

Voluntary National Survey on the Implementation of the Madrid International Plan of Action on Ageing (MIPAA) in Asia and the Pacific

(to inform the Asia-Pacific Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing)

Background

This voluntary national survey will inform the Asia-Pacific Fourth Review and Appraisal of the Madrid International Plan of Action on Ageing (MIPAA)¹ to be organized by ESCAP in 2022.

MIPAA is the global guiding document on population ageing adopted at the Second World Assembly on Ageing, in 2002. It calls for regular and systematic reviews of MIPAA implementation by Member States. After three successful reviews at national, regional and global levels, the General Assembly, through resolution 75/152, took note of ECOSOC resolution 2020/8 and decided to hold the fourth review and appraisal of MIPAA at the global level at the sixty-first session of the Commission for Social Development, in 2023.

Pursuant to ECOSOC resolution 2020/8, regional commissions were asked to facilitate the fourth review and appraisal at the regional levels by: (a) providing assistance to Member States in organizing national review and appraisal exercises; (b) organizing regional review meetings using an inclusive and coordinated approach in relation to the participation of civil society in the process; (c) assisting Member States in following up on analysis resulting from the regional reviews; (d) promoting networking and the sharing of information; (e) providing an analysis of the main findings and identifying priority areas and policy responses by 2022; and (f) assisting and providing advice to Governments in the gathering, synthesis and analysis of information, as well as in the presentation of the findings of national reviews.

The 2022 regional reviews and appraisals will feed into the 2023 global review and appraisal, including the 2023 reporting for the <u>United Nations Decade of Healthy Ageing (2021-2030)</u>. The Asia-Pacific voluntary national survey on the implementation of MIPAA is an integral part of the preparations for the Asia-Pacific Regional Review and Appraisal in 2022. The process consists of: (a) voluntary national surveys; (b) stakeholder consultations; (c) documentation; and (d) the intergovernmental meeting. For more information on the Asia-Pacific Regional Review and Appraisal, see: https://www.population-trends-asiapacific.org/mipaa (to be updated regularly).

Suggestions for completing the Asia-Pacific voluntary national survey on MIPAA implementation

The survey should be completed by ESCAP member States, through their national ageing focal points.² It is structured according to the MIPAA priority directions, issues and objectives.³ Some objectives have been merged to facilitate reporting. As MIPAA is a multi-dimensional framework, it is recommended that the national focal points complete the survey in consultation with ministries and departments involved with implementing the various MIPAA priority directions and objectives. The following guidelines are intended to assist member States in reporting on the national follow-up to MIPAA:

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¹ Report of the Second World Assembly on Ageing, Madrid, 8–12 April 2002 (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II.

² In December 2020, ESCAP requested member States to nominate ageing focal points.

³ For a list of priority directions, issues and objectives of MIPAA, see the Annex.

- 1. A <u>bottom-up participatory approach</u> should be followed by inviting, inter alia, civil society, including organizations of older persons, to contribute to survey responses (ECOSOC 2020/8, OP5).
- 2. <u>Gender perspectives</u> should be mainstreamed when answering the questions.
- 3. Member States are encouraged to reflect on any national data collection initiatives for implementing the 2030 Agenda and related SDGs and report on the respective SDG indicator (relevant SDG indicators are listed along with the questions, when applicable).
- 4. Answers should focus and report on <u>progress made during the period 2018–2022</u>, (ECOSOC resolution 2020/8, OP3).
- 5. Answers may combine <u>quantitative</u> and <u>participatory</u> <u>qualitative</u> <u>data</u> and <u>analysis</u>, disaggregated by age, and by other relevant factors, including sex and disability, and, where appropriate, include sharing of good practices in such data collection (ECOSOC 2020/8, OP6).
- 6. Answers should include information on <u>lessons learned and good practices</u> to ensure this review and appraisal exercise contributes to South-South, North-South and triangular regional and international cooperation (GA resolution 75/152, OP39).
- 7. Ideally, countries should respond to <u>all questions</u>, but it is fully understood that, given the national context, they might not be able to do so.
- 8. Supporting documentation should be included, if possible.

The companion document attached to this survey provides explanations of some key terms.

The survey should be completed (and submitted/returned), together with relevant attachments by 31 October 2021, by email, to: escap-sdd@un.org or online at: https://icts-surveys.unog.ch/index.php/974559?newtest=Y&lang=en

Please indicate whether the completed survey may be posted on the public website of the Asia-Pacific Regional Review and Appraisal of MIPAA

Yes:	\boxtimes	No:
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Please do not hesitate to contact **escap-sdd@un.org** should you have any questions.

A. Contact information

Please identify the office responsible for coordinating the responses to this survey and completing it and include its contact information.

completing it and include its contact information.	
Country	
Australia	
Ministry/Office/Agency	
Department Of Health	
Name contact persons (First and Last)	Title/Position
Name of ageing focal point (First and Last)	
Email	Telephone
	1

Mailing address	

B. Methodology

What methodology was used to complete this survey? Was a bottom-up approach used involving a variety of stakeholders? Was a whole-of-government approach used? (see also companion document) please elaborate:

I. National policy and MIPAA implementation

Coordinating body

1	Does your country have a national coordinating body/committee/agency or national multi-stakeholder forum on population ageing and/or older persons?				
	If "yes", please provide information on the following: Within the Australian Government, the Minister for Health and Aged Care and the Minister for Senior Australians and Aged Care Services				
	have portfolio responsibility for healthy ageing and aged care. This includes the provision of subsidies and regulation of aged care services and payment of grants or other matters connected to the provision of aged care and healthy ageing programs or supports.				
1.1	Name of the coordinating body/committee/agency/national multi-stakeho please elaborate: Australian Department of Health	lder forun	1:		
1.2	Year of establishment: <i>please elaborate</i> : The first Department of Health was established in 1921 precursor to today's Department of Health.	and was tl	ne		
1.3	Level (ministerial or other): please elaborate: Ministerial				
1.4	Functions: please elaborate:				
	The Minister for Health and Aged Care is responsible for national health medical research.	and wellb	eing and		
	The Minister for Senior Australians and Aged Care Services is responsible of aged care services (including residential and home care packages), age regulation and Senior Australians.		-		
1.5	Contact information, including mailing address, telephone/fax, email and <i>please elaborate</i> :	website li	ink:		
	Department of Health GPO Box 9848				
	Canberra ACT 2601				
	Australia Phone: +61 (2) 6289 1555				
	Website: https://www.health.gov.au				

Definition of older persons

2	Please define "older persons" as used in official Government documents (e.g., legislation,
	census forms, etc.).

please elaborate:

In Australia, the idea of someone being an 'older' person is a relative concept—chronologically, medically and culturally. It does not have a precise definition and specific ages may be used for particular purposes. For example, the Australian Bureau of Statistics (ABS) groups people into population age cohorts, and differentiates between '15–64', '65 years and over' and '85 years and over'. People over 65 are generally classified as 'older' for ABS purposes.

A person may be eligible for government-funded aged care services if the person:

- is 65 years of age or older (50 years or older if the person identifies as an Aboriginal or Torres Strait Islander person)
- needs help to do the things he/she used to do

Some people may be eligible for aged care services at a younger age.

National legislation, policies and action plans on older persons

3	Does your country have a dedicated legislation, policy and/or action plan to promote and improve the well-being of older persons and protect their rights, such as a "decree or law on older persons"?
3.1	If "yes", for each of the following questions, please provide information on: (a) name of legislation, policy and/or action plan and year of enactment; (b) description of legislation, policy and/or action plan; (c) main achievements; and (d) financial and human resources allocated to implement. but if "no", please elaborate also:
	Australia's Age Discrimination Act 2004 (ADA) makes it unlawful to discriminate against someone on the ground of age in respect of employment, education, access to premises, provision of goods, services and facilities, provision of accommodation, disposal of land, administration of Commonwealth laws and programs and requests for information on which age discrimination might be based. The ADA also protects Australians from discrimination on the basis of age-specific characteristics or characteristics that are generally imputed to a person of a particular age. The objects of the ADA include responding to demographic change by removing barriers to older people participating in society, particularly in the workforce and changing negative stereotypes about older people, bearing in mind the international commitment to eliminate age discrimination reflected in the Political Declaration adopted in Madrid, Spain on 12 April 2002 by the Second World Assembly on Ageing
	Australia's states and territories also have their own anti-discrimination laws that prohibit discrimination on the basis of age. Other national legislation that adds to the framework of protection for older people includes:
	• the Social Security Act 1991, which provides an income support safety net for people over pension age, and
	• the Aged Care Act 1997, which facilitates access to aged care by those who need it, regardless of race, culture, language, gender, economic circumstance or geographic location. https://www.legislation.gov.au/Series/C2004A01302/Amendments
	The Age Discrimination Act 2004 is one of the cornerstone pieces of legislation in Australia's human rights framework. The others are:

	* The Disability Discrimination Act 1992			
	* The Racial Discrimination Act 1975			
	* The Sex Discrimination Act 1984, and			
* The Australian Human Rights Commission Act 1986.				
	This suite of legislation operates to uphold and protect the rights of all A	ustralians.		
	Seven Commissioners are appointed under the Australian Human R	Rights Cor	nmission	
	including the Aboriginal and Torres Strait Islander Social Justice C			
	Discrimination Commissioner, Disability Discrimination Commission			
	Commissioner, National Children's Commissioner, Race Discrimination		_	
	Sex Discrimination Commissioner.			
3.1.1	Have gender and disability concerns of older persons been explicitly addressed in the legislation, policy and/or action plan? <i>please elaborate</i> :	Yes 🔀	No 🗌	
	• The Age Discrimination Act 2004 is one of the cornerstone pieces of legislation in Australia's human rights framework. The other relevant pieces of legislation on gender and disability concerns of older persons include:			
	o The Disability Discrimination Act 1992 o The Sex Discrimination Act 1984, and o The Australian Human Rights Commission Act 1986. o This suite of legislation operates to uphold and protect the rights of all Australians.			
	•The Sex Discrimination Act 1984 (Cth) prohibits discrimination on the grounds of sexual orientation, gender identity or intersex status in a range of areas of public life. The Disability Discrimination Act 1992 is in place to eliminate discrimination against people with disability as far as possible, and to promote community acceptance of the principle that people with disability have the same fundamental rights as all members of the community. The Act prohibits discrimination on the basis of disability in a broad range of areas of public life, including employment, education, access to premises and access to goods, services and facilities.			
3.1.2	Is there a monitoring framework for the implementation of the	Yes 🖂	No 🗌	
	legislation, policy and/or action plan?			
	please elaborate:			
	The Australian Human Rights Commission (AHRC) is Australia's			
	National Human Rights Institution established to protect and promote human rights in Australia.			
	The AHRC supports existing legislation by:			
	* inquiring into and conciliating complaints of discrimination and			
	breaches of human rights			
	* developing human rights education programs and resources for			
	schools, workplaces and the community, and			

	* providing independent legal advice to assist courts in cases that involve human rights principles.		
	Additionally, the AHRC contributes to Australia's legislative and policy agenda by: * providing advice and submissions to parliaments and governments in the development of laws, policies and programs * undertaking and coordinating research into human rights and discrimination issues, and * holding public inquiries into human rights issues of national importance.		
	Further information is available at: https://humanrights.gov.au/about.		
	The Age Discrimination Commissioner leads the Commission's work relating to the rights of older Australians, including: * promoting understanding and acceptance of, and compliance with, the Age Discrimination Act 2004		
	* engaging with stakeholders to address age discrimination in the workplace and in the community		
	* addressing barriers to equality and participation caused by age discrimination		
	* undertaking research and education projects to combat the attitudes and stereotypes that can contribute to age discrimination.		
	The Age Discrimination Commissioner works closely with the Sex Discrimination Commissioner and the Disability Discrimination Commissioner on a range of issues including employment discrimination and elder abuse.		
3.1.3	Are older persons and their organizations included in any monitoring activities of legislation, policy and/or action plan on older persons? <i>please elaborate</i> :	Yes 🛚	No 🗌
	A Council of Elders will be established in 2021 to provide a direct voice to Government. This Council will ensure senior Australians can share advice and insights on the future of aged care. This will be supported by a number of continuing working groups, to support the older person's voice being heard in policy development.		
	The Australian Government has taken steps to establish an independent office of the Inspector-General of Aged Care to investigate, monitor and report on the administration and governance of the aged care system.		
	A new National Aged Care Advisory Council will also be established to provide expert advice to Government.		
	The Department of Health and the Aged Care Quality and Safety Commission manage the following consultative mechanisms, which include people representatives from following organisations:		

			,
	• The Residential Aged Care Funding Reform Working Group has 26 members, with six members representing older people and carers (CEO, COTA; CEO, National Seniors Australia; CEO, Dementia Australia; Policy Manager, CPSA; National Policy Manager, Carers Australia; one independent consumer representative) = 23% older people representation.		
	• Aged Care Advisory Group advises the Australian Health Protection Principal Committee about aged care policy related to COVID-19. It brings together expertise about the aged care sector, infection control, emergency preparedness and public health response. It has 14 members, with one member representing older people (CEO, Older Persons Advocacy Network (OPAN) = 7% older people representation.		
	• The Aged Care Quality and Safety Advisory Council provides advice to the Aged Care Quality and Safety Commissioner and the Minister. Council members have knowledge and experience in aged care, with backgrounds clinical care, service delivery and consumer representation. It has 12 members, with two members representing older people (CEO, COTA; CEO, Dementia Australia) = 17% older people representation.		
	• The Dementia, Ageing and Aged Care Mission Expert Advisory Panel which was funded by the Medical Research Future Fund had nine members, with two members representing older people (CEO, OPAN; CEO, COTA) = 22% older people representation. Their role was to produce a Roadmap and Implementation Plan which are now published (https://www.health.gov.au/initiatives-and-programs/dementia-ageing-and-aged-care-mission).		
	• As part of new governance arrangements arising from aged care reforms, the Australian Government is establishing a Council of Elders and a National Aged Care Advisory Council. A Roadmap and Implementation Plan can be found at (https://www.health.gov.au/initiatives-and-programs/dementia-ageing-and-aged-care-mission).		
3.1.4	Does the Government foster effective consultation with, and involvement of, older persons and/or their representatives at the national, regional and local levels in designing policies? (SDG 16.7.2) please elaborate: Our stakeholders help us to understand the health, aged care and sport needs of our communities. Working with our stakeholders helps us to focus on and meet their needs.	Yes 🛚	No 🗌
	Drafting of the new Aged Care Act will be informed by consultation with senior Australians and other stakeholders, including members of the new Council of Elders and National Aged Care Advisory Council.		

social activities and support to improve mental health. 3.1.6 Does the Government offer opportunities for intergenerational contact and exchange? **please elaborate:** The Australian Government believes all Australians deserve a high quality of life, and addressing the underlying drivers takes a coordinated approach across all levels of government.	3.1.5	Does the Government foster work and volunteering of younger and older persons in intergenerational settings? please elaborate: Australian Government has funded a number of initiatives and pilot projects to foster work and volunteering younger and older persons together, and that many organisations are seeing the benefits. Some of those initiatives are: • Old People's Home for 4 Year Olds Old People's Home for 4 Year Olds is an Australian factual television series, which presented as a unique social experiment that brings together elderly people in a retirement community with a group of 4-year-olds. The Department has funded the Older Persons Advocacy Network (OPAN) to leverage off interest in the show and provide older people with information about social activities in their communities, and how they can connect with the support they need to maintain their independence at home. • Stay Connected and Supported in Your Community initiative Stay Connected and Supported in Your Community is a partnership initiative of the Older Persons Advocacy Network and the ABC, in association with the TV series Old People's Home for 4 Year Olds. This initiative has been undertaken with funding from the Australian Government Department of Health. • Seniors Connected Program The intent of the program is to address loneliness and social isolation experienced by older Australians aged over 55 living the community (or Indigenous Australians aged 50 or over). As a third of senior Australians live alone, The Government is funding \$10 million for the Seniors Connected program from 2019-20 to 2023-24 to address loneliness and social isolation experienced by older Australians. The activities are: o Nationally expanded phone support through Friends for Good (FriendLine - 1800 4 CHATS) from 10am to 8pm, seven days a week that offers older Australians an opportunity to call and have a free, anonymous, friendly chat with a volunteer over the phone. o Expansion of Village Hubs across Australia to provide senior Australians opportuniti	Yes 🖂	No
	3.1.6	Does the Government offer opportunities for intergenerational contact and exchange? please elaborate: The Australian Government believes all Australians deserve a high quality of life, and addressing the underlying drivers takes a coordinated	Yes 🖾	No 🗌

