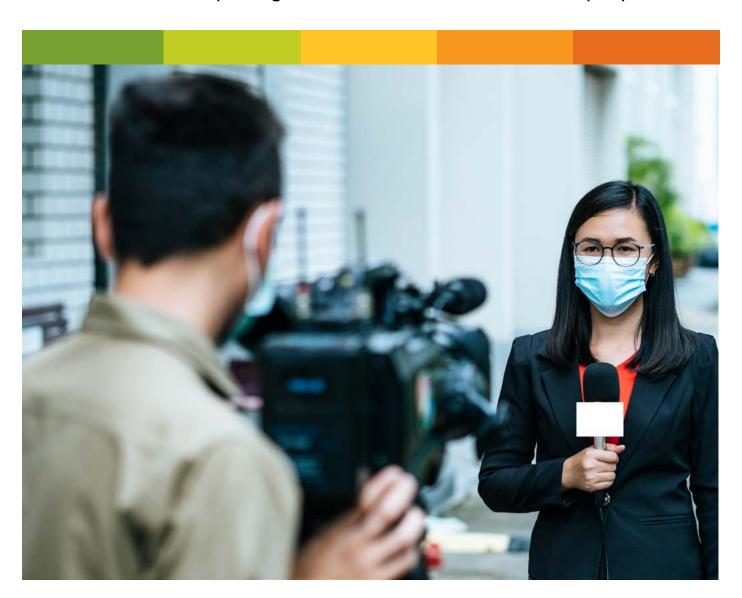


# COTA AUSTRALIA Journalist's Guide to the 2022 Australian Federal Election

A toolkit for reporting on the issues that matter to older people.











### **COTA AUSTRALIA**

Council on the Ageing (COTA)
Australia is the leading national older
Australians organisation, which through
policy development, advocacy and
representation seeks to achieve an
equitable, just and inclusive society for
Australia's more than eight million older
Australians.

COTA Australia has been identifying the needs of, and issues affecting, the welfare of older Australians since it was first formed in 1958.

COTA Australia is the leading voice on the rights and interests of older Australians.

### **Contacts**

COTA Australia has spokespeople available to comment on any issue relevant to Older Australians.

lan Yates, Chief Executive 0418 835 439 iyates@cota.org.au

Media Consultants (Essential Media Hannah Craft) - 0423 377 965 hannah.craft@essentialmedia.com.au or Alana Mew - 0419 929 722 alana.mew@essentialmedia.com.au

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Authorised by COTA Australia Suite 9, 16 National Circuit, Barton ACT 2600 T: (02) 6154 9740 Visit www.cota.org.au E: cota@cota.org.au Facebook.com/COTAAus Twitter: @COTAAustralia

March 2022



What matters to Older Australians?

COTA Australia has prepared this guide to assist journalists reporting on issues that matter to older Australians.



The upcoming Federal Election will be important for everyone, not least of all our older Australians.

Our hope is that throughout the upcoming Federal Election, the voices of Australia's older people will be heard – both through political action and through media coverage.

The following guide has been created to provide you, our country's journalists, with a ready reference about older Australians, the issue that matter to them, and how to report on them successfully.

We hope you find this guide useful throughout the election cycle.

Good luck and thank you for the important role you play.



