and support to older people.
  
- Transport Connections - \$80m was allocated to the Transport Connections program in 2008 to assist communities to work together to improve local transport. Through local partnerships and the use of existing assets and

services such as taxis, school buses, community buses and volunteers, communities are developing innovative approaches to making participation in community life easier for people with limited access to transport.

- University of the Third Age growth strategy – U3As are volunteer run and managed 'learning co-operatives' of older people which encourage healthy ageing by enabling members to share educational, creative and leisure activities. U3As draw on the skills of their members and their local communities to develop educational programs on offer to their members. In 2006 the Victorian Government began investing in the expansion of the network of U3As across the state to both increase membership and the diversity of programs on offer. LGAs with high numbers of older adults, disadvantaged locations and those with culturally and linguistically diverse (CALD) groups have been targeted.
- Men's Sheds – The Men's Sheds program supports communal spaces for men to contribute to their community through volunteering, mentoring and other activities. The Sheds are also an avenue for men to access health information and advice in a way that is not confronting. Research has shown that Men's Sheds strengthen communities through improving health and wellbeing and increasing access to education and employment pathways. The Victorian Government has committed \$4 million to the Men's Sheds program so far. There are over 80 Men's Sheds in Victoria.
- Community registers – During the 2008-09 summer Victoria experienced extreme weather conditions, with many records set for high day and night time temperatures, as well as for the duration of extreme heat. The extreme weather had particular impact on older people, including many deaths. Some media reports focused on social isolation in cases where deceased older people had remained undiscovered in their homes for long periods of time. Part of the heatwave response includes funding for the state-wide rollout of the Community Registers program. Older people and people with disabilities living alone who have put their names on the register can choose to receive regular contact telephone calls. The initiative enables older people and people with a disability living alone to keep in touch with local volunteers and receive important information about local weather conditions and safety issues through telephone calls and newsletters.
- CALD Senior Surfers - The very low take-up of the Internet by culturally and linguistically diverse (CALD) background seniors prompted the three year *CALD Senior Surfers* program. Ten ethnic community organisations, with a diverse cross section of language groups, have participated in the program to

date; each organisation has received funding to purchase hardware and/or software and/or Internet connections and is providing public Internet access in an environment that participants are familiar and comfortable with; volunteers from each organisation have undertaken specialist training; and volunteer trainers and participants are being assisted by curriculum materials translated into a range of languages. Approximately 265 older people have received internet training. The Victorian Government commenced a second funding round in 2009.

- Inner East Primary Care Partnership – Social Inclusion for Older People – This initiative was comprised of two major projects:
  - the Community Leadership Program to build community leadership skills through training in areas of social disadvantage, and
  - the Mobilising Communities project to work with the small and marginalised Cambodian community to foster development of community networks and training of leaders in order to encourage community driven initiatives which aimed to address disadvantage and isolation of older Cambodian women. An evaluation has shown that this model was successful in improving leadership skills within the community and generating sustainable responses to disadvantage, such as the establishment of two new U3As specifically for the Cambodian community.
- Mobility Advisor Project - In 2006 the Victorian Government initiated the Mobility Advisor Project to assist older drivers to maintain their mobility once they gave up their licences. The project is running pilot programs to assist older people in the process of relinquishing their driver's licence to develop alternative transport options.

## **FUTURE DIRECTIONS:**

The *Ageing in Victoria* policy framework outlines directions for the next ten years for government and community activity to meet the challenges and opportunities of the ageing population. The framework builds on investments to date in a range of strategies designed to meet the needs of older people.

The framework's vision is for an age-friendly society where older Victorians play active and valued roles in society, age with dignity, maintain independence and have their rights respected and upheld. The framework takes a life course approach which acknowledges the influences that contribute to the life experience and capacities of people at particular stages of their lives. This approach aims to build social capital throughout the life course to ensure these significant points of transition are managed successfully.

The strategies outlined in the framework aim to achieve better outcomes for older people in three priority outcome areas:

- 1. Good health and wellbeing** focusing on prevention, early intervention and person-centred models of care including increasing social inclusion of older people in aged care through the *Count Us In!* program;
- 2. Age-friendly communities** particularly focusing on increasing the supply of accessible housing and improving urban planning and transport systems for mobility and accessibility through programs such as *Build for Life*; and
- 3. Economic and social participation** focusing on reducing barriers to mature-age workforce participation, protecting older peoples' rights and improving access to information.

Our ongoing efforts to support the social inclusion of older people will draw on the findings of our research regarding the characteristics of successful project design, especially acknowledging the importance of engaging older people in program design and delivery.

Social inclusion is addressed in the third outcome area and includes strategies such as supporting inclusive models of volunteering and participation through clubs and organisations that are relevant to the needs and preferences of older Victorians, and improving access to government information.

## **SUMMARY AND CONCLUSION:**

Evidence from research undertaken in Victoria suggests that the key role for government is in activating the community to identify and respond to the needs of its socially isolated. This challenge can be met by supporting programs that encourage community run organisations and facilities that support and engage vulnerable people in the local area, like many underway in Victoria outlined above including U3As, Men's Sheds and Community Registers.