	The Government currently provides \$10 million per annum to support volunteers servicing all sectors in the community, including the aged care sector, through the Volunteer Grants program. The program provides grants of between \$1,000 and \$5,000 to help community organisations to support the efforts of Australia's volunteers. From 1 July 2021, the Australian Government will provide funding under the Volunteer Management Activity to Volunteering Peak Bodies to develop and implement strategies to build the capacity of Volunteer Involving Organisations, primarily through online volunteer management services, and breaking down barriers to volunteering for identified priority groups.		
3.1.7	Does the Government encourage the private sector and non-profit organizations to involve older persons in planning and design of goods and services? please elaborate: Although the main source of funding for aged care is the government, most of the services are delivered by non-government providers. The aged care sector is made up of religious, charitable or community-based not-for-profit organisations, private and publicly listed for-profit companies, and some state, territory and local government entities. In Australia, competition and consumer choice have been key components in aged care reforms since the 2011 Productivity Commission Report. The Australian government's the Aged Care (Living Longer Living Better) Act. promotes greater consumer choice and increase, and encourages markets and private sector participation (Department of Health, 2017). The Government provided \$15 million to implement 'Our Plan to Protect the Rights of Older Australians' initiative. The 2018-19 'More Choices for a Longer Life' package, enable people to exercise choice and control in the planning and delivery of their care. The Australian Government has accepted a recommendation by the Royal Commission to provide additional funding to each approved provider of residential aged care, and the provider will conduct an annual review of the adequacy of the goods and services it has provided to meet the basic living needs of residents, and in particular their nutritional requirements, throughout the preceding 12 months, and prepare a written report of the review.	Yes 🖂	No 🗆
3.2	If "no", are there any efforts towards the development and adoption of such a legislation, policy and/or action plan? please elaborate:	Yes 🗌	No 🗌

Challenges to legislation/policies

In the development and implementation of legislation with a focus on older persons, has the							
Government encountered any of the following challenges?							
[1 = never, 2 = sometimes, 3 = always] Challenge	1	2	3	If answer 2 or 3, have you addressed the challenge?			
4.1 Lack of human resources dedicated to population ageing issues				please elaborate: Australia's 366,000- strong aged care workforce, who are hardworking, skilful and committed to the compassionate care of senior Australians, will be a critical partner to Government in addressing population ageing issues.			
				Australians receiving in-home and residential aged care are supported by 6,000 new personal care workers in 2021, with additional surge workforce capacity in regional and remote locations.			
4.2 Lack of financial resources dedicated to population ageing issues				The Australian government has commitment a \$17.7billion reform package and response to the Royal Commission into Aged Care Quality and Safety. This will significantly improve senior Australia's			

			[living standards
				=
				and quality of
107 1 01 11				life as they age.
4.3 Lack of data on older persons and/or	Ш	\boxtimes		Data on older
population ageing at the national and/or				people,
subnational levels				population
				ageing, people
				using aged care,
				and aged care
				services
				themselves, are
				available
				publicly on the
				GEN aged care
				data website.
				The GEN website
				was set up by
				Government for
				purposes of
				increasing the
				accessibility and
				=
				availability of
				administrative
				and other aged
				care data,
				including on the
				topics of ageing
				populations. In
				addition, in
				Australia, a five
				yearly Census of
				Population and
				Housing is
				undertaken by the
				nation's
				statistical
				authority, the
				Australian Bureau
				of Statistics, to
				enumerate the
				population and
				provide insights
				into things like
	<u> </u>		<u> </u>	into things like

		population ageing.
		Further work to develop data collections and available data are underway in activities being taken by Government in response to the Royal Commission into Aged Care Quality and Safety, in particular Recommendation 108 which concerns the implementation of a National Aged Care Data Strategy.
4.4 Lack of overall political support		The Australian Government takes the needs for high quality, accessible aged care in Australia. On 8 October 2018, the Royal Commission into Aged Care Quality and Safety was established. The final report of this Royal Commission was delivered on 26 February 2021. The Australian government has since announced its acceptance of most of these recommendations and has announced a \$17.7 billion reform package being implemented from 2021 - 2025. In support of recommendation 8, the Government will ensure in all future Ministerial

		arrangements that there is a senior Cabinet Minister, preferably the Minister for Health and Aged Care, responsible for aged care.
4.5 Lack of cross-ministerial coordination on population ageing issues		In implementing Royal Commission recommendation 8, the Government will establish new institutional governance arrangements to oversee the aged care service system. This will improve transparency for the community and provide enhanced market oversight.
4.6 Lack of international support and cooperation on population ageing issues		
4.7 Lack of public awareness and understanding of population ageing issues		As part of the Australian Government response to Royal Commission recommendations, there is an awareness campaign to improve Australian citizens' understanding of the Australian aged care system. Additionally, the Government believes assisting senior Australians to

 ······
plan for
increased
longevity is
important. It
ensures we can
check-in on where
we are at, and
take actions
which may assist
us to make better
use of the
opportunities a
longer life
provides.
· The
Australian
Government's
Life Checks
website
(www.lifechecks.g
ov. au), is
targeted at
people aged 45
65, and those 65
and over, and
aims to encourage
people to reflect
on their health,
finances, work
and social life
and plan towards
a healthy,
independent and
longer life.
. As at 31
December 2021, we
have registered
over 560, 500
unique visits to
the Life Checks
website, and over

		333,500 completions. · On completion of the Life Checks, users receive tailored information and
		resources to help them better prepare for the future.
4.8 A bottom-up approach to population ageing not followed (e.g., involvement of older persons)		Older Australians are consistently called upon to have their voice represented in ageing and aged care policy and research design and implementation in Australia. Eg: The National Ageing Research Institute
		by the Australian Department of Health to work with relevant experts to identify the priority research areas for aged care reforms. Representatives of older Australians were involved from the beginning of the project including the
		scoping stage. On 28 and 29 Oct 2021 a rountable discussion was conducted with participation of over 60 distinguished academics, peak body

	 	······	wonkeentetivee and
			representatives and
	 		senior Australians,
4.9 Misconceptions and stereotypes about		\boxtimes	A new report
population ageing and older persons			released by the
			Australian Human
			Rights Commission
			in September 2021
			has found most
			Australians (90%)
			agree ageism
			exists in
			Australia, with
			83% agreeing
			ageism is a
			problem and 65%
			saying it affects
			people of all
			ages.
			Report title:
			What's age got
			to do with it?
			(2021)
			Australian Human
			Rights Commission
1 10 Any other challenges (please name them)	 	Lj.	

4.10 Any other challenges (please name them)

please elaborate:

Capacity to work with emerging technologies - The Inside Aged Care 2021 study shows 60% of Australians believe that technology will play a key role in driving improved services over the next three to five years, although only 41% have confidence in the sector's capacity to embrace emerging technologies.

Priorities of MIPAA "issues"

5	Which of the "issues" listed under the three priority directions of MIPAA has your
	Government prioritized (for a list of "issues", see the Annex)?
	please elaborate:
	Older persons and development
	o Active participation
	o Work
	o Rural and urban areas
	o Education and training
	o Income security and social protection
	o Poverty or Resilience

II. Older persons and development

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) date of implementation and time frame; (c) its main elements; and (d) its main achievements. Please elaborate and please attach copies of relevant documents or provide their link.

Active participation

6	Has the Government undertaken any measures to promote the active participation of older persons in society and in decision-making processes at all levels? (SDG 5.b.1; SDG 11.3.2; SDG 17.8.1) please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	Australia's reforms to the aged care system over the past decade have been driven by a strong focus on co-design, both in policy design and implementation. This has included:		
	* the formation of a number of reference groups made up of representatives (including older persons) across the aged care system brought together with Government to design and implement policy changes		
	* public consultation on policy and implementation papers and face to face hearings and briefings; and * regular communication through websites, providing information to third parties, the extensive use of webinars, hard copy materials, and a government sponsored communication campaigns.		
	In particular, the Council of Elders - to be established under the latest series of reforms announced in the 2021-22 Budget - will ensure older Australians have a direct voice to Government to share their advice and insights.		
	The research and policy development strength of various peak bodies that represent older Australians is well recognised by the Government and use them to inform Government policies.		
	In addition to this we have a strong connection to Non-government organisations that represent the voice of older Australians. We gain valuable research from these organisations which assist to inform our policy, they are continually invited to all key consultations we undertake. As part of the annual Australia Day awards we also nominate and aware a Senior Australian that showcases significant and positive role models of older Australia's who are engaged in Society.		
7	Has the Government taken measures to facilitate older persons' participation in physical activity? (see also companion document) please elaborate with data, as appropriate:	Yes 🛚	No 🗌
	 The Australian Government is developing the National Preventive Health Strategy (the Strategy), which will outline the overarching, long-term approach to prevention in Australia over the next 10 years. It is anticipated the Strategy will launch by December 2021. 		

	 The Strategy will aim to improve the health and wellbeing of all Australians at all stages of life, including older persons, through a systems-based approach to prevention that addresses the wider determinants of health, reduces health inequities and decreases the overall burden of disease. The Strategy identifies seven focus areas that require critical action to reduce the risks of poor health and disease, including increasing physical activity. In addition, the Government currently funds a range of initiatives and programs aimed at encouraging physical activity. To guide and support people to make improved lifestyle choices, the Australian Government provides evidence-based appulation health information, such as Australia's Physical Activity and Sedentary Behaviour Guidelines and 24-hour Movement Guidelines. These Guidelines provide advice on what duration and intensity of physical activity and what sedentary behaviour is considered appropriate for each age group, including older Australians, to benefit their overall health and wellbeing. The 24-hour Movement Guidelines also include sleep recommendations. The Healthy Heart initiative aims to increase support for people's activity levels and healthy lifestyles to prevent chronic disease and address the critical preventive health focus of cardiovascular programs through partnerships with the National Heart Foundation and the Royal Australian College of General Practitioners (RACGP). The RACGP component aims to increase general practitioners' confidence and knowledge to encourage Australians to make positive lifestyle changes related to physical activity and healthy eating, and to develop resources and online for GPs and other members of the general practice team. The Heart Foundation component includes: an Innovation Challenge for schools, universities and communities which recognise innovative ideas to get more people active; increasing access to physical activity by expanding the Heart Foundation Walking Program, a		
3	Do older persons' organizations exist in your country? How many are active and what types of organizations are these? please elaborate with data, as appropriate:	Yes⊠	No 🗌
	There are an array of organisations that support older Australians at both the national and community level, as well as dedicated organisations focused on ageing research. These include:		
	*National Seniors Australia - National Seniors Australia is a not-for- profit organisation established in 1976. With the help of its members and supporters. *Council of the Ageing Australia (COTA) - COTA promotes the rights, interests and good futures of Australians as they age.		

	state and territory organisations that have been successfully delivering advocacy, information and education services to older people in metropolitan, regional, rural and remote Australia for over 25 years. *Carers Australia - Carers Australia is the national peak body representing Australia's unpaid carers, advocating on their behalf to influence policies and services at a national level. *Dementia Australia - National peak body for people impacted by dementia in Australia, and it supports and empowers the estimated half a million Australians living with dementia and almost 1.6 million people involved in their care. *National Ageing Research Institute (NARI) - NARI was established in 1974, and is a national, independent medical research institute, which is highly respected across the aged care industry and research sector nationally and internationally. NARI brings together industry leaders, innovators, academic experts, and world-class educators who combine their expertise to influence and shape the agenda in ageing research and aged care. *ARC Centre of Excellence in Population Ageing Research The ARC Centre of Excellence in Population Ageing Research (CEPAR) is a collaboration of leading researchers in population ageing. CEPAR is an Australian Research Council Centre of Excellence. It was established in 2011. It is based at the University of New South Wales, with further nodes at the Australian National University, Curtin University, University of Melbourne and University of Sydney. CEPAR		
9	was the first social science centre to receive Centre of Excellence funding. Does the Government provide any financial, technical or policy support to these organizations? please elaborate with data, as appropriate:	Yes 🛚	No 🗌
	The Australian Government provides support, including financial, to many of these organisations. In many cases, they are trusted delivery partners in areas of specific need on an ad-hoc and ongoing basis. Examples include: - COTA Australia receives government funding to facilitate consumer engagement in aged care reform.		
	 OPAN is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP), providing a national voice for aged care advocacy. Carers Australia works in collaboration with carers, Carers Associations, government and peak bodies to develop policy, advocacy, programs and events to improve the lives of Australia's 2.7 		

Work

10	Has the Government engaged in actions to support older persons' participation in income-generating work, as long as older persons want and are able to do so? (SDG 8.5.1; SDG 8.5.2) please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	The Australian Government recognises that continuing employment for older Australians provides financial and non-financial benefits for individuals and brings substantial benefit to the broader community.		
	Following the Australian Human Rights Commission's Willing to Work Inquiry in 2016, the Australian Government has introduced a range of employment supports for mature age Australians. In addition to the employment services provided for all Australians, mature age job seekers benefit from targeted programs, including the Restart wage subsidy, the Skills Checkpoint for Older Workers, Skills and Training Incentive and Career Transition Assistance program.		
	Employers are supported and encouraged to hire and retain mature age workers through the Collaborative Partnership on Mature Age Employment, established in 2018, and the Career Revive program, which supports women returning to the workforce after a career break.		
	• The pension income test is designed to encourage people to supplement their income support payments with other income.		
	• Pensioners over Age Pension age may also access the Work Bonus, which operates in addition to the income test free area.		
	• The Commonwealth Government directly funds a range of skills and training initiatives to support economic participation for those aged 45 years and over.		
	o The Skills Checkpoint for Older Workers Program is a targeted program that provides career advice and guidance and investment in training to enable mature aged participants (45-70 years of age), to adopt a life-long approach to skills development to remain in the workforce.		
	o The Skills and Training Incentive (directly linked to the Skills Checkpoint Program) assists mature age Australians to update their skills and stay in the workforce by providing up to \$2,200 to jointly fund training.		
	o As part of its economic response to COVID-19, the Australian Government provides free or low-fee training courses across Australia for jobseekers through the JobTrainer Fund. o The Skills for Education and Employment (SEE) program helps		
	eligible job seekers gain the skills they need to get the job they want by improving their language, reading, writing and maths skills.		