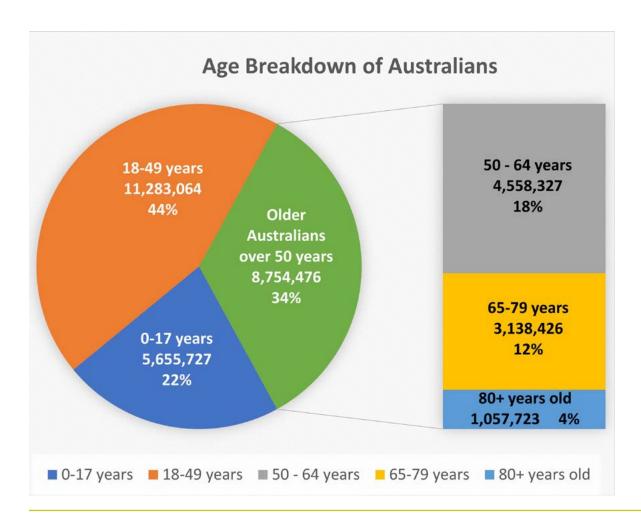




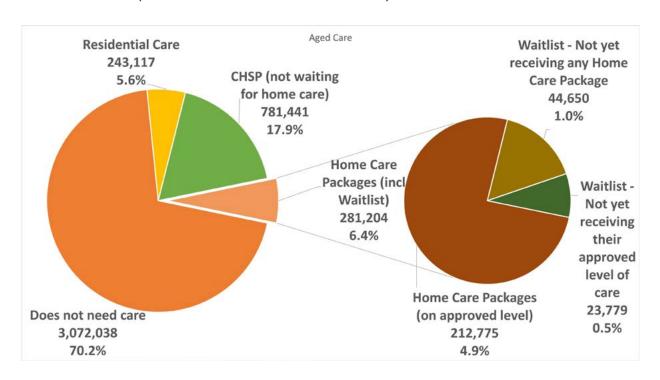




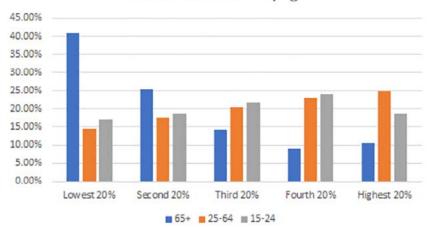
# **AGEING AUSTRALIA**



**AGED CARE**Figures as at 30 June 2021 (excl. HCP which is as at 31 December 2021)



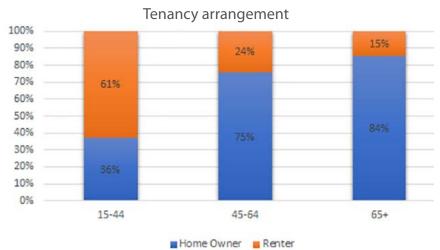
### Household income by age



# INCOME DISTRIBUTION OF PEOPLE IN HOUSEHOLDS BY AGE

Age	Lowest 20%	Highest 20%
65+	40.93%	10.48%
25-64	14.46%	24.86%
15-24	17.07%	18.65%
under 15	20.92%	14.81%

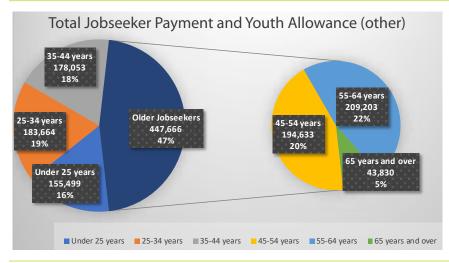
Source: https://povertyandinequality.acoss.org. au/inequality/income-distribution-of-people-in-households-by-age/



### **TENANCY**

Age	Home Owner	Renter
15-44	36%	61%
45-64	75%	24%
65+	84%	15%

Source: Survey of Income and Housing conducted from July 2017 to June 2018

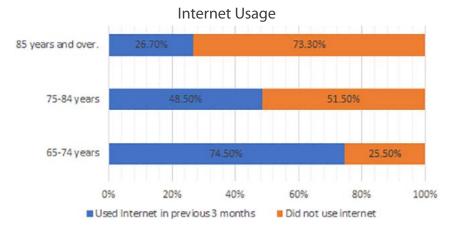


# TOTAL JOBSEEKER PAYMENT AND YOUTH ALLOWANCE (other)

Recipients by age group Jan 2022

•	Under 25 years	155,499
•	25-34 years	183,664
•	35-44 years	178,053
•	45-54 years	194,633
•	55-64 years	209,203
•	65 years and over	43,830

Source: Services Australia data



### **INTERNET USAGE**

Age	Used	Did not use
65-74 years	74.50%	25.50%
75-84 years	48.50%	51.50%
85 years+	26.70%	73.30%
All 65+	61.60%	38.40%
All 65+	2.3 million	1.4 million

# On language and stereotypes

Much like race, religion, disability, gender and sexuality, age discrimination is common in Australia.

At worst media can contribute to ageist stereotypes and bigoty.