	• For more information on these programs go to: Skills support for 45 years and older - Department of Education, Skills and Employment, Australian Government (dese.gov.au)		
10.1	Has the Government instituted a statutory retirement age? If "yes", what is it (women/men)? please elaborate with data, as appropriate:	Yes 🗌	No
	While there is no statutory retirement age, there is a qualification age for the Age Pension. From 1 July 2017 this started to increase (from 65 years) by six months, every two years, reaching 67 years by 1 July 2023.		
	In Australia, there is a strong superannuation system to 'deliver private income to enhance the living standards of retired Australians'. There are a number of age-based rules in superannuation law. These rules restrict the accumulation of superannuation for older persons when they reach certain ages, and stipulate when members can access their superannuation. Access to super benefits is generally restricted to members who have reached preservation age. A person's preservation age ranges from 55 to 60, depending on their date of birth.		
10.2	Does the Government provide incentives for longer working life opportunities and more flexible retirement choices? please elaborate with data, as appropriate: "Older Australians are our most experienced workforce, contributing greatly to the economy and we want to make sure we are providing access to the skills they need for the jobs of today and tomorrow,"	Yes 🗵	No 🗌
	The Australian Government is assisting older Australians to work, if they are able and wish to do so.		
	(a) Work Bonus		
	The Work Bonus provides an incentive for pensioners over Age Pension age to work, should they choose to do so, by allowing them to keep more of their pension when they have income from working. Under the Work Bonus, the first \$300 of fortnightly income from work is not assessed as income under the pension income test. Any unused amount of the fortnightly \$300 Work Bonus will accumulate in a Work Bonus income bank, up to a maximum amount of \$7,800. The amount accumulated in the income bank can be used to offset future income from work that would otherwise be assessable under the pension income test. The income bank amount is not time limited; if unused it carries forward, even across years. For more information go to the Work Bonus factsheet (https://www.dss.gov.au/seniors/programmes-services/work-bonus).		
	(b) Pension Income Test		

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	The pension income test is designed to encourage pensioners to supplement their pension with additional private income. A pensioner can receive an amount of private income before their pension rate starts to reduce. This is the income test free area which, at 1 July 2021, is \$180 for single-rate pensioners and \$320 for couples (combined). For each dollar of income above the income test free area, the single pension is reduced by 50 cents. For further information about the income test free area and the amount of private income a pensioner may receive before their pension rate reduces to zero, please refer to ServicesAustralia. (http://www.servicesaustralia.gov.au/customer/enablers/income-test-pensions).		
	(c) The Skills Checkpoint Program targets those currently employed who may be at risk of unemployment, or those recently unemployed, and not registered for assistance through an employment services program. The program uses individually tailored assessments and referrals, to provide workers with advice on how best to use their existing skills in the workforce, or identify opportunities for upskilling. (d) As part of the \$207 million More Choices for a Longer Life		
	package, a range of measures were announced with the aim of: o encouraging lifelong learning, to assist older workers to upskill, re-skill, or to train for industries, occupations or skills in demand (Skills and Training Incentive); o providing eligible Australians with advice and guidance on transitioning into new roles within their current industry or pathways		
	to new careers (Skills Checkpoint for Older Workers); o increasing competitiveness of older people in their local labour market (Career Transition Assistance program); o providing online self-assessment to assist older workers to find jobs that match their skills, knowledge and attributes (Skills Match); o expanding the Entrepreneurship Facilitators program to 20 additional locations to promote self-employment among older		
	Australians (Entrepreneurship Facilitators program); o driving cultural change in hiring practices, combat age discrimination in workplaces and equip managers and business owners to work with an age-diverse workforce (Collaborative Partnership on Mature Age Employment); and o a Restart Wage Subsidy for those aged 50 years and over to ensure that employers continue to receive financial incentives to hire disadvantaged job seekers (Restart Wage Subsidy).		
10.3	Does the Government provide work-related training and learning opportunities for older workers? please elaborate with data, as appropriate: - The Skills Checkpoint Program which is directly linked to the Department of Education, Skills and Employment Skills and Training	Yes 🛚	No 🗌

	Incentive provides eligible participants with up to \$2,200 (GST inclusive) to fund suitable training (accredited or non-accredited). The Incentive is available from 1 January 2019 to 30 June 2022 for up to 3,600 participants per year. - The Skills and Training Incentive has been extended to 30 June 2022 as part of JobMaker. It encourages lifelong learning and assists workers aged 45 70 years to upskill and re-skill to remain in the workforce longer. • Up to 3,600 participants per year can access up to \$2,200 to fund accredited or non-accredited training. The government contribution is matched by the participant or their employer. From 1 January 2019 to 31 August 2021, 6,615 participants had accessed the Skills and Traning Incentive. • The Incentive assists older Australians to build skills in their later careers to remain productive and in the workforce longer. It includes people in industries/regions vulnerable to changing labour market requirements and redundancies due to COVID 19. - With support from the NSW Department of Communities and Justice, the Australian Human Rights Commission has developed an online training package on Upholding the rights of older workers. Access to this online training package is free of charge. The training package aims to increase an understanding of the benefits of employing older people and a multigenerational workforce and highlights practical ways of working with older employees to foster engagement and retention.		
10.4	Does the Government recognize the benefits of increased work experience with age in the labour market? please elaborate with data, as appropriate: Government recognises that older workers contribute significant value to the workplace in the form of: • industry experience • expertise • strategic thinking • the ability to mentor younger workers • loyalty. The Government remains committed to assisting senior Australians to maintain or take-up mature age employment, build on their confidence and skills, and transition into new jobs following career or life changes. Figures show by increasing paid employment of Australians over 55 years by five per cent would add \$48 billion to the bottom line of our national economy, every year.	Yes 🖂	No 🗌

	Ref: Face the facts: Older Australians Australian Human Rights Commission A survey of AHRI members conducted in July – August 2018 in association with the Australian Human Rights Commission shows: • A majority (63 per cent) of respondents classify an older worker as 61 years of age or older, an upwards shift since 2014. • More than one in three respondents (34 per cent) believe there is no difference between older and younger workers technology skills and abilities, 14 per cent more than in 2014 • The most common recruitment practices for attracting older workers are reported as offering flexible work arrangements (42 per cent), and training recruitment staff to ensure practices are free of age bias (32 per cent). • Since 2014, there has been a 5 per cent increase in the number of responses indicating no obstacles in recruiting older workers.		
10.5	Has the Government implemented any measures to better utilize older persons' work experience? please elaborate with data, as appropriate: To fill a gap in the services currently available to older Australians,	Yes 🛚	No 🗌
	the Australian Government funded a national rollout of the Skills Checkpoint for Older Workers Program (the Skills Checkpoint Program).		
	The \$17.4 million Skills Checkpoint Program, was originally announced as part of the 2018-19 Budget, and provides eligible Australians with advice and guidance on transitioning into new roles within their current industry or pathways to a new career, including referral to relevant education and training options.		
	The Skills Checkpoint Program will support up to 20,000 older Australians over four years by providing targeted support to help them stay in or get into the workforce.		
	o As of 30 June 2021, 9,391 participants have completed the program. Of this total, 4,428 are men, 4,960 are women, and 3 identified as "other".		
10.5.1	Has the Government implemented any measures to support employers to retain or rehire older persons? please elaborate with data, as appropriate:	Yes 🛚	No 🗌

	'Restart' is an Australian Government wage subsidy that encourages businesses to employ mature age job seekers who are 50 years of		
	age and over and who have been on income support for more than six months. 'Restart' provides financial incentive of up to \$10,000 (GST inclusive) that is available to qualifying businesses that employ eligible jobseekers who are 50 years of age or older.		
	'Collaborative Partnership on Mature Age Employment' which was established in 2018 is a Government program which helps employers by:		
	 Providing support with managing an age-diverse workforce Raising awareness of age discrimination		
	The partnership is working cooperatively, using data and the breadth of the collaborative members to increase the likelihood of older workers having appropriate work in their local area.		
	The Mature Age Employment hub has been created to provide assistance to both employers and mature age jobseekers and workers.		
	Positive outcome of such programs are reflecting with the recent survey conducted by Australian HR Institute (AHRI). in association with the Age Discrimination Commission. Similar surveys were conducted in 2012, 2014 and 2018 by AHRI.		
	The report found that here is a satisfying ongoing drop in the number of organisations who say they 'definitely' or 'probably' have an age above which they are reluctant to recruit – down from 51.6% in 2014 to 30.3% in 2018, then a further reduction to 26.8% in 2021.		
	This year, the majority of respondents (28.3%) classified an 'older worker' as someone aged between 61-65. In the inaugural survey in 2014, only 12.5% of respondents considered an older worker to be someone aged between 51-55. In 2021, this has jumped to almost 17%. At the same time, many people plan to work longer with the majority of respondents expecting to retire between 66-70 years of age (39.6%), an increase of 7.7% from 2014. The number expecting to retire between 71-75 years of age has also grown, from 10.6% to 17.4% since 2014. This means that the number of older workers in our organisations is increasing, with one third of respondents saying at least half of their workforce is made up of workers above 55 years old.		
10.5.2	Has the Government promoted age-friendly workplaces through policies and training on age inclusion or unconscious bias? <i>please elaborate with data, as appropriate:</i>	Yes 🗵	No 🗌

	The Australian Government is continuing to develop policies to encourage older people to stay in work. Recent moves to increase the eligibility age for the Age Pension is likely to have a significant impact on work participation rates of older people who do not have retirement savings. In fact, lifting the eligibility age will create an imperative rather than an incentive for some people to remain in the labour market. The Australian Human Rights Commission Act (1986) promotes the age-friendly workplaces. Act allows the AHRC to investigate individual complaints of discrimination, including age discrimination at workplaces.		
	The Australian Government has introduced various tax policies to support age friendly workplaces aimed at keeping older people in the workforce. These include, the Mature Age Worker Tax Offset that reduces the amount of payable tax for Australians who are 55 years and older and the Senior Australians Tax Offset which increases the amount of money that workers can earn before tax is payable once they have reached pension age.		
	The Australian Government, as an employer of choice and leading by example, having age-friendly policies as stated above, the Australian Government has also developed a number of superannuation contribution schemes aimed at workers aged 50 years and older. The various transition-to-retirement schemes and concessional cocontribution schemes have allowed older Australians to make contributions to their superannuation at considerable tax advantage while they are still working.		
10.6	Has the Government undertaken measures to close gender pay or pension gaps? please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	The Workplace Gender Equality Agency (WGEA) was created by the Workplace Gender Equality Act 2012 and is charged with promoting and improving gender equality in Australian workplaces, including addressing the gender pay gap.		
	Each year the Workplace Gender Equality Agency ('WGEA') publishes the annual key findings from the reporting data in the WGEA Gender Equality Scorecard.		
	The Scorecard includes the latest figures on the gender pay gap, industry comparisons, women's workforce participation, women's representation in leadership and emerging trends in employer action.		
	WGEA's dataset is based on reports submitted in accordance with the Workplace Gender Equality Act 2012 for the reporting period 1 April		

	to 31 March. Under the Act, non-public sector employers with 100 or more employees must submit their gender equality metrics to WGEA annually.		
	This year, data shows that the gender pay gap continued to close, with the total remuneration gap dropping by 0.7 percentage points to 20.1%. Access to flexible work and paid parental leave for employees has increased. For the first time since we started collecting data, over 50% of employers now offer paid parental leave to their staff.		
	https://www.wgea.gov.au/sites/default/files/documents/2019- 20%20Gender%20Equality%20Scorecard_FINAL.pdf		
	• Workforce participation for senior Australians, particularly older women, is an economic and social priority.		
	• The 2021 22 Budget builds on the 2018 and 2020 Women's Economic and Security Statements through significant additional investment.		
	Towards 2025: An Australian Government strategy to boost womens' workforce participation lays out the Government's roadmap to meet its target of reducing the gap in workforce participation rates between women and men (aged 15-64) by 25 per cent by 2025		
	It is important to use the skills and experience of older workers and encourage them to remain in the workforce. Some of the barriers to employment that older Australians face identified in the Australian Human Rights Commission's Willing to Work inquiry include age discrimination, difficulties accessing training and difficulties arranging flexible work opportunities.		
	• The Government is removing the \$450 per month threshold under which employees do not have to be paid the superannuation guarantee. This will improve retirement incomes, particularly for women, who often retire with lower superannuation balances and retirement incomes.		
	Towards 2025 - An Australian Government Strategy to Boost Women's Workforce Participation (pmc.gov.au)		
10.7	In addition to closing the gender pay or pension gap, has the Government accounted for the special situation of older women in work-related policies? please elaborate with data, as appropriate: Government recognises the workforce participation for senior Australians, particularly older women, is an economic and social priority. The Government remains committed to assisting senior Australian women to maintain or take-up mature age employment,	Yes 🗵	No 🗌

build on their confidence and skills, and transition into new jobs following career or life changes. The Government is implementing the 2020 Women's Economic Security Statement to increase women's workforce participation, improve earning potential and enhance economic independence. From 1 July 2019 to 31 July 2021, over 11,800 participants have commenced in the Career Transition Assistance program and over half of these (51.6 per cent) were women. From 1 July 2015 to 30 September 2021, New Business Assistance with New Enterprise Incentive Scheme (NEIS) has helped over 41,749 people start-up a new small business with 53 per cent women (over 22,000 participants) and 40 per cent aged 45 years and over (16,000 mature participants). The 2921-22 budget has provided \$2.6 million over three years to expand the Career Revive Program to support more medium to large regional businesses attract, retain and promote women, with a focus on women seeking to return to work after a career break. 2020 Women's Economic Security Statement Building on the first Women's Economic Security Statement in 2018 and complementing a range of the Government's JobMaker Plan initiatives, the 2020 Women's Economic Security Statement (the 2020 Statement) has been announced with five priorities: Repair and rebuild women's workforce participation and further close the gender pay gap. Greater choice and flexibility for families to manage work and care (Support women as leaders and positive role models Respond to the diverse needs of women Supporting women to be safe at work and home The Government is implementing the 2020 Women's Economic Security Statement to increase women's workforce participation, improve earning potential and enhance economic independence. This \$240.4 million package will deliver employment opportunities; support parents in the workplace and women's leadership and development; and increase opportunities for women in business and male-dominated industries.

Rural and urban areas

11	Has the Government implemented any measures to address challenges, such as isolation and marginalization, of older persons in (a) rural or remote areas, and (b) urban areas, including slums? (SDG 9.1.1; SDG 11.1.1) please elaborate with data, as appropriate:	Yes 🗵	No 🗌	
	The Government has invested \$10 million in the Seniors Connected Program which aims to address loneliness and social isolation experienced by older Australians aged over 55 living the community (or Indigenous Australians aged 50 or over). The program will run			

from 2019-20 to 2023-24. The program encompasses two activity	
streams:	
1. Nationally expand the existing phone support service delivered	
by Friends for Good (FriendLine); and	
2. Expand the number of Village Hub projects across Australia.	
Village Hubs will bring older Australians together in their community	
to progress activities that support good mental and physical health as	
well as better connections to the local community. The initiative builds	
on a number of existing Hubs and targets people aged 55 years and over (or Indigenous Australians aged 50 or over) living in the	
community. The Government expects at least ten new Village Hubs to	
be established across Australia through this initiative. Village Hubs	
are expected to be open for members late 2021.	

		<u> </u>	
Educa	tion, training		
12 1	Has the Government supported older persons' access to knowledge, education and training? (SDG 4.3.1; SDG 4.4.1; SDG 4.6.1) please elaborate with data, as appropriate: • The Australian Vocational Education and Training (VET) system supports people, including older people, to upskill or reskill to participate in employment and is key to ensuring that the nation's current and emerging workforce needs can be met. • In Australia, the provision of VET is a shared responsibility between the Commonwealth and State and Territory Governments. Considerable funding is provided to states and territories who are responsible for the delivery of VET and associated qualifications nationally. • The Commonwealth Government is investing in a significant program of reform to the VET sector to improve efficiency, flexibility and confidence. Reforms will ensure all Australians – including older Australians – have access to high quality and relevant training to meet current and emerging skills needs. As part of these reforms, of the National Skills Commission (NSC) has been established to provide expert advice and national leadership on the Australian labour market, current and future skills needs and workforce development issues of the National Careers Institute (NCI) has been established to ensure people have access to accurate and authoritative careers information and support irrespective of their age or career stage of all governments have agreed to providing stronger support for foundation skills and ensuring support for Australians with low levels of language, literacy, numeracy and digital literacy, including older people.	Yes 🖂	No 🗆
12.1	Does the Government pursue a life-course approach to knowledge, education, training and work, such as lifelong learning opportunities?	Yes 🗵	No 🗌

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	please elaborate with data, as appropriate:		
	 As noted under question 10, Commonwealth Government directly funds a range of skills and training initiatives to support economic participation for those aged 45 years and over. In relation to higher education currently there are 284,094 domestic students over the age of 30 enrolled in a higher education course, which accounts for 26.2% of the total population of domestic 		
	students. There are over 10,300 students in higher education over the age of 60 years old.		
	• The need to embrace lifelong learning for individuals of all ages is strongly supported by the Government. The Government is committed to improving credit pathways and providing greater opportunities for lifelong learning through reforms to the Australian Qualifications Framework, which will continue to support older aged students that are engaged in the higher education system.		
	• The Department of Education, Skills and Training has been working collaboratively with Professor Martin Bean and Professor Peter Dawkins to complete a review into university and industry collaboration in teaching and learning, which explores issues related to on-going skill development and lifelong learning. The review proposes recommended actions that will assist Australia to leverage		
	the knowledge and expertise within its higher education sector to move rapidly towards a system which invests more effectively in building		
	capabilities and skilling the wider workforce through lifelong learning. • A key recommendation from the review focuses on the implementation of micro-credentials. Evidence suggests that modular and abbreviated qualifications, or micro-credentials, are an important		
	component of the lifelong learning concept. The shorter form of learning, in conjunction with its flexible mode of delivery, aims to support lifelong learners as they engage more frequently with the tertiary education system.		
12.2	Has the Government undertaken measures to promote digital literacy among older persons? Are there any programmes which encourage and support intergenerational exchange on digital literacy? please elaborate with data, as appropriate:	Yes ⊠	No 🗌
	The Australian Government is committed to assisting older Australians to be digitally literate and thrive in a digital world, and as such provides entry-level online learning resources and protection from online threats.		
	Be Connected is an Australian Government initiative committed to increasing the confidence, skills and online safety of older Australians aged over 50. Australians are supported to learn the basics of using digital devices and engaging with the internet.		
	More info: Be Connected – improving digital literacy for older Australians Department of Social Services, Australian Government (dss.gov.au)		

https://www.dss.gov.au/seniors/be-connected-improving-digitalliteracy-for-olderaustralians#:~:text=Re%20Connected%20is%20an%204ustralia

australians#:~:text=Be%20Connected%20is%20an%20Australian%20Government%20initiative%20aimed,have%20little%20or%20no%20experience%20with%20digital%20technology.