At best, journalists can use their platform to call out bad behaviour.

COTA Australia
believes that if
a politician says
something blatantly
bigoted against older
(or younger) people
they should receive
the same commentary
as if they had used a
racial slur.

Ageing is not just one long process of people losing their dignity and independence. Assumptions about the ability to manage technology, personal mobility, and our financial affairs as we age are damaging. For some, towards the very end of life there is a cognitive decline, but this does not happen to all and is better depicted as an acquired disability, rather than an inevitable fact of ageing.

Older people are diverse.

That diversity includes social and economic circumstances, gender identity and sexual orientation, ethnicity, race, political and religious views, as well as both physical and mental ability. Reporting, or political statements, that depict older people as an homogenous cohort is offensive to the excluded, and factually wrong.

All the advantages and disadvantages that people accrue over their life will accumulate differently according to other aspects of their experience.

Poverty, discrimination, chronic illness, or disability can mean that cognitive and physical decline linked with age may happen much earlier in their life. Wealth and privilege may mean that their vulnerability to financial abuse is much greater.

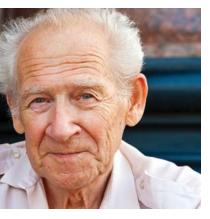
Don't refer to someone as a stupid old fool, when a more precise non-ageist term like behaving foolishly describes the behaviour not the person.

The aim is to avoid value-laden terms and to instead use words that reflect the individual's actual conditions. Euphemisms, or terms that are thought mild or vague as substitutes for others thought offensive or blunt should be avoided.

# Older people are diverse!



### **KEY TERMS**











### **Aged Care**

While neutral terms such as aged care homes, or residential care facilities may be preferred by some in the aged care industry, older Australians often resonate more with *nursing homes*.

The emphasis should be on home, which is a place with residents (not patients). When reporting, it's important to remember that residential care is only a small part of aged care, and most people receiving care receive *home care*. Whilst Nurses are an important part of care, there are many more personal carers, allied health professionals and other aged care workers in the industry. Aged Care Providers are the organisations that employ aged care workers, and deliver the services to Aged Care Consumers.



### Older people

The term **older person** is best practice when generically referring to people over 50 years.

Terms used generically such seniors, senior citizens, old people or elderly can be seen as offensive and biased because they imply frailty.

The dominant meaning of Elder refers in Australia exclusively to people from First Nations traditions, and should not be used to describe other older people.

Avoid euphemisms that create negative imagery such as, senile, spry, zesty, over the hill, past one's prime, etc.



### **Older workers**

The preferred term for people in employment that are over the age of 50 years is *older workers* or *older jobseeker*. The practice of employing older workers is best referred to as *employment of older workers*. A useful term is *involuntary retirement* which occurs when an older jobseeker cannot find work due to age discrimination.

### **Incomes**

The use of terms such as **pensioner or self-funded retiree** should only be used if their source of income is directly relevant and known. Most people who call themselves a "self-funded-retiree" receive some government support, and most people who call themselves a "pensioner" have some assets and other income. Use **Older People** instead.



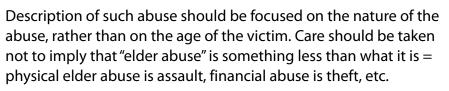
### Retirement

Today only a minority of people make a clean break between employment and leisure at a defined aged. Many retain part-time employment, engage in business, or other activities that yield financial benefits. Formal retirement was abolished in Australia decades ago (apart from judges). Consequently, the term retiree is of limited use, as it includes people in many different circumstances. Use *Older People* instead.



### **Elder Abuse**

The abuse of people who are vulnerable or powerless is a problem throughout society, but it is of particular concern when the abuse is of an older person who may be frail or suffers from cognitive impairment. Such abuse is not a subset of family violence, nor of intimate partner violence but can occur whenever there is a power imbalance between the perpetrator and the older person. The abuse can be physical violence, emotional, psychological or financial in nature.