- Since October 2017, Be Connected has engaged more than one million learners.
- The Be Connected learning site has launched over 350 interactive learning activities with a learner satisfaction rating of over 90 per cent, including:
- o being safer while online;
- o video calling family and friends;
- o smart homes and the cloud;
- o shopping and selling online, safely and securely; and
- o setting up a myGov account, and learning the basics of online banking including an interactive practice area

Be Connected is not just a website; it is a national program working across Australia, within communities, to help people with their digital skills, and offer in-person help and support to older Australians who are disengaged with digital technology.

Older Australians can learn the basics of smartphones and getting online, right through to banking and shopping online, accessing government services and safely using social media to stay connected with family and friends.

- Free coaching sessions are offered through a national network of over 3,500 local community organisations (Network Partners) located across Australia.
- Network Partners include libraries, community centres, Men's Sheds, retirement villages, computer clubs, cultural groups, disability organisations, employment services providers and Indigenous and multicultural groups.
- Many Network Partners are delivering their coaching services digitally due to COVID-19, and the Government is providing grants for community organisations to help Network Partners to purchase and loan digital devices to support the most vulnerable to remain connected.
- Free daytime webinars help improve the online skills of senior Australians as they increasingly turn to the internet to access services and connect with loved ones during COVID 19.

See the range of online resources at www.beconnected.esafety.gov.au.

Income security, social protection (intergenerational)

13	Has the Government implemented any of the following measures	Yes 🖂	No 🗌
	concerning income security, social protection and social security?		

	(SDG 1.3.1; SDG 1.a.2; SDG 2.3.2; SDG 8.3.1; SDG 8.10.2; SDG 10.2.1)		
	If yes, please answer 13.1 – 13.8		
	If no, please proceed to 14		
	please elaborate with data as appropriate:		
13.1	Social protection floor for the total population, including older persons	Yes 🖂	No 📙
	(see also companion document)		
	please elaborate with data, as appropriate:		
	Post-retirement, nearly two-thirds of Australians receive government		
	assistance as their main source of income (ASIC 2018), to meet		
	everyday costs of living. Australian social security payment policy is		
	administered by the 'Department of Social Services', and income		
	support payments are delivered by the 'Services Australia', through		
	its network of Centrelink offices. There is also a network of services		
	and assistance available designed to improve the wellbeing of older		
	Australians.		
	A range of social security payments support older Australians (those		
	aged 65 years and over). The most common payment is Age Pension		
	specified in 13.3.		
	•		
	In response to Australians living longer and healthier lives, which		
	has placed increased demand on this payment, policy changes have		
	been made to achieve sustainability of Age Pension system. This		
	includes the incremental increase in the qualifying age for Age		
	Pension. As the qualifying age for this payment continues to increase (from 65.5 in 2017 to 67 years in 2023), there are other associated		
	payments, such as Disability Support Pension (DSP), Carer Payment		
	and Jobseeker Payment to support older persons.		
	The second secon		
	At June 2021, 2.8 million people aged 65 and over received income		
	support payments from Services Australia. Of these:		
	• 93% (2.6 million) received Age Pension		
	• 2.7% (101,800) received either Disability Support Pension (DSP)		
	2.0% (56,400) received Carer Payment1.1% (30,300) received JobSeeker Payment		
	-1.170 (30,300) received 300Seeker 1 dymeni		
	Allied health professionals are an essential part of Australia's Health		
	sytem that enables older people to function well physically, socially		
	and emotionally and support them to live independently in the		
	community. Allied health professionals use their specialised		
	knowledge and skills to provide many services for older people.		
	These include:		
	• Interventions to promote healthy ageing and reduce the impact of		
	chronic conditions and disabilities		
	• Rehabilitative care to support people to regain function and		
	strength after serious injury or an illness such as stroke		
	• Strategies to support people to live independently in their own home		

	• Care co-ordination to assist people navigate the aged care system and make choices that are best for them. Allied health practitioners work in hospitals, rehabilitation centres, community health centres and in private practice. Older people can access allied health services in these settings as well as receiving services in their home or residential aged care facility.		
	Allied health professionals can provide a diverse range of interventions that prevent or slow the progression of conditions and empower older people to live full and active lives.		
	The My Aged Care website provides a referral point for older people to access assessment and funding for the allied health services they need.		
	More info: Access Australian aged care information and services My Aged Care		
	Allied health services provided in the community are funded through Medicare – a GP Chronic Disease Management Plan and referral is required. The Department of Veteran's Affairs and private health insurance also fund allied health services.		
13.2	Old age contributory pensions schemes (universal coverage, or for specific professional groups) please elaborate with data, as appropriate:	Yes 🗌	No 🗵
13.3	Old-age non-contributory (or social) pension (universal coverage or targeted at some segment of older persons) please elaborate with data, as appropriate: The Age Pension is designed to provide income support to older Australians who need it, while encouraging pensioners to maximise their overall incomes.	Yes 🗵	No 🗌
	The Age Pension is paid to people who meet age and residency requirements, subject to a means test. Pension rates are indexed to ensure they keep pace with Australian price and wage increases.		
	On 1 July 2021, Age Pension age increased to 66 years and 6 months for people born from 1 July 1955 to 31 December 1956, inclusive. For birthdates on or after 1 January 1957, the Age Pension age is 67 years. This will be the Age Pension age from 1 July 2023		
	Current maximum fortnightly rates (AUD) from 20 September 2021 are: \$729.30 for each member of a couple \$967.50 for singles.		
	• From 1 July 2022, individuals aged 67 to 74 will no longer be required to meet the work test when making or receiving non-concessional or salary sacrificed superannuation contributions. This		

	change builds on the Government's previous reforms to age rules on superannuation contributions, and increases the ability of older Australians to make contributions to their superannuation.		
13.4	Specific pension schemes for the informal sector please elaborate with data, as appropriate:	Yes 🛚	No 🗌
	In Australia early with drawals from superannuation funds are permitted in limited exceptional circumstances on compassionate grounds or in cases of severe financial hardship.		
	Tax relief on pension contributions is another way we encourage pension participation, particularly for the voluntary schemes.		
	In Australia, the current superannuation pension system requires that all employees in the public and private sectors (including those in the informal sector with some exceptions) participate in the system. The contribution rate for employers is 9% of payroll, while employee contributions are allowable and voluntary up to certain limits.		
	Though participation may not be particually popular or information sector workers and their employers (given tax incentives have limited impact for low income workers or for companies making a loss), compliance is strictly enforced (via severe penalities) by the Australia Taxation Office.		
	Self-employees in Australia are not required to contribute on their own behalf under the Superannuation system, regardless of income thresholds. However there are tax incentives - provided an individual earns less than 10% of their income as an employee, an individual can (from 1 July 2007) claim a tax deduction for personal contributions to a complying fund. There is no limit to the amount of the deduction, however the 2007 reforms also introduced caps on the amount of concessionally taxed contributions that can be made in a year to a fund.		
	• We have also increased the Pension Work Bonus from \$250 per fortnight to \$300 per fortnight, and extended the Bonus to selfemployed individuals. (Social Services)		
	• As announced in the 2019-20 Budget, the Government is allowing voluntary superannuation contributions (both concessional and nonconcessional) to be made by those aged 65 and 66 without meeting the work test from 1 July 2020. Those up to and including age 74 are now also able to receive spouse contributions.		
	• As announced in the 2021-22 Budget, from 1 July 2022, individuals aged 67 to 74 will no longer be required to meet the work test when		

	making or receiving non-concessional or salary sacrificed superannuation contributions.		
	• In addition to the above measures, pensioners can receive a range of benefits and concessions that support their economic security, including:		
	o exemption of the principal home from the assets test for homeowners;		
	o Commonwealth Rent Assistance for people who rent in the private rental market; and		
	o subsidised aged care, prescription medicines, and health care and related products.		
13.5	Other income-support schemes that specifically benefit older persons please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	Australia's social security system aims to support people who cannot, or cannot fully, support themselves. It is an important part of the larger network of services and assistance provided by governments and nongovernment organisations to improve the wellbeing of Australians. Due to the considerable number of people who receive a social security payment at some point in their lives, it is considered a critical social institution of contemporary Australian society.		
	In 2018, women aged 18–64 were overall more likely than men to be receiving income support payments (17% compared with 13%, respectively). This gender gap has remained relatively consistent over the past 20 years. However, when looking at specific payments, the gender gap over the 20-year period has increased for some payments (such as Carer Payment) and declined for others (such as unemployment payments and DSP). For example, in 2021, women were 2.4 times as likely as men to receive Carer Payment, up from 1.4 times as likely in 1999. For unemployment payments, the proportions in 2018 were relatively similar for men and women, compared with 1999 when men were 2.3 times as likely as women to be receiving these payments.		
	Age The age distribution of income support recipients aged 18–64 over the past 20 years remained relatively unchanged, skewed towards the older and younger age groups.		
	The proportion of income support recipients aged 18–24 was 18% in 1999 and 19% in 2018, and the proportion aged 60–64 was 15% in 1999 and 13% in 2018.		
	In both 1999 and 2018, the proportion of income support recipients in each five-year age group between 25–29 and 55–59 were between 8% and 11%. A notable difference between 1999 and 2018 is that the		

	proportion of the total Australian population aged 60–64 receiving income support payments was more than twice as high in 1999 compared with 2018 (51% compared with 22%, respectively). This partly reflects women in this age group qualifying for Age Pension in 1999, but not in 2018.		
13.6	Income-support schemes focused on older women please elaborate with data, as appropriate: • The Australian Government is implementing the 2020 Women's Economic Security Statement to increase women's workforce participation, improve earning potential and enhance economic independence. • The \$240.4 million package will deliver employment opportunities;	Yes 🛚	No 🗌
	support parents in the workplace and women's leadership and development; and increase opportunities for women in business and male-dominated industries. Mature age women have a considerably lower rate of workforce participation compared to mature age men (58.8 per cent and 71.9 per cent respectively). Source: ABS, Labour Force, Detailed - Electronic Delivery, Feb 2017, cat. no. 6291.0.55.001, 12 month average of original data, persons aged 55-64 years.		
	Some of the barriers to employment that older Australians face identified in the Australian Human Rights Commission's Willing to Work inquiry include age discrimination, difficulties accessing training and difficulties arranging flexible work opportunities. The inquiry also heard that older women are more likely than older men to be perceived as having outdated skills and as being too slow to learn new skills.		
	Additionally, although mature age people have a lower unemployment rate than younger people, they tend to have greater difficulty finding subsequent employment when they do become unemployed.		
	The Government continues to ensure its mainstream employment services feature a range of interventions, activities and complementary programs to help mature age job seekers, including women.		
	They include:		
	Restart wage subsidy program provides eligible employers with a subsidy of up to \$10,000 over six months if they hire an eligible income support or pension recipient, 50 years of age or older who has been unemployed and on income support for six months. Since		

	July 2014, over 5,000 women have been placed into a job with the help of a Restart wage subsidy. The pre-employment partnership with UnitingCare Australia involved UnitingCare training, mentoring and employing women to provide them with real jobs and possible future career pathways within the community and aged care services of the UnitingCare network. Participants undertook training to build their knowledge and work-readiness skills. 35 women participated in three pilot projects in Western Australia, South Australia and Queensland. The Government has now committed \$10 million for further partnerships with a range of employers and industries nationally as part of the Launch into Work program.		
	Implement a new \$98 million, Career Transition Assistance Program to deliver a short, intensive course for mature age people looking for work to identify and prepare for new career paths and opportunities.		
	Expand the National Work Experience Programme, which offer older Australians more opportunities to upskill, as well as establish the Pathway to Work pilots, a series of industry-based pilots in selected growth industries and/or large infrastructure projects.		
	Fund the new Launch into Work program, pre-employment partnerships that provide training, mentoring and work experience to assist job seekers to become work ready. Projects are flexible and will be designed to meet the specific needs of mature age women.		
	Commissioned qualitative research to identify the barriers facing women aged 45–64 years who are not in the labour force and not on income support, with the aim of identifying approaches that would encourage them into work.		
	For more information: https://womensworkforceparticipation.pmc.gov.au/mature-age- women.html		
13.7	Financial inclusion or financial literacy of older persons please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	March 2020 paper on "Financial Literacy in Australia: Insights from e Household, Income and Labour Dynamics in Australia (HILDA) Survey Data" states Australia has a relatively high level of financial literacy when ranked globally. In the 2014 Standard & Poor's Ratings Services Global Financial Literacy Survey of a 140 economies, Australia, for example, ranked in the top 10 countries for financial literacy.		

	Within Australia 63% of men and 48% of women demonstrate an understanding of at least three basic financial literacy concepts. If understanding three basic financial literacy concepts can be		
	considered financially literate, then these statistics suggests that around 8.5 million (or 45%) adults in Australia are financially illiterate.		
	When assessed using the Big-3* the HILDA estimates show that just over half of all adult Australians (55%) are financially literate. When disaggregated by sex it is apparent that there is a large gender gap in financial literacy. While two-third (63%) of Australian men are financially literate fewer than one in two (48%) of Australian women are financially literate		
	*The Big-3 testing knowledge related to three key financial literacy concepts. These include: (a) an understanding of interest rates, especially compound interest; (b) an understanding of inflation; and (c) an understanding of diversification.		
	Maintaining financial independence: • From 1 May 2020, the Government helped retirees to manage the impact of volatility in financial markets on their retirement savings by temporarily reducing superannuation minimum drawdown requirements by 50 per cent for the 2019-20 and 2020-21 income years. This reduced the need for retirees to sell assets that may be in a loss position.		
	• On 29 May 2021, the Government announced it will extend the temporary reduction to 30 June 2022. This builds on the additional flexibility to superannuation rules announced in the 2021 22 Budget and reflects that for many retirees, the significant losses in financial markets caused by COVID-19 are still having a negative effect on their superannuation pension.		
13.8	Any other measures (please name them)? please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	• From 1 May 2020, the Government helped retirees to manage the impact of volatility in financial markets on their retirement savings by temporarily reducing superannuation minimum drawdown requirements by 50 per cent for the 2019-20 and 2020-21 income years. This reduced the need for retirees to sell assets that may be in a loss position.		
	• On 29 May 2021, the Government announced it will extend the temporary reduction to 30 June 2022. This builds on the additional flexibility to superannuation rules announced in the 2021-22 Budget and reflects that for many retirees, the significant losses in financial markets caused by COVID-19 are still having a negative effect on their superannuation pension.		

- In addition to the 2021-22 Budget measures, pensioners can receive a range of benefits and concessions to support their economic security, including: for homeowners, exemption of the principal home from the assets test; Commonwealth Rent Assistance for people who rent in the private rental market; and subsidised aged care, prescription medicines, and health care.
- Pensioners who own real estate can use their property to generate additional fortnightly income through the Pension Loans Scheme. The Pension Loans Scheme is available to Australians of Age Pension age, who meet the Age Pension residency requirements and own real estate in Australia. The real estate does not need to be a principal place of residence; it can be any real estate, such as commercial property or vacant land.

Exempting granny flat arrangements from capital gains tax (Treasury)
• As part of the 2020-21 Budget, the Government will remove capital gains tax for granny flat arrangements where there is a formal written agreement.

- This will benefit families that provide accommodation (for example, a room or a granny flat) to parents and grandparents of Age Pension age or older.
- Around 3.9 million Australians at Age Pension age or older would be eligible.