### **Disability and Disease**

Many older people have acquired disability though disease. Whilst some diseases are the result of lifestyle, other people didn't have high-risk lifestyles, and it is important not to depict acquired disability as the victim's fault. If relevant, report the disability as you would any other, but avoid implying it is a natural consequence of age, or that the lack of disabilities of an older person are peculiar. Some live with *dementia* (not senility, not wandering).



# **AGED CARE**









A ged Care has been a policy problem in Australia for many decades. There has never been a time when significant scandals of abuse, neglect and mismanagement have not occurred. Consumers have long argued for a system that is organised around their needs, more like the NDIS, than around provider and government interests.

Since 2011 the Federal
Government has taken over all
responsibility for funding aged
care, whereas previously home
care was partly funded by the
States and Territories. Some
States continue to operate
some nursing homes, still
mainly funded by the Federal
Government.

The vast bulk of nursing homes are not government owned. They are run by a mixture of religious and secular charities (both big and small), community organisations, family and small businesses, through to large corporations. Some of these providers also run services in home care, which is where the majority of Australians get their care.

There was an Aged Care Royal Commission, which reported on 1 March 2021 (https://agedcare.royalcommission.gov.au/publications/final-report). It found that there is significant degree of substandard care and the need to turn the system upside down so it meets the needs of older Australians.

It recommended a five year timetable of reform to the way aged care is designed, legislated, managed and governed. The Australian Government has accepted most of the recommendations of the Aged Care Royal Commission and so far has invested an extra \$18.3B in the 2021/22 Budget and MYEFO over four years to begin implementing these reforms.

The government has not adopted the recommendation to join the Fair Work Commission process to introduce an industry-wide pay rise, which governments generally have not, but is cooperating with the Commission. A 25% increase is supported by unions, provider peaks and COTA Australia. This increase will lift rates of pay to equivalent jobs outside aged care, and is essential to attract, train, and retain a higher skilled workforce. A range of other measures are also needed to build a stronger. More professional and consumer focused workforce.

There has never been a time when significant scandals of abuse, neglect and mismanagement have not occurred. Consumers have long argued for a system that is organised around their needs, more like the NDIS, than around provider and government interests.

Other reforms and recommendations that may become issues include:

- Ensuring that older people are empowered to have choice and control over their care planning and service delivery, both in the new Support at Home program to commence 1 July 2023, and in residential care options.
- Genuine engagement with older people and their families by the Australian Government in the design and implementation of the reforms.
- Full transparency and accountability of service providers' performance, quality, safety, and prices.
- A star rating system where older people and their families can compare information on the performance, quality, safety, staffing, and costs of aged care service providers.
- A set of policies and programs to get poor providers out of the system, whilst supporting staff and residents.

- A new Aged Care Act, based on human rights, that empowers and protects consumers.
- Ending the waiting lists for home care, with no more than 30 days from application to getting a service. This will help ensure older people can remain living in their own home for as long as possible.
- Increasing the amount of time that residents in nursing homes receive from front line staff and nurses.
- The funding for "care packages" in aged care homes will be allocated to the person, rather than the provider, meaning they can pick and choose among better providers, and can move between homes and take their funding with them.
- A stronger regulator with increased capability and capacity to act quickly against poor providers, address poor leadership, service practice and culture, lack of clinical governance and low staff numbers.









### **RETIREMENT INCOMES**



Older Australians have three sources of income if they are no longer working:

- Superannuation
- The age pension (and other government payments)
- Private savings (including home ownership and other investments)

The interactions between these three 'pillars' of retirement income was considered by the Retirement Income Review in 2020 (https://treasury.gov.au/publication/p2020-100554). It found the system broadly sustainable, and presented evidence of its strengths, and weaknesses.

An important finding, accepted by government and publicly stated by the Treasurer of Australia, is that the age pension is financially sustainable, and will remain a key pillar of retirement income for the very long term.

Issues that may arise in the election include:

- Support for pensioners living in private rental who often spend much more than the affordable benchmark of one third of their income to rent their home. The rate of Commonwealth Rental Assistance is far lower than it needs to be to help this group of pensioners and older jobseekers. Older women who have suffered family breakdown are a particularly vulnerable group.
- Age pension income test: this has two components - an amount you can earn fortnightly before the pension is affected at all; then it is reduced by 50c in the \$, until it cuts out altogether. COTA and others have proposed that government loosen this up at present to encourage people who are not or only minimally in the workforce, increase their hours to assist skills shortages, without affecting their pension
- The age pension asset taper rate: the taper rate is the calculation that reduces the pension of people based on their assets (not including the home). Some believe this

creates a disincentive to save between about \$400K and \$600K, others support a strong taper as targeting the age pension t those who need it most.