Poverty

14	Has the Government undertaken measures to eradicate poverty of older persons? (SDG 1.1.1; SDG 1.2.1; SDG 1.2.2; SDG 1.4.1; SDG 1.4.2; SDG 2.1.2) please elaborate with data, as appropriate:	Yes 🛚	No 🗌
	 Entrepreneurship Facilitators Program (Employment) Entrepreneurship Facilitators Program has expanded to 20 additional locations to promote self-employment among older Australians. The program commenced on 1 January 2019 with over 47,800 people assisted through mentoring, workshops, presentations, and expos to 30 June 2021 (latest data available). Around a third of people provided with general advice, and nearly half of people provided with comprehensive advice, identified as mature age (45 years and over). Initiatives to keep older Australians safe: The Australian Government is undertaking a range of initiatives to ensure the safety of senior Australians, through access to appropriate 		
	housing.		

- The Australian Government also recognises homelessness is an issue for many senior Australians, particularly during this global health crisis.
- States and territories are primarily responsible for housing and homelessness and have announced their own packages in response to COVID-19.
- In 2020-21, the Australian Government will spend around \$8.2 billion to improve housing and homelessness outcomes, including but not limited to:
- o around \$5.5 billion in Commonwealth Rent Assistance to help eligible Australians pay their rent (many of whom are receiving the age pension); and

o around \$1.6 billion through the National Housing and Homelessness Agreement. Older people are one of the priority homeless cohorts under this agreement.

The Royal Commission into Aged Care Quality and Safety (the Royal Commission) recommended actions to improve service integration for older, vulnerable Australians.

Initiatives to keep older Australians safe

- The Australian Government recognises housing and homelessness is an issue for many older Australians, particularly during this global health crisis.
- While states and territory governments are primarily responsible for housing and homelessness, in 2020-21, the Australian Government will spend around AUD\$9.0 billion to improve housing and homelessness outcomes, including but not limited to:
- o around AUD\$5.3 billion in Commonwealth Rent Assistance to help eligible Australians pay their rent (many of whom are receiving the age pension); and
- o around AUD\$1.6 billion through the National Housing and Homelessness Agreement (NHHA), with around AUD\$131.8 million set aside for homelessness services through the NHHA.

Older people are one of the priority homelessness cohorts under the NHHA.

Resilience

15	Has the Government implemented policies to help older persons cope	Yes 🖂	No 🗌
	with emergency situations? (SDG 11.5.1; 13.2.1)		
	If yes, please answer $15.1 - 15.4$		
	If no, please proceed to 16		
	please elaborate with data as appropriate:		
	The Australian Government announced \$600 million would be		
	available over six years from 2021-22 to 2026-27 for the Preparing		
	Australia Program.		

	The Preparing Australia Program will support projects that mitigate or reduce the disaster risk, impact and consequence associated with large-scale natural hazards. Managing and reducing risk is key to limiting the impacts of disasters, and risk reduction was a focus of the Royal Commission into National Natural Disaster Arrangements.		
	The objectives of the Preparing Australia Program are to: • improve the long-term resilience of Australian communities and households to natural hazards including bushfires, floods and tropical cyclones • deliver disaster risk reduction projects that reduce hazard exposure or vulnerability and are aligned with the recommendations of the Royal Commission into National Natural Disaster Arrangements and the National Disaster Risk Reduction Framework.		
	State and Territory governments have primary responsibility for emergency management and local governments have an important role in planning, preparedness, response and recovery. Therefore, Since the announcement of the Preparing Australia Program, the National Recovery and Resilience Agency has been consulting with state and territory governments, local government associations, communities, the building and insurance sector and other key organisations to ensure the program is locally led and informed.		
15.1	Have concrete measures been taken to protect and assist older persons affected by natural disasters, political conflict or other humanitarian emergencies? please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	Each Australian state and territory has generic emergency and disaster response legislation which authorises officials to declare emergencies in a variety of circumstances and make orders to deal with an emergency. The state and territory governments have broader legislative and executive powers and the Australian Government has significantly more financial resources and capacity for coordination.		
	Eg: In recognition of the contribution that older people can make and that disaster preparedness for older people can be improved, Volunteering Queensland developed the Disaster Preparedness for Older People project. This project worked to ensure: • Older people can access relevant disaster preparedness information		
	 Older people have opportunities to participate in disaster preparedness planning and volunteering Agencies that support vulnerable older people in the community are aware of the need to develop evacuation and disaster preparedness plans for their clients. 		

[<u> </u>]
15.2	Are challenges faced by older persons in disaster situations addressed in national disaster response policies and strategies? please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	National coordination arrangements for emergencies are well established. The foundation of Australia's current arrangements, the National Strategy for Disaster Resilience, has been in place since 2011. Whole-of-government arrangements have been developed that are designed to be applicable in any emergency or crisis. These arrangements are known as the Australian Government Crisis Management Framework (December 2017) (AGCMF).		
	The Australian Government has standing national plans to facilitate provision of assistance. It has specific capabilities within its agencies to assist with response to a crisis, including Australian Defence Force (ADF) resources, access to satellite imagery, and assistance in brokering memoranda of understanding with foreign partners to obtain resources.		
	The Australian Government Crisis Committee (AGCC) is a committee of officials who will coordinate the response across the Australian Government. The AGCC Chair is the Deputy Secretary National Security, Department of the Prime Minister and Cabinet (PM&C), though for a communicable disease emergency the AGCC may have a Health co-chair. An Inter-departmental Emergency Task Force (IDETF) may be used as a coordination mechanism rather than the AGCC if a communicable disease incident threatens to significantly affect Australians.		
	The National Crisis Committee (NCC) is the key national cross-government officials committee. It will consolidate information and coordinate information exchange and advice to ministers. It will also coordinate ministerial decisions across the Australian Government, state and territory and local governments. The NCC membership includes Australian Government Crisis Committee standing members, state and territory agency representatives as appropriate to the event, and state and territory representatives from the departments of Premier and Cabinet (and equivalents).		
15.3	Does the Government recognize the agency of older persons in supporting response, recovery and reconstruction following natural disasters, political conflict or other humanitarian emergencies? please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	• The Aged Care Act 1997 and Aged Care Quality Principles 2014 state that approved providers of residential aged care have a responsibility to ensure the health, safety and wellbeing of care recipients at all times. o Standard 5 Requirements (3)(b) regarding the service environment refers to how the workforce demonstrates their		

[knowledge of how to respond to a safety incident, hazard or		
	emergency. o Standard 7 Requirements (3)(a) ensures the Approved Provider has enough staff to deliver the usual work or the organisation, but also it is expected that the organisation will have considered it's staffing needs during an internal and external emergency. o Requirement 8 (3)(C)(D) requires organisation wide governance systems e.g. relating to information management, continuous improvement and regulatory compliance and Effective Risk Management Systems and practices.		
	 To achieve and maintain compliance, residential aged care service providers are expected to develop and practice appropriate emergency management plans that encompass planning for both isolated emergency events and emergency situations affecting whole communities. They must liaise with local emergency authorities and other service providers to plan for emergencies and seek emergency management advice as appropriate. An emergency event may involve significant actual or likely impacts on residential aged care services or service providers, including damage to a facility impacting on service provision, difficulty maintaining adequate staff rosters, or other business continuity issues such as power failure, food or medication shortages. The Department's State Network monitors the event, to engage with impacted providers, or to provide support to impacted providers, and in all cases to report accurate and timely information about the event and its impacts to relevant Departmental executives and Ministers' offices. 		
15.4	Are older persons recognized as having a role in mitigating climate change? please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	The Australian Government recognises that the adverse effects of climate change have a broad range of negative human rights impacts. These impacts fall more heavily on those who are already in vulnerable situations. Older persons, including particularly older persons with disabilities and older women, can be affected by climate-related harms such as the increasing spread of vector-borne diseases, heat stress, and the increasing frequency and intensity of sudden- and slow-onset disasters which can impact their physical and mental health and wellbeing.		
	Australian governments consider climate change issues and policy responses in the context of an ageing population to ensure a safe, secure, equitable and sustainable future. Older people are included in all initiatives to ensure that their specific needs are addressed and supports a national policy framework that sets out cross sector interventions and policies to improve the quality of life of older people. In particular, COTA (previously known as Council on the Ageing) supports the investment in community health and support		

organisations to work at grass roots level in communities to rollout energy efficiency schemes.

Department of Health has developed the National Preventive Health Strategy (the Strategy).

The Strategy provides the overarching, long-term approach to prevention in Australia by working to build systemic change to ensure the best outcomes for all Australians including older persons. Climate change is identified as an element of the natural environment that has both protective and adverse consequences for health of older persons.

The Strategy identifies key policy outcomes to be achieved by 2030, including "evidence-based approaches to identify and address current and emerging pressures on the most vulnerable parts of the health system caused by climate change, are developed and implemented".

III. Advancing health and well-being into old age

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please supply details of and links to relevant documents or attach copies of them.

Overall health and well-being

16	Has the Government developed policies or programmes to promote health and well-being throughout life, including active and healthy ageing? please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	Healthy ageing and its associated concepts have been developed over the years as a response to changing population demographics. Healthy ageing is defined as 'the process of developing and maintaining functional ability that enables wellbeing in older age'.		
	•Government appointed a team of experts in 2019 to provide independent advice on the development of the Primary Health Care 10-Year Plan. The objective of the 10-Year Plan was to set a vision and path to guide future primary health care reform, as part of the Government's Long-Term National Health Plan. The 10-Year Plan was informed by extensive consultations with health professions, health service providers, Indigenous communities, state and territory governments and—most importantly—consumers.		
	•The National Women's Health Strategy 2020-2030 outlines Australia's national approach to improving health outcomes for all women and girls, taking a life-course approach. The five priority areas identified in the Strategy are: maternal, sexual and reproductive health, healthy ageing, chronic conditions and preventive health, mental health, and the health impacts of violence against women and girls.		

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	• The National Men's Health Strategy 2020-30 outlines Australia's national approach to improving health outcomes for all men and boys, taking a life course approach. The six priority areas identified in the Strategy are: mental health and wellbeing; chronic conditions; sexual and reproductive health conditions; injuries and risk-taking behaviour; healthy ageing; and health risk factors. To date, \$1.5 million has supported implementation activities associated with the Strategy, including: grants for health promotion activity; development of a literature review into barriers to health system access by men and boys; and a project to improve the men's health knowledge of health professionals.		
16.1	Has the Government strengthened the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol among older persons? (SDG 3.5.1; SDG 3.5.2) please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	The Australian Government is committed to preventing and minimising alcohol, tobacco and other drug-related health, social, cultural and economic harms among individuals, families and communities. This commitment is outlined in the National Drug Strategy 2017-2026 (NDS), which provides an overarching national framework which identifies national priorities in relation to alcohol, tobacco and other drugs. The NDS guides action by governments in partnership with service providers and the community, and outlines a national commitment to harm minimisation through a balanced adoption of effective demand, supply and harm reductions strategies. The NDS recognises that while whole of population strategies can be very effective at reducing total harm and social impact of alcohol, tobacco and other drug use, there are specific priority population groups who have a higher risk of experiencing disproportionate harms associated with alcohol, tobacco and other drugs and that policy responses should have particular reference to these priority populations to ensure that new efforts will benefit those most at risk of harm, marginalisation and disadvantage. Older people are among the recognised priority populations in the NDS, noting that harmful use of prescription medications, effects of illicit drugs use and alcohol is increasing in older people (ages 60 are over). Older people can be more		
	increasing in older people (ages 60 or over). Older people can be more susceptible to alcohol, tobacco and other drug problems as a result of difficulties with pain and medication management, isolation, poor health, significant life events and loss of independent living.		
	Further, the National Alcohol Strategy 2019-2028 (Strategy) provides a framework for directing national and local action to prevent and minimise alcohol-related harms and includes a mix of broad population-based and targeted approaches. Implementation of the Strategy is a shared responsibility of the Australian Government, state and territory governments and non-government sectors. The Strategy		

recognises that age is an important determinant of health risks related to alcohol, noting that alcohol-related disease is more evident among older people. Older people (aged 65+) are therefore captured as one of the priority population groups in the Strategy.

One of the priorities in the Strategy is 'Promoting Healthier Communities', with an objective to improve awareness and understanding of alcohol harms. A suggested policy option is to 'develop guidelines and information on alcohol-related harm for older Australians.' The Australian Government is funding the Alcohol and Drug Foundation to promote and raise awareness of the Australian Guidelines to Reduce Health Risks from Drinking Alcohol (the guidelines) to provide clear advice and information on how to reduce the risk of harm from drinking alcohol. The guidelines suggest that people aged over 60 years should not exceed the guideline recommendation for drinking and are advised to consult a health professional about the most appropriate level of drinking for their health. People over 60 years are also captured as one of the guideline's special population groups as they may experience an increased risk of harm if they drink alcohol.

The Australian National Drug Strategy Household Survey (NDSHS) https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data, does not specifically report on the 65+ age group, it does however report on people who are 70+. Noting this the following points are provided:

- The 2019 NDSHS indicates that of people aged 70+, 12.2% exceeded the lifetime alcohol risk guidelines at the time (on average, had more than 2 standard drinks per day) and 8.8% exceeded the single occasion alcohol risk guideline (more than 4 standard drinks on one occasion at least once a month).
- Of note, while the proportion of Australians exceeding the lifetime and single occasions alcohol risk guideline decreased between 2016 and 2019, increases were seen in the 70+ age group.
- On 8 December 2020, the National Health and Medical Research Council (NHMRC) released the revised 'Australian guidelines to reduce health risks from drinking alcohol' (the Guidelines).
- The 2022 NDSHS will provide updated data on the alcohol consumption of Australians aged 70+ according to the revised Guidelines.
- . In addition, painkillers/opioids were the most common pharmaceutical used for non-medical reasons in 2019, followed by tranquillisers/sleeping pills.

Narcotic/opioid drug and alcohol use is associated with poorer physical health and wellbeing. The most common diseases for comorbidity are cardiovascular disease, arthritis, back pain and mental health conditions. These diseases usually develop over time and often, are preventable. Many share the same risk factors, such as tobacco use,

	obesity, physical inactivity, poor diet, and harmful alcohol and drug use. The Government is developing a new National Preventive Health Strategy (the Strategy) which will outline the overarching, long-term approach to prevention in Australia over the next 10 years. The Strategy takes a systems-based approach to address the wider determinants of health, reduce health inequities and decrease the overall burden of disease. Tackling areas such as tobacco, and alcohol and other drug use are integral to the Strategy, alongside physical activity, immunisation, cancer screening, nutrition and mental health. The Strategy also takes a whole-of-life approach and emphasises the importance of good health and wellbeing from preconception right through to older age. In the 2021-22 Budget, an early commitment of \$1.9 million was made to the Strategy to support a stronger and more effective prevention system in Australia. It is anticipated the Strategy will launch before the end of 2021. Additionally: The Australian Department of Health has engaged the Alcohol and Drug Foundation to plan, execute and evaluate a campaign to increase awareness of the Guidelines, between December 2020 and June 2022. The Foundation for Alcohol Research and Education will lead a complementary campaign targeted at women who are pregnant or breastfeeding.		
16.2	Has the Government implemented any measures to improve access to food and adequate nutrition for all older persons, if needed? (SDG 2.1.2; SDG 6.1.1) please elaborate with data, as appropriate: In response to the Royal Commission into Aged Care Quality and Safety, the Australian Government has substantially increased funding to residential aged care providers through a new Basic Daily Fee (BDF) supplement of \$10 per resident per day, since 1 July 2021. The purpose of the BDF is to improve the daily living services provided to residents with a focus on food and nutrition. The BDF is part of a multi-faceted response to the challenge of improving the quality of life for residents through nutrition related initiatives which includes: revising the food requirements in the Aged Care Quality Standards to make these more measurable and detailed, for example they may specify the minimum frequency of menu refresh and require the engagement of resident committees being established through the governance reforms. measuring outcomes by comparing the BDF input measures against: consumer experience data to be obtained from at least 10% of residents across all residential aged care facilities collected annually, and	Yes 🖂	No 🗌

	quality indicator data including the relationship with unplanned weight loss, falls and pressure injury indicators collected quarterly.		
17	Are issues related to older persons integrated into health policies and programmes, and, if so, how? please elaborate with data, as appropriate: (a) While acknowledging population ageing is largely a positive reflection on improved life expectancy, the Government recognised phenomenon itself has significant implications for the health system, the health workforce and health budgets.	Yes 🖂	No 📙
	Through the 2021-22 Budget, the Government has measures related to older persons health care including:		
	 \$178.9 million over four years for Primary Health Networks (PHNs) to use the regional expertise and on-the-ground capabilities to support the health of senior Australians through: telehealth care for aged care residents enhanced out of hours support for residential aged care dementia pathways to support assessment and referral early monitoring and identification of health needs to support people to live at home for longer. \$37.3 million over four years in additional funding for the Greater Choice for At Home Palliative Care initiative to expand to 31 PHNs (from 11 in the pilot) to improve in-home palliative and end-of-life care. \$204.6 million to extend telehealth, allowing senior Australians to continue to see their GP, renew scripts and seek mental health support from their own home. \$14.2 million over four years to reimburse allied health professionals via the Medicare Benefits Schedule (MBS) for participating in GP-led multidisciplinary case conferences, supporting coordinated care for patients with complex co morbidities. \$5.7 million in new online portal infrastructure for the Hearing Services Program to replace a legacy system, provide improved functionality for providers and avoid potential interruptions to access. 		
	(b) The Department of Health develops and delivers policy and programs to support equitable access to quality, coordinated and culturally appropriate primary health care services at the centre of the health system that improve the health and wellbeing of all Australians across the life course.		
	- Pharmaceutical Benefits Scheme (PBS) The Pharmaceutical Benefits Scheme (PBS) provides timely, reliable and affordable access to necessary medicines for all Australians. The PBS operates within the context of Australia's National Medicines Policy which aims to promote timely access to the medicines that		

Australians need, at a cost individuals and the community can afford and to ensure the quality use of medicines. Under the PBS, the government subsidises the cost of medicine for most medical conditions. Most of the listed medicines are dispensed by pharmacists, and used by patients at home.		
The PBS is an ongoing program which commenced in 1948.		
Any additional information, including assessment of results/impact or relevant data go to http://www.pbs.gov.au/info/about-the-pbs		
- Medicare Benefits Schedule (MBS)		
The MBS is the list of health professional services subsidised by the Australian government. Established in 2015, the MBS Review Taskforce is reviewing the items on the Schedule, including those for general-practice.		
Economic accessibility to primary care is reasonable as many will not charge above MBS rebates for pensioners, so it is generally possible for older people to be seen, often by someone they know well (continuity of care). Through the MBS, senior Australians can also access services for a Comprehensive Geriatric Assessment and Management that focuses on addressing cognition problems, polypharmacy, incontinence and falls and includes management plan development provided to the patient's GP.		
(https://www.health.gov.au/internet/main/publishing.nsf/Content/MB SReviewTaskforce).		
- Hearing Services Program (HSP)		
Under the HSP, the government provides a range of services to eligible Australians to manage the effects of hearing loss. These services include the assessment of hearing loss; the fitting, adjustment and maintenance of hearing devices (if devices are clinically necessary); and/or advice on strategies to maximise communication.		
Age pensioners were first provided with hearing devices and support by the Commonwealth Acoustic Laboratories.		
Any additional information, including assessment of results/impact or relevant data. For more information go to http://hearingservices.gov.au		
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Health-care and long-term care services

18	Has the Government undertaken any of the following measures related	Yes 🖂	No 🗌
	to universal and equal access to health-care services for older persons?		
	(SDG 3.8.1; SDG 3.8.2; SDG 3.b.3)		
	If yes, please answer $18.1 - 18.4$		
	If no, please proceed to 19		

	please elaborate with data as appropriate:		
18.1	Equal and affordable access to primary and secondary health-care services, including affordable access to essential medication, therapeutic measures and medical devices for older persons please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	In response to the Aged Care Royal Commission, the Australian Government will invest \$365.7 million to improve access to primary care for senior Australians, better support their transition between the aged care and health care systems, and improve medication management in residential aged care settings. This will benefit more than 240,000 Australians living in residential aged care.		
	The Australian Government Primary Health Care Development Program provides funding to support activities that improve access to quality primary health and medical services in the community including older persons. The objectives of the program includes continued improvement in general practice, allied health and other activities that will increase capacity, enhance quality care and improve access and health outcomes for older persons. Primary care is provided by a range of professionals including but not limited to nursing, allied health and general practitioners, otherwise known as family medicine specialists. In most parts of Australia, GPs provide first contact primary care, although in some places nurses, including nurse practitioners, may be the point of first contact.		
	Primary care practitioners are fairly readily accessible geographically, with the number of full-time equivalents per 100 000 population ranging from 111.6 in urban areas to 135.5 in remote areas.		
	(a) Primary Health Networks (PHNs) PHNs were established to increase the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and to improve coordination of care to ensure patients receive the right care in the right place at the right time. PHNs will achieve these objectives by working directly with general practitioners, other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.		
	Time frame (start date and duration) 1 July 2015 PHNs commenced and are continuing today		
	The Government has agreed to six key priorities for targeted work by PHNs, one being aged care.		
	All the related data at Primary Health Network (PHN) level can be accessed through Australian Institute of Health and Welfare GEN aged care data.		

	(b) Through the Social Security Act 1991 the Australian Government issues various concession cards to older Australians to promote equal and affordable access to health care. The cards include:		
	• the Pensioner Concession Card (PCC) provided to all pensioners, and certain social security allowance recipients under specific conditions;		
	• the Health Care Card (HCC) generally provided to social security allowance payment recipients, and Low Income Health Care Card (LIC) provided to people on a low income; and		
	• the Commonwealth Seniors Health Card (CSHC) provided to eligible self-funded retirees above Age Pension age.		
	All these cards provide access to government health concessions. These concessions include:		
	• a lower co-payment when accessing medication listed on the Pharmaceutical Benefits Scheme.		
	• a lower amount of spending on medication listed on the Pharmaceutical Benefits Scheme before the Safety Net is reached and further medication within a calendar year is dispensed without a co payment.		
	• a lower amount of out-of-pocket spending on primary and secondary health care before the Extended Medicare Safety Net threshold is met and further costs during the calendar year and subsidised at a higher rate.		
	These concessions aim to ensure equitable access to health care for older Australians with lower incomes.		
18.2	Health coverage (universal coverage or targeted at some segment of older persons): (a) population coverage; (b) benefit coverage; and (c) financial coverage) please elaborate with data, as appropriate:	Yes ⊠	No 🗌
	• At 30 June 2020, 16.0 per cent of Australia's population was aged 65 years and over (4.1 million people) and 2.0 per cent was aged 85 years and over (517,000 people). By 2030, it is estimated that 18.1 per cent of the population will be aged 65 years and over (5.4 million people) and 2.4 per cent (719,500 people) will be 85 years and over.		
	As the number of older people in Australia continues to grow, optimising their health and wellbeing is an increasingly important economic and medical challenge. To best respond to the increased demands of this larger aged population, the health system caters for the most common health conditions that older Australians might experience.		
	Medicare		

Medicare forms the basis of Australia's universal healthcare system. It allows Australians to access an extensive range of health services at little or no cost, providing benefits for everything from GP visits to complicated surgical procedures. These benefits are known as Medicare rebates, and the maximum rebate amount payable varies depending on the medical service you receive.

The Medicare Benefits Schedule (MBS) is a schedule of fees for medical services set by the Australian Government. It lists a range of medical consultations, tests and procedures covered by Medicare, and the schedule fee for each of those services.

The schedule fee is the amount defined by the government as a fair fee for each of these services.

• The Pharmaceutical Benefits Scheme (PBS)

PBS lists medicines subsidised by the Australian Government. The listings are based on recommendations by the independent Pharmaceutical Benefits Advisory Committee, based on a medicines' health impact (relative to its main alternative therapy) and cost-effectiveness. On listing a medicine on the PBS, the Australian Government negotiates a price with the supplier. Individuals (generally) contribute a co-payment on purchasing medicines listed on the PBS, rather than paying the provider price for unlisted medicines. The PBS provides higher subsidies for concession-card holders, and, through the PBS Safety Net, provides higher subsidies when total annual contributions made by individuals or their families exceed specified thresholds.

• The Age pension

The Age Pension is designed to provide income support to older Australians who need it, while encouraging pensioners to maximise their overall incomes. The Age Pension is paid to people who meet age and residency requirements, subject to a means test. Pension rates are indexed to ensure they keep pace with Australian price and wage increases. The Age Pension is subject to an income test and an assets test. Pensioners are paid under the test that produces the lower rate of payment.

Age pension coverage:

(a) Payment recipients by state and territory, June 2021

State	Age Pension
Australian Capital Territory	25,105
New South Wales	806,610
Northern Territory	10,458
Queensland	515,423
South Australia	219,801
Tasmania	73,012

	Western Australia 24 Unknown 86 Total 2,	14,280 41,680 5,228 592,597		
	pension as at June 2021.	ale and Female persons recieved aged		
		re expenditure was on residential aged previous year) (13.4 and 13.0 billion in		
18.3	health-care services? please elaborate with data, as a good of the key principles as spending (Recommendation 3) woulder people should be supported lives and make decisions to the form	the development and strengthening of ppropriate: pecified in recent Royal Commission which the Government has accepted is, ed to exercise choice about their own fullest extent possible, including being ed in the planning and delivery of their	Yes 🗵	No 🗌
	of our communities. Working won and meet their needs. They are and aged care for Australians. To non-government organis the health care industry health professionals the public	3		
	• peak bodies			
	peak policy development, advo for older Australians. The Gove range of issues that have an impa aged care. COTA Australia wo policy areas such as private hea	represents Senior Australians and is a ocacy and representation organisation rument engage with COTA across the act on older Australians incl health and orks across a range of national health alth insurance, dental and oral health, health services along with areas of joint geing.		
	activities reduce the demand independence, dignity and partic and work with various organisat	the investment in healthy ageing on health services and increase the cipation of older Australians in society, tions that represent Senior Australians ning servce delivery programs. (Please yided in Q3.1.3).		

18.4	Digital technology to promote inclusive health-care services please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	In September 2020, a national digital health skills and training plan was released to help the Australian health workforce use technology and further drive the digital transformation of health services to meet community demand. The Australian Government has invested in a range of areas to expand the use of digital health, including workforce training, incentives to providers, and support for telehealth, My Health Record and electronic prescribing.		
	The COVID-19 pandemic has highlighted the importance of these systems to ensure delivery of quality patient care during an emergency. A dramatic expansion in the use of telehealth has been a key element of the fight against COVID-19. Between 13 March and 9 September, 29.6 million Medicare-eligible telehealth services was delivered to 10.4 million patients, resulting in \$1.52 billion paid in Medicare benefits.		
	As part of the COVID-19 National Health Plan, the Australian Government also fast tracked the start of electronic prescribing. This gives prescribers and patients the option to use an electronic prescription, sent by text message or email, as a legal alternative to a paper prescription.		
	The e-prescription contains an electronic token and other instructions which can be shown to or forwarded to the dispensing pharmacist, who scans the token to reveal the prescribed medicine.		
	Over the last 12 months, Telehealth services have been life changing for many in need of support and the Australian Government is investing more than \$114 million to extend Telehealth until the end of 2021.		
19	Has the Government put in place any of the following long-term care measures for older persons? If yes, please answer 19.1 – 19.7 If no, please proceed to 20 please elaborate with data as appropriate and proceed:	Yes 🛚	No 🗌
19.1	Long-term care services for older persons please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	The aged care system offers a continuum of long term care for older persons under three main types of service: Commonwealth Home Support, home care packages, and residential care. There are also several types of flexible care available to consumers (and their carers) that extend across the spectrum from home support to residential aged care.		

	The Commonwealth Home Support Programme (CHSP) provides entry-level services focussed on supporting individuals to undertake tasks of daily living to enable them to be more independent at home and in the community. Services under the program are provided on an on-going or episodic basis, depending on need. Home care is a more structured, more comprehensive package of home-based support, provided over four levels. Level 1 – to support people with basic care needs Level 2 – to support people with low level care needs Level 3 – to support people with intermediate care needs Level 4 – to support people with high care needs. Residential care provides support and accommodation for people who		
	have been assessed as needing higher levels of care than can be provided in the home, and, where required, 24-hour nursing care. Residential care is provided on either a permanent, or a temporary (respite) basis.		
19.2	Coordination of social and long-term care and health services, including in-home, residential and community services please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	Government recognises that older Australians have increasingly complex care needs that often require services to be accessed in tandem from across the aged care and health and systems.		
	 The Royal Commission into Aged Care Quality and Safety inquired into interfaces between the aged care and health systems. This included examining both Commonwealth and state and territory programs and whether older people, particularly those living in residential aged care facilities, are able to access the health services they need as they age. 		
	• Achieving alignment across different health and aged care areas will be critical in addressing these interface issues moving forward.		
	 The Department of Health has identified six work priorities to focus efforts and planning to improving the health and aged care interface, which have been mapped against the recommendations from the Royal Commission into Aged Care Quality and Safety: Access to Services: Allied Health and Specialist Services Coordination of Care: Role of GPs 		
	 Transition between Services: Transfers between residential aged care and hospital Coordination of Care: Preventative Care 		
	5. Service Delivery: Skills, qualifications and attributes of workers6. Information and Decision Making: Awareness and accessing information		

	• Comprehensive work plans are currently being developed for each of the priority area, leverage work underway across the Department, outlining further opportunity to gain traction on addressing theses priorities, as well as identifying opportunities for engagement with state and territory governments on interface issues.		
19.3	Health insurance schemes that cover long-term care costs please elaborate with data, as appropriate:	Yes 🗌	No 🛚
19.4	Long-term care costs covered by a separate insurance scheme please elaborate with data, as appropriate:	Yes 🗌	No 🖂
	There is no insurance scheme to cover long-term care. However, in 2019-20 over 1.6 million people above 65 years have accessed the Australian government subsidised aged care system, which represented around 38% of the population over 65.		
19.5	Geriatric and gerontological planning and training for health and social care providers please elaborate with data, as appropriate:	Yes 🛚	No 🗌
19.6	Involvement of older persons in the development and strengthening of long-term care services please elaborate with data, as appropriate: • The Australian Government Department of Health is partnering with stakeholders, including senior Australians, to ensure the successful implementation of the aged care reforms and development of the aged care system in Australia. • It is a priority for the department to enable true and authentic engagement with senior Australians, their families and carers to ensure they have a voice in the implementation of the reforms. • The Department is currently establishing a Council of Elders to provide advice from senior Australians directly to the Government about aged care reform and ageing. The council will report on the diverse issues, views, and perspectives of senior Australians on aged care reforms to the Minister for Health and Aged Care; Minister for Senior Australians and Aged Care Services; and the Department of Health. • The Department engages with senior Australians on specific areas of reform and aged care services. The department provides information about all available engagement activities via the Ageing and Aged Care Engagement Hub. As of 11 November, there are 2 consultation opportunities available for senior Australians, with an additional 6 to January 2022. • Senior Australians can sign up to get involved in future engagement opportunities via a form on the Engagement Hub. Those who sign up then receive invitations to participate in focus groups, codesign and survey opportunities. As of 12November, there were 161 senior Australians and consumers and 233 family members or carers	Yes 🖂	No
	• Senior Australians can sign up to get involved in future engagement opportunities via a form on the Engagement Hub. Those who sign up then receive invitations to participate in focus groups, codesign and survey opportunities. As of 12November, there were 161		