The rate was generously reduced by the Howard/
Costello budget in 2007 but restored to its old and current rate by the Abbot government in 2015, with Greens support. Expert advice is that the correct rate is between the two levels.

Deeming rates: financial assets held by pensioners are "deemed" to earn a certain rate of income, rather than being assessed on actual earnings.

Up to \$53K (single) and \$89K (couples) is deemed at 0.25%, above that its 2.25%. Low interest rates have seen some pensioners not able to realise the incomes that the taper rate assumes they have. For some but not all this can affect their pension. Others have investments significantly higher than the deeming rate and that's "free" income.

Tax treatments of superannuation and private savings, and intergenerational wealth transfers: Basically, tax concessions on super contributions and earnings disproportionately benefit people with higher incomes and assets as the Retirement Income Review demonstrated.

Minimal tax in retirement means the next generation are paying for health and retirement income costs. It is important in this debate that it is not framed using stereotypes (Some older people do have substantial wealth, but most don't at present – it's a bigger issue for the future), and that ageism is called out when it occurs.



# **HEALTH**



ealth care is consistently among the top three policy issues for older Australians.

In COTA's most recent State of the (Older) Nation 2021 (SOTON) Report (https://www.cota.org. au/policy/state-of-the-oldernation/), self-reported positive physical health ratings had declined significantly from 67% in 2018 to 57% in 2021.

In the same period, positive mental health ratings fell from 80% to 72%, and quality of social relationships from 72% to 66%.

Due to shared funding arrangements between the Commonwealth and States, no one takes responsibility for joining up our health system to make sure older people can access all types of healthcare where and when they need it.

Older Australians prefer to have our needs met in the community rather than in hospitals. Governments should design services that connect the health system with other systems such as aged care, disability and housing, without program barriers that prevent a provider from working holistically.

Two focus areas for the next Government are:

### Preventative health:

Health services should be focused on the whole person, wellness, and building capacity.

The rise in chronic disease and complex conditions demand a shake-up of the health system. Funding should be allocated to programs that prevent illness, and early interventions that both prevent suffering, and

save money on more costly treatments later.

The National Preventative Health Strategy outlines many initiatives that will ensure quality consumer experience and better health by providing timely access to care and support.

### Mental health:

Older people have inconsistent access to mental health services; private care is unaffordable for most, there is a lack of services specialising in mental health care for older adults, and ageist attitudes contribute to the overprescribing of medications.

We need a primary health care system that works with older Australians to improve and sustain their mental health.

# **ORAL AND DENTAL HEALTH**



There is a strong link between oral and dental health and overall health. Poor oral health in older age has broad impacts on physical and mental wellbeing, including increasing the risk of diabetes, heart disease, and malnutrition.

Every year more than 60,000 older Australians are hospitalised due to preventable oral health conditions.

For those lucky enough to access a public dental clinic, wait times can be over two years, and services are limited to basic treatments.

There are many reasons older people have irregular or no contact with oral health services, including cost, limitations on mobility, lack of outreach services, and lack of specialists in geriatric dentistry. For those lucky enough to access a public dental clinic, wait times can be over two years, and services are limited to basic treatments.

Australia has a National Oral Health Plan 2015-2024 under which the State and Territory Governments provide most of the public dental services to older people. By contrast, children can access the Child Dental Benefit Schedule that funds dental care to be delivered by local dentists.

The Aged Care Royal
Commission recommended
the phased introduction of a
Senior Dental Benefit Scheme
funded through Medicare, a
recommendation supported by
COTA Australia. The Australian
Government response to the
Royal Commission indicated
that the recommendation is
'subject to further consideration'
by 2023, noting that State and
Territory Governments are
primarily responsible for adult
public dental services.

COTA has regularly proposed national dental health semes got older Australians, including in our 2022 Federal Budget Submission https://www.cota.org.au/wp-content/uploads/2022/01/COTA-Australia-Pre-Budget-Submission-2022-23-FINAL.pdf

# **WORKFORCE PARTICIPATION**



The concept of a 'retirement age' is no longer a reality for older Australians. People work longer for many reasons, including financial freedom, professional satisfaction, or staying engaged socially, and should be supported to work as long as they choose.

People aged 55–64 spend on average 36 weeks looking for work until they find employment, compared to 14 weeks for all age groups.

For some Australians in their 50's and early 60's, ageist attitudes in the workplace make keeping or finding a job difficult.

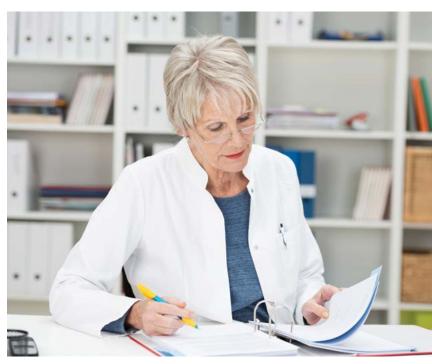
Over 30% of employers told the Australian Human Rights Commission in 2018 they wouldn't hire someone over 50 years, despite such discrimination being illegal. People aged 55–64 spend on average 36 weeks looking for work until they find employment, compared to 14 weeks for all age groups.

# Likely policy ideas to be debated in the election include:

- Programs that support older unemployed people and connect them with employers (like the Career Transition Assistance program).
- Incentives to employ older workers (like the Restart Wage Subsidy program).
- Programs that encourage the inclusion of 'older workers' within company diversity practices.















# **ELDER ABUSE**

# Elder abuse is often perpetrated by those who we trust: family, carers, neighbours, and friends.

Older Australians, as a group, are the amongst the most vulnerable in the community. Frailty and a lack of understanding of newer technologies among a significant minority can make them more vulnerable to abuse.

Elder abuse is often perpetrated by those who we trust: family, carers, neighbours, and friends. People with poor physical or psychological health and higher levels of social isolation are more likely to experience elder abuse.

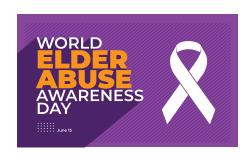
A national prevalence study into elder abuse released in December 2021 shows that one in six older Australians (15%) reported experiencing abuse in the previous year. It found that Elder abuse can take the form of psychological abuse (12%), neglect (3%), financial abuse (2%), physical abuse (2%) and sexual abuse (1%).

Many of these cases of abuse were also documented by the Royal Commission.

Almost two thirds of older people don't seek help when they are abused (61%). Elder abuse often remains hidden, with the most frequent action taken to stop the abuse involving the victim speaking directly to the perpetrator.

The National Plan to Respond to the Abuse of Older Australians 2019-2023 seems broadly supported, but it is vague and high level and effective implementation depends on proper funding of its initiatives. A positive role for the media to play is to prioritise reporting on Elder Abuse, and helping the community understand it, and recognise it may be happening to them, or someone they care about.

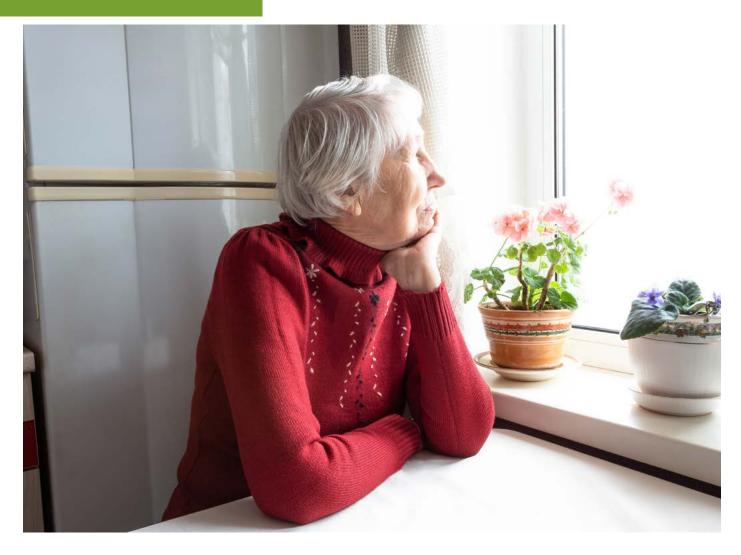
Stories should include details of the Elder Abuse Hotline 1800 ELDERHelp (1800 353 374) so people can reach out for help.