- The department works collaboratively with a range of representative bodies of senior Australians, including the Council on the Ageing, National Seniors Australia, Dementia Australia and others. A recent process has agreed engagement principles for engaging with senior Australians with these bodies, and further workshops are currently planned to discuss practical ways to improve aged care engagement with senior Australians.
- There are more than 40 additional external reference groups that are run by the Government on aged care, with members from peak organisations, providers and aged care consumers. These groups enable projects and program areas to consult with the people that their policies or projects affect. A process is currently underway to review, analyse and improve senior Australians' engagement through these groups.
- Departmental staff regularly attend industry conferences to provide updates and answer questions on the aged care reforms, such as the Council on the Ageing's Driving Transformational Change in Aged Care online conference.
- The Department hosts webinars open to all.
- o For example, a series of 8 webinars were held from June to August, to introduce the aged care reforms, with over 13,000 participants.
- o A series of funding reform webinars are currently underway, bringing together the changes to residential aged care funding and changes to reporting requirements. Webinar #1 received 2,370 registrations and webinar #2 received 1,261 registrations.
- A series of 7 webinars was held to communicate the aged care Covid-19 vaccination requirements from August to October 2021. This included 6 webinars regarding the State-specific requirements for the residential sector, attracting more than 500 participants each, and one national webinar for the home care sector.
- o The department has also held targeted webinars on specific topics including changes to the Home Care Packages program and the proposed AN-ACC funding model
- The department communicates extensively on aged care and the implementation of the reforms. This includes via:
- o www.health.gov.au
- o media
- social media
- o eNewsletter to the aged care sector
- o aged care publications
- o providing information, such as booklets translated into languages, and factsheets
- o distributing information through peak industry bodies and advocacy groups.
- Since May 2021:
- o 28 media releases have been distributed
- o 200 social media posts have been published
- more than 30 webpages have been created or updated

	o 12 fortnightly newsletters sent to more than 26,000 subscribers. This is supplemented by 57 direct emails that went to providers on critical information about the reforms, as well as Covid-19 sector announcements.		
19.7	Any other measures (please name them)? Please elaborate with data, as appropriate:	Yes ⊠	No 🗌
	Some upcoming and current engagement activities: - Residential aged care accommodation design (Audience: Senior Australians, aged care workers, Providers)		
	- Residential care funding reform and reporting. (Audience: Providers, peak organisations)		
	- Aged Care Quality Standards. (Audience: Senior Australians, aged care workers, providers, peak organisations)		
	- Residential care funding reform and reporting (Audience: Providers, peak organisations		
	- Design of Home Care Program Assurance Framework (Audience: Providers, peak organisations)		

Integration of health and social care services

20	Has the Government undertaken measures to develop mechanisms for coordinating health and social care services for older persons? <i>please elaborate with data, as appropriate:</i> In response to the Royal Commission into Aged Care Quality and Safety, the Improving access to primary care and other health services budget measure provides \$365.7 million over four years for a suite of initiatives to address issues at the interface between the health and aged care systems. This includes providing:	Yes 🖂	No 🗌
	 \$45.4 million for medication management in residential aged care to improve the use of electronic National Residential Medication Charts and the My Health Record, to better support transition of aged care residents across care settings; \$178.9 million to Primary Health Networks to support increased availability and use of telehealth and enhanced out of hours support for aged care residents, early intervention initiatives to support healthy ageing, and ongoing management of long-term conditions and referral support (through the HealthPathways platform) for aged care and dementia support; 		

\$42.8 million to increase face-to-face servicing by general practitioners within residential aged care facilities;
\$37.3 million to expand the Greater Choice for At Home Palliative Care program, to improve access to palliative care and end-of-life services within a person's home across the country, including those living in residential aged care.
\$23.6 million for data and evidence to conduct workforce and

Monitoring of health care services

other planning.

Monno	ring of neutin cure services		
21	Has the Government undertaken measures to establish standards and monitoring mechanisms to ensure the quality of older persons' care	Yes 🖂	No 🗌
	services?		
	please elaborate with data, as appropriate:		
	• Since 1 January 2019, the Australian Government has taken	i I	
	substantial steps to improve the quality and safety of aged care and		
	introduced a range of quality reforms since 1 January 2019 including		
	o the introduction of Aged Care Quality Standards which ensure		
	the performance of aged care providers is measured against consumer		
	outcomes		
	o the establishment of the Aged Care Quality and Safety	i I I	
	Commission as the end-to-end regulator of the aged care sector which		
	is responsible for measuring the performance of aged care providers	i 	
	against the Aged Care Quality Standards.		
	o from 1 July 2020, a risk profiling and information sharing		
	system was put in place to support the regulator to better target		
	residential aged care providers at higher risk of providing poor care		
	which is also being expanded to cover community aged care providers		
	o from 1 April 2021, the implementation of a Serious Incident		
	Response Scheme in residential aged care which requires aged care		
	providers to identify, record, manage, resolve and report serious		
	incidents to the Commission		
	o from 1 July 2021, the National Mandatory Quality Indicator		
	Program (QI Program) was expanded from 1 July 2021 and now		
	requires all residential aged care providers to report quarterly on five		
	crucial care areas - pressure injuries, physical restraint, unplanned		
	weight loss, falls and major injury and medication management.		
	Published quality indicator data is available on the Australian Institute		
	of Health and Welfare GEN Aged Care Data website, initially at		
	national, state/territory level		
	o the Department of Health has commenced work to further		
	expand the QI Program with four new quality indicators for residential		
	aged care and five in community aged care services		
	o the Department of Health has also commenced work on a Star		
	Ratings for residential aged care to provide transparent information		
	about quality to inform consumer choice. The Star Ratings will be		
	based on measurable indicators of quality, derived from available data		
	and published as an overall rating, as well as against four sub-		
	categories (or data elements):		

	□ service Compliance Ratings (SCRs) from the Commission's regulatory activity. Since 2020, SCRs provide, in real time, an overall Government compliance rating, as well as the ability to compare services across a region (see below for further details) □ existing pressure injuries, physical restraint, unplanned weight loss, falls and major injury and medication management Quality indicators under the QI Program □ consumer experience interviews with a 10 per cent sample of all services collected by a third-party vendor and □ staff minutes derived from new staff reporting requirements.		
Discrim	ination in access to health-care services		
22	Has the Government undertaken actions to record and prevent discrimination on the basis of age in access to health services including access to providers, medicines and preventive measures? please elaborate with data, as appropriate: (a) The Age Discrimination Act 2004 (ADA) prohibits discrimination in employment on the basis of age. It applies to young and older workers alike. The ADA also protects younger and older Australians from discrimination in other areas of public life, including education; getting or using services; or renting or buying a house or unit. The Age Discrimination Act 2004 sets legislative framework: (a) to eliminate, as far as possible, discrimination against persons on the ground of age in the areas of work, education, access to premises, the provision of goods, services and facilities, accommodation, the disposal of land, the administration of Commonwealth laws and programs and requests for information; and (b) to ensure, as far as practicable, that everyone has the same rights to equality before the law, regardless of age, as the rest of the community; and (c) to allow appropriate benefits and other assistance to be given to people of a certain age, particularly younger and older persons, in recognition of their particular circumstances; and (d) to promote recognition and acceptance within the community of the principle that people of all ages have the same fundamental rights; and (e) to respond to demographic change by: (i) removing barriers to older people participating in society, particularly in the workforce; and (ii) changing negative stereotypes about older people; bearing in mind the international commitment to eliminate age discrimination reflected in the Political Declaration adopted in Madrid, Spain on 12 April 2002 by the Second World Assembly on Ageing.	Yes 🖂	No 🗌
	national independent human rights body. One of its main functions is		

to inquire into and conciliate complaints made under federal human rights and discrimination law. As part of this function AHRC provide a National Information Service which provides information about the law and the complaint process. AHRC also provide a National Investigation and Conciliation Service which aims to help people resolve their disputes quickly and effectively.

AHRC is committed to:

- treat all persons with respect and courtesy;
- provide clear and accurate information;
- collect, store, use and disclose personal information in accordance with Australian law;
- keep those involved in a complaint informed about the progress of the complaint;
- be impartial and fair to everyone involved;
- progress enquiries and complaints in a timely manner; and
- provide reasons for decisions.

In 2019-20 year 168 complaints received and 117 finalised under the Age Discrimination Act. Of those 168 complaints 104 (62%) were from people over 55 years.

55-64 -	38	23%
65-74 -	39	23%
>75 -	27	16%

Microsoft Word - AHRC_AR_2019-20 Complaint Stats FINAL.docx (humanrights.gov.au)

Mental health services

23	Has the Government implemented measures to enhance mental health services for older persons related to dementia or other psychosocial disabilities? (SDG 3.4.2)	Yes 🔀	No 🗌	
	please elaborate with data, as appropriate:			
	The Australian Government providers three tiers of support for people exhibiting behavioural and psychological symptoms of dementia (BPSD), their carers and the aged care sector: Dementia Behavioural Management Advisory Service (DBMAS), Severe Behaviour Response Teams (SBRT) and Specialist Dementia Care Program (SDCP). Each tier provides support for symptoms of increasing severity:			
	 DBMAS for mild to moderate symptoms 			
	 SBRT for more severe BPSD, and 			
	• the SDCP transitional residential care for those with very			
	severe BPSD.			
	DBMAS and SBRT are mobile services that offers specialist clinical support, advice and information to assist carers to recognise situations			

that can trigger these behaviours and to develop skills and strategies to minimise these behaviours occurring.

The National Dementia Support Program (NDSP) provides a comprehensive set of psychosocial supports for people living with dementia and their carers, including support groups and counselling services to help people adjust to and process the grief often encountered following a dementia diagnosis and enable them to stay connected to quality services so their changing needs continue to be met. The expansion of the NDSP announced as part of the 2021-22 Budget will increase the volume of these psychosocial supports and include additional services, such as one on one peer support.

A time limited group of senior officials is being established by the Commonwealth to progress the sixteen recommendations the Royal Commission into Aged Care Quality and Safety that have been identified as having an impact on, and should be undertaken in collaboration with, the State and Territory Governments. Recommendation 59: Increased access to Older Persons Mental Health Services, is one of the recommendations requiring collaboration, to improve access to mental health services for older people, including those with dementia who are experiencing an acute mental health condition, and will be progressed by the group in early 2022.

Support to older persons with disabilities

		🔽	
24	Has the Government undertaken measures to support older persons	Yes 🖂	No 📙
	with disabilities, such as the provision of rehabilitation services,		
	appropriate care and the provision of assistive technologies and social		
	transfers, like disability allowances?		
	please elaborate with data, as appropriate:		
	Older persons with disabilities who are not yet Age Pension age may		
	be eligible for the Disability Support Pension (DSP). DSP is an income		
	support payment for people who are unable to work for at least 15		
	hours per week at or above the relevant minimum wage, for at least the		
	next two years, due to a permanent physical, intellectual or psychiatric		
	impairment. The person must be aged 16 years or over and under Age		
	Pension age at the time of claim. Once a person is in receipt of DSP,		
	they may remain on payment after reaching Age Pension age.		
	Through the Social Security Act 1991, the Australian Government		
	provides Older Australians receiving a pension (including the Age		
	Pension and DSP) with a Pensioner Concession Card. Cardholders		
	with hearing difficulties are provided with free hearing assessments		
	and hearing rehabilitation, including the supply and fitting of free		
	hearing aids from a range of service providers. They are also provided		
	with low-cost maintenance of hearing aids and a regular supply of		
	batteries.		
	batteries.		
	The Essential Medical Equipment Payment provides assistance to		
	people who have additional home energy costs because they rely on		

essential medical equipment or require additional heating or cooling due to being unable to regulate their body temperature due to specified medical conditions. The Disability Support for Older Australians (DSOA) Program replaced the Commonwealth Continuity of Support (CoS) Programme on 1 July 2021. It provides support to vulnerable older people with disability who are not eligible for the National Disability Insurance Scheme (NDIS), which has acces to persons between 7 years and 65 years. The DSOA Program recognises clients with cultural or other special needs by providing appropriate services which reflect the diversity of the population. The DSOA Program recognises the following special needs groups, which align with those identified under the Aged Care Act 1997 (S11.3): People from Aboriginal and Torres Strait Islander communities People from culturally and linguistically diverse (CALD) backgrounds People who live in rural and remote areas People who are financially or socially disadvantaged Veterans Care leavers People who are homeless or at risk of homelessness

Decade of Healthy Ageing

removal

Decime	y of Healthy Hyering		
25	Is the Government implementing any follow-up actions related to the United Nations Decade of Healthy Ageing (2021–2030), ⁴ such as a national action plan? (see also companion document) please elaborate with data, as appropriate:	Yes 🖂	No 🗌
	The Australian Government is committed to ensuring that older Australians are respected and treated fairly as they age and have implemented a number of measures in four main 'action areas' identified in the decade of healthy ageing agenda. 1) Change how we think, feel, and act towards age and ageing: 2) Ensure that communities foster the abilities of older people 3) Deliver person-centred integrated care and primary health services responsive to older people 4) Provide access to long-term care for older people who need it All governments in Australia agree that we must act now to do more to reduce the prevalence of abuse of older people.		

Parents separated from their children by forced adoption or

Lesbian, gay, bisexual, transgender and intersex people

⁴ General Assembly resolution 75/131 of 14 December 2020.

On 19th March 2019 National Plan Australian Government launched the National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023. This first National Plan has provided an opportunity for federal, state and territory governments to work together to identify how to:

- build common understanding of abuse of older people
- target responses
- build community awareness to create the momentum for change continue to strengthen service responses
- help people better plan for their future
- strengthen safeguards for vulnerable older people.

The National Plan describes why each of these priority areas is important and outlines high level initiatives for governments to pursue.

While recognising the health of the increasing number of older Australians is an important social and economic challenge facing Australia, the Government sees it as an opportunity to focus on extending a lifetime of good health enabling older Australians to continue to contribute socially, culturally and economically to the wider community.

A Long-Term National Health Plan has been developed by the Government working hand in hand with consumers and the health sector, to make the health system better at preventing disease and promoting health, more focused on patients' multidisciplinary needs, more affordable, and more accessible to all Australians.

Under this Long-Term National Health Plan, the Government is committed to reforming the overall health system to be more personcentred, integrated, efficient and equitable.

The Long-Term National Health Plan includes:

- The 2030 mental health vision, including a new strategy specifically for children under 12 years
- The 10-year Primary Health Care Plan
- Continued improvement of private health insurance
- The 10-year National Preventive Health Strategy
- The 10-year Medical Research Future Fund investment plan.

The Australian aged care system offers a continuum of long term care for older persons under three main types of service: Commonwealth Home Support, home care packages, and residential care.

In September 2018, the Australian Government called the Royal Commission into Aged Care Quality and Safety to ensure our oldest and most vulnerable Australians receive care that supports and respects their dignity, and recognises the contribution they have made to society.

IV. Ensuring enabling and supportive environments

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link to or attach copies of relevant documents.

Housing and living environment

26	regard to the housing and living environment of older persons and their families? (SDG 11.2.1; SDG 11.7.1) If yes, please answer 26.1 – 26.4 If no, please proceed to 27 please elaborate with data as appropriate:	Yes 🛚	No 🗌
26.1	Promotion, safeguarding and ensuring the right to housing and shelter	Yes 🔀	No 🔲
	for older persons please elaborate with data, as appropriate:		
	All three levels of government provide housing assistance programs and instruments. Some of the legislations, policies, programs are given below:		
	• The National Rental Affordability Scheme (NRAS or the Scheme) aims to supply of affordable rental dwellings to low and moderate-income households by offering an incentive to complying participants who provide approved rental dwellings to low and moderate-income households at 20 per cent below market value rent. • The National Housing and Homelessness Agreement (NHHA) commenced on 1 July 2018 and provides around \$1.6 billion each year to states and territories to improve Australians' access to secure and affordable housing across the housing spectrum. The NHHA includes \$129 million set aside for homelessness services in 2020-21.		
	The homelessness strategies address the NHHA priority cohorts, and outline reforms or initiatives that reduce the incidence of homelessness. Priority homelessness cohorts include: o women and children affected by family and domestic violence, o children and young people, o Indigenous Australians, o people experiencing repeat homelessness, o people exiting from care or institutions into homelessness and older people.		
	• Commonwealth Rent Assistance (CRA) – is a non-taxable income supplement payable to eligible people who rent in the private rental market or community housing. Pensioners and those receiving more than the base rate of Family Tax Benefit Part A (including older persons) may be eligible for Rent Assistance.		