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# **SOCIAL PARTICIPATION**



Pandemic lockdowns and precautions have created new challenges for older Australians, especially the erosion of community and family links.

Before the pandemic older Australians were more likely than others to live alone, a trend that increased as we aged. Living alone increases the likelihood of social isolation which is a cause of worsening physical and mental health. Other risk factors for social isolation also include:

- Financial hardship
- Language proficiency
- Digital access and proficiency
- LGBTIQ+ status
- Mental health
- Disability.

Retaining autonomy and dignity makes it easier for older Australians to have a healthy social life, as does easy access to information, sporting and cultural activities, affordable and appropriate transport, and suitable medical services.

Whilst speeches about "loneliness" have been a frequent part of political debate in Australia for decades, the follow up strategies, programs, and funding to deal with it are often missing.



# **DIGITAL PARTICIPATION**



or older Australians, digital participation is key to retaining their autonomy.

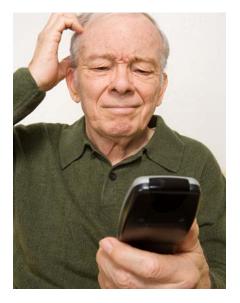
Digital literacy is lower in parts of the older population, leading to serious inequities that prevent them from participating meaningfully in society and the economy.

The shift to online delivery of Government Services is leaving many behind.

Online services should reflect community diversity in their design and delivery. Services, websites, and application design should be simple, seamless, and accessible to all.

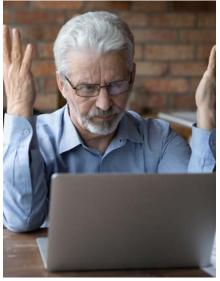
It is the responsibility of government to serve everyone, and a lack of digital literacy or access should not exclude people from society and accessing essential services to which they are entitled. When government goes online, people also pay for accessing essential services because the usage is included in their internet data plans.

Strategies to address this could include an internet supplement for pensioners, low cost NBN plans, or an agreement for all government sites to be 'unmetered' by internet providers.

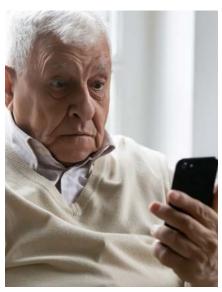


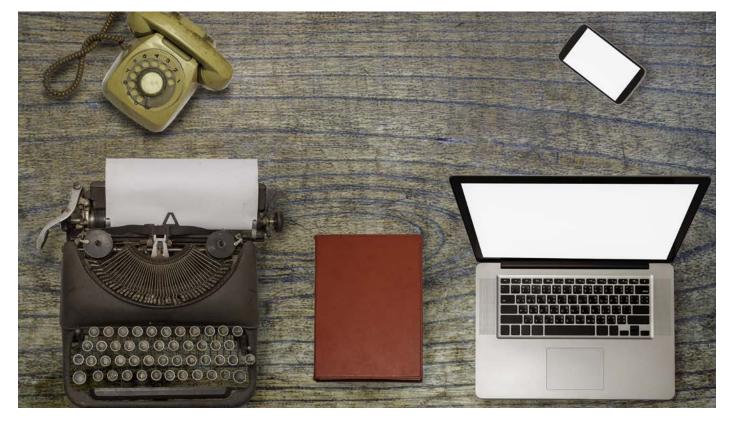






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COTA AUSTRALIA www.cota.org.au 02 6154 9740



COTA ACT www.cotaact.org.au 02 6282 3777

COTA NSW www.cotansw.com.au 02 9286 3860

COTA NT www.cotant.org.au 08 8941 1004

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