	 Government-Backed Low-Deposit Home Loans, Shared Equity Products and Land Rent Schemes - Some state governments such as WA, SA and the ACT have successfully implemented these innovations in delivering affordable housing. In the 2018-19 Federal Budget, the Government announced it will expand the Pension Loan Scheme which allows pensioners to borrow against the value of their home. Australian Building Codes Board (ABCB) and Universal Design – In October 2018, the ABCB commenced developing minimum housing accessibility standard options for possible inclusion in the National Construction Code (NCC). Accessibility standards would assist older people to live at home longer. 		
26.2	Promotion of "ageing in place", such as the promotion of affordable public housing with age-friendly and accessible housing design or multigenerational housing options (see also companion document) please elaborate with data, as appropriate:	Yes 🛚	No 🗌
	• The Australian Government understands housing is fundamental to the welfare of all Australians, including older persons. Access to secure and affordable housing has significant economic and social benefits. Housing can improve education and health outcomes, increase workforce participation and reduce welfare dependency.		
	• While states and territories (states) are primarily responsible for the provision of day-to-day housing and homelessness services, in 2021-22 the Australian Government expects to spend around \$9.0 billion in 2021 22 to improve housing and homelessness outcomes. This includes:		
	o around \$5.3 billion in Commonwealth Rent Assistance (CRA) to help eligible Australians pay their rent; and o around \$1.6 billion through the National Housing and Homelessness Agreement (NHHA) to states. In 2021-22, this includes \$131.8 million in dedicated homelessness funding, which the states must match.		
	• National Rental Affordability Scheme (NRAS). The scheme was identified as an effective supply stimulus, delivering tens of thousands of units in a relatively short timeframe. Moreover, it was effective in steering investment towards meeting overarching affordable housing policy objectives.		
	• The National Rental Affordability Scheme (NRAS or the Scheme), which commenced in 2008, aims to increase the supply of new and affordable rental dwellings by providing an annual financial incentive for up to ten years. This incentive is issued to housing providers ("approved participants") to provide affordable rental dwellings at least 20 per cent below market rates.		

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	• On 1 April 2020 the National Rental Affordability Scheme Regulations 2020 (2020 Regulations) came into effect replacing the 2008 Regulations. The purpose of the National Rental Affordability Scheme Amendment Regulations 2020 is to prescribe the National Rental Affordability Scheme (NRAS, the Scheme) for the purposes of the National Rental Affordability Scheme Act 2008 (the Act).		
26.3	Improved availability of accessible and affordable transportation to improve older persons' mobility please elaborate with data, as appropriate: Around one in five Australians and 1 in 2 Australians over the age of 75 have disability. The Disability Standards for Accessible Public Transport 2002 (Transport Standards) seek to remove discrimination for people with disability in relation to public transport services to provide equality and independence. The Transport Standards do not require transport operators and providers to submit specific data on their compliance to the Transport Standards.	Yes 🛚	No 🗌
	Reviews of the Transport Standards have found since the inception of the Transport Standards in 2002, there has been a significant increase in the accessibility of public transport, although some public transport services that rely on assets built prior to 2002 are not yet fully accessible.		
	The Australian Government is currently undertaking a process to modernise the Transport Standards. This process has identified 70 areas of reform to the Transport Standards that would improve public transport accessibility for people with disability and enhance the public transport experience of all Australians. 16 of these areas have been presented for public consultation and include major areas to improve accessible transport, such as: staff training, priority seating, wayfinding and website accessibility. A further 54 areas of reform will be consulted on in early 2022, this will include the reporting of compliance data to the Australian Government.		
26.4	Universal design in public buildings, areas and transportation (see also companion document) please elaborate with data, as appropriate: Universal design principles for public transport conveyances, infrastructure and premises have been a driving force in the process to reform the Transport Standards. The second guiding principle for the reform project is "accessibility is a service, not an exercise in compliance", and many of the 70 areas of reform proposed in the reform process are based on principles of universal design. These areas of reform range from granular and technical issues, to large scale changes to the Transport Standards. Reforms that adopt universal design principles include changes to: taxi ranks, parking and loading zones, toilets, lifts, escalators and inclined travellators, boarding points, and fare systems.	Yes 🗵	No 🗌

In 2017, the Australian Government published The Whole Journey: A guide for thinking beyond compliance to create accessible public transport journeys. The Guide seeks to encourage policy makers, planners, designers, builders, certifiers and operators to think beyond compliance and the physical and governance boundaries of services and infrastructure and focus instead on people's accessibility needs across their whole journey. The Whole Journey Guide was endorsed by all state and territory transport ministers, and may be updated in future to include more guidance for public transport operators and providers.

Caregiving					
27	Has the Government undertaken measures to support formal and informal caregivers of older persons, including training programmes, accreditation and pay? (SDG 5.4.1) please elaborate with data, as appropriate:	Yes ⊠	No 🗌		
	• The 2018 Federal Budget included the 'Better care for people living with dementia' measure, the purpose of which is to: o support the development of innovative technological solutions to help people remain in their own homes for longer				
	o improve the quality of life for people living with dementia, in their own homes or residential aged care facilities o support families and carers to understand dementia and develop skills and strategies for caring and/or				
	o provide post-diagnosis support for people living with dementia, their carers and families.				
	• The Department has committed \$3.7 million to Dementia Australia (DA) to deliver the Dementia Friendly Communities (DFC) program over three years to 30 June 2022. o The objectives of the DFC program are to build greater				
	awareness, acceptance and understanding of dementia in the community and to support people living with dementia and their carers to remain actively engaged and connected with the community. o The DFC program supports organisations, community groups,				
	and communities to become more dementia-friendly, and supports the formation and continuation of dementia alliances (a group of people in a community interested in helping to make their community or town				
	 more dementia-friendly, and must include people living with dementia and their carers of family members). From 1 July 2017, the Older Persons Advocacy Network 				
	(OPAN) has been engaged to deliver the National Aged Care Advocacy Program (NACAP) as a single national provider. OPAN delivers NACAP through its network of service delivery organisations across Australia. Each provides a nationally consistent model of				
	independent advocacy, information and education focused on the rights of senior Australians in need of care.				

- The National Aged Care Advocacy Framework sets out the following guiding principles:
- o a strong emphasis on proactive and preventive advocacy, by educating and strengthening the capacity of aged care users, their representatives including carers and the general community
- o educating and assisting aged care service providers to embed the rights of consumers in their policies and practices and
- o using proven and tested practices delivered to a high standard by a competent and skilled advocacy workforce.
- NACAP provides confidential advocacy support, education and information to older people who receive Commonwealth funded residential or home support aged care services. Family members, carers and people wanting to receive aged care services may also use the service.

Family support					
f	Has the Government undertaken measures to support women and families who often take care of older persons? please elaborate with data, as appropriate:	Yes 🗵	No 🗌		
V	There are payments and services to help families including women who provide full time care to an older Australian. (a) - Carer Payment				
ŀ	An income support payment if providing constant care to someone who has a severe disability, illness, or an adult who is frail aged. (b) - Carer Allowance				
i i	A fortnightly supplement if giving additional daily care to a person with a disability, medical condition, or who is frail aged.				
(r t t s s r c c c c c c c c c c c c c c c c c	Other Services: (a) - The Older Persons Advocacy Network (OPAN) is a national network comprised of nine state and territory organisations that have been successfully delivering advocacy, information and education services to older people and their families in metropolitan, regional, rural and remote Australia for over 25 years. It is a free services support older people and their representatives to address issues related to Commonwealth funded aged care services. Older Persons Advocacy Network is funded by the Australian Government to deliver the National Aged Care Advocacy Program (NACAP). OPAN aims to provide a national voice for aged care advocacy and promote excellence and national consistency in the delivery of advocacy services under the Program.				
i	(b) - Young Carers Network (YCN) - The YCN is a nationally coordinated resource to raise young carer awareness, provide information, and direct young carers to appropriate pathways for support.				

YCN enables young carers to engage with each other through a range of opportunities to share and connect. Young carers are people up to 25 years old who provide unpaid care and support to a family member or friend with a disability, a physical or mental illness, a substance dependency, or who is aged.	
(c) - Wellways Australia provides a range of Carer Gateway Support Services for carers including face to face counselling, planning assistance and financial packages. Wellways can be contacted on 1300 111 400 or by emailing carergatewayservices@wellways.org.	
(d) - My Aged Care provides information and advice about disability, aged care and other support services for people over 65 and their carers. To find out more call the Commonwealth Aged Care Information Line on 1800 200 422.	

Integration of older migrants

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29.1	Has the Government implemented measures facilitating the integration of older migrants within their new communities, including: (SDG 10.7.2; SDG 10.7.4) (see also companion document) If yes, please answer 29.1 – 29.3 If no, please proceed to 30 please elaborate with data as appropriate: Older migrant workers returning to countries of origin after lifetimes of overseas employment please elaborate with data, as appropriate:	Yes 🗆	No No
29.2	Older persons returning home to rural areas after having spent their working life in urban areas please elaborate with data, as appropriate: The Aged Care Diversity Framework provides guidance for an accessible aged care system for every care recipient. The Diversity Framework considers people who are: • Aboriginal and Torres Strait Islander • from culturally and linguistically diverse (CALD) backgrounds • living in rural or remote areas • financially or socially disadvantaged • veterans • experiencing homelessness or at risk of becoming homeless • care leavers • parents separated from their children by forced adoption or removal • lesbian, gay, bisexual, transgender and intersex • experiencing mental health problems and mental illness • living with cognitive impairment including dementia • living with disability	Yes 🖂	No 🗌
29.3	Refugees internally displaced nearly or stateless persons	Yes	No 🖂
<i>4</i> 7.3	Refugees, internally displaced people or stateless persons please elaborate with data, as appropriate:	168	INU 🔼

Neglect, abuse and violence					
30	Has the Government:				
30.1	Addressed neglect, abuse and violence against older persons? (SDG 5.2.1; SDG 5.2.2; SDG 11.7.2; SDG 16.1.3; SDG 16.1.4) please elaborate with data, as appropriate:	Yes 🗵	No 🗌		
	In the 2021-22 Budget, the Australian Government provided \$99.6 million to expand the National Aged Care Advocacy Program (NACAP) to support greater choice and quality safeguards for senior Australians, bringing total funding over 2021-22 to 2024-25 to \$151.1 million. The program, delivered through the Older Persons Advocacy Network (OPAN) provides free, independent and confidential advocacy support and information to older people receiving aged care services and their families of choice or representatives.				
	As part of the NACAP, OPAN provides information and education to prevent elder abuse and provides information to older people who have experienced elder abuse, including providing referrals to local community legal services where appropriate.				
30.2	Put in place any services for victims of elder abuse, neglect and violence, including training of care and social service professionals, family members and older persons? please elaborate with data, as appropriate:	Yes 🖂	No 🗌		
	The Government also funded OPAN \$258,000 in 2020-21 and 2021-22 to develop and deliver training for health professionals. A new online learning package was launched in July 2021, Abuse of the older person: eLearning program for health professionals which is designed to identify and prevent elder abuse. In addition, there is also the #ReadyToListen training program which aims to build the skills and capacity of residential aged care service providers to better respond to and prevent the sexual assault in residential aged care.				
Public recognition and ageing with dignity					
31	Has the Government undertaken measures to enhance public recognition of older persons with regard to their authority, autonomy, self-determination, wisdom, productivity and contributions to society? (SDG 10.3.1; SDG 16.7.1; SDG 17.18.1) please elaborate with data, as appropriate:	Yes 🗵	No 🗌		
	The Age Discrimination Act 2004, makes it unlawful to discriminate against someone on the ground of age in respect of employment, education, access to premises, provision of goods, services and facilities, provision of accommodation, disposal of land, administration of Commonwealth laws and programs and requests for information on which age discrimination might be based. The ADA also protects Australians from discrimination on the basis of age				

	specific characteristics or characteristics that are generally imputed to a person of a particular age. The objects of the ADA include responding to demographic change by removing barriers to older people participating in society, particularly in the workforce and changing negative stereotypes about older people, bearing in mind the international commitment to eliminate age discrimination reflected in the Political Declaration adopted in Madrid, Spain on 12 April 2002 by the Second World Assembly on Ageing. People who experience discrimination can complain to the Australian Human Rights Commission. The Commission undertakes a wide range of activities to help individuals and organisations around the country understand their rights and meet their legal responsibilities, especially in the workplace. The Commission's work includes research, policy advice and education initiatives that tackle the attitudes and stereotypes that can lead to age discrimination. The Age Discrimination Commissioner leads this work. Time frame (start date and duration): 2004 Any additional information, including assessment of results/impact or relevant data https://www.humanrights.gov.au/our-work/age-discrimination/about-age-discrimination Australia's states and territories also have their own anti-discrimination laws that prohibit discrimination on the basis of age.		
32	Has the Government undertaken measures to protect older persons' dignity and enjoyment of all human rights, including to address and eliminate 'ageism' and age-based discrimination? (see also companion document) please elaborate with data, as appropriate: Over the past 30 years the Commonwealth Government and the state and territory governments have introduced laws to help protect people from discrimination and harassment. The following laws operate at a	Yes 🛚	No 🗌
	federal level and the Australian Human Rights Commission has statutory responsibilities under them: • Age Discrimination Act 2004 (Discrimination on the basis of age – protects both younger and older Australians. Also includes discrimination on the basis of age-specific characteristics or characteristics that are generally imputed to a person of a particular age) •Australian Human Rights Commission Act 1986 • Disability Discrimination Act 1992		
	 Racial Discrimination Act 1975 Sex Discrimination Act 1984. 		

	The following laws operate at a state and territory level, with state and territory equal opportunity and anti discrimination agencies having statutory responsibilities under them: • Australian Capital Territory – Discrimination Act 1991 • New South Wales – Anti-Discrimination Act 1977 • Northern Territory – Anti-Discrimination Act 1996 • Queensland – Anti-Discrimination Act 1991 • South Australia – Equal Opportunity Act 1984 • Tasmania – Anti-Discrimination Act 1998 • Victoria – Equal Opportunity Act 2010 • Western Australia – Equal Opportunity Act 1984		
33	Has the Government undertaken measures to recognize and support exercise of legal capacity of older persons, such as supported decision-making? please elaborate with data, as appropriate: On 19 March 2019, the Australian Government launched the	Yes 🛚	No 🗌
	'National Plan to Respond to the Abuse of Older Australians (Elder Abuse) 2019-2023'. The National Plan sets out a framework for ongoing cooperation, action and monitoring against five key priority areas for action by all governments including: o enhancing our understanding		
	improving community awareness and access to information strengthening service responses planning for future decision-making and strengthening safeguards for vulnerable older adults.		
	The National Plan was a key recommendation of the '2017 Australian Law Reform Commissions' (ALRC) Report: Elder Abuse – a National Legal Response'.		
	• Where a person has dementia it triggers for a capacity assessment if a decision needs to be made. The Australian Government has committed \$40 million over 3 years to 2021-22, including \$4 million from the 'Better Ageing – better care for people living with dementia measure, for delivery of the National Dementia Support Program (NDSP)'. The purpose of the NDSP is to improve awareness and understanding about dementia and empower people living with dementia, their carers and families to make informed decisions regarding the support services they access.		
	• The National Aged Care Advocacy Program (NACAP) provides free, independent and confidential advocacy support and information to older people (and their representatives) receiving, or seeking to receive, Australian Government funded aged care services. Advocacy services ensure the rights of people are supported, and they are empowered to make informed decisions about their care.		
	• The Australian Government's 'My Aged Care' vision is to make it easier for older people, their families and carers to access		

information on ageing and aged care, have their needs assessed and be supported to locate and access services available to them.

All contact centre staff undergo rigorous training to ensure the needs of older people are met.

If a client wishes to receive help to interact with My Aged Care, or does not have decision-making capacity to do so, a representative can be appointed to speak and act on their behalf. Representatives are able to make decisions about aged care services for the client, view or update the client's aged care information through the contact centre

There are two types of representatives, regular and authorised representatives. Regular representatives are appointed with the client's consent, whereas authorised representatives are appointed through providing appropriate legal documentation (differs depending on the relevant state/territory legislation).

and access the client portal on the MyGov website.

Information, innovation and technology

 uon, movamon ana recimology		
Has the Government put in place mechanisms to improve the availability and accessibility of information specifically for older persons? (SDG 9.c.1) please elaborate with data, as appropriate: (a) Australia has committed to improving access to and use of government	Yes 🗵	No 🗌
data, assisted by the passage and implementation of the Data Availability and Transparency Bill. The Australian Government recognises that the data it holds is a strategic national resource that holds considerable value for growing the economy, improving service delivery and transforming policy outcomes for all Australians. Greater use and sharing of public data facilitates increased economic activity and improves productivity. Without improving data accessibility within government, the opportunity for enhanced productivity, increased competition, improved service delivery and research outcomes will be missed. The Government also taken steps to make information available and accessible for people to facilitate individuals making better use of products and services.		
My Aged Care is a key feature of the Commonwealth Government's changes to aged care which seek to deliver a better, fairer, sustainable and nationally consistent aged care system. It is the starting point to access government-funded aged care services, regardless of the situation, specific needs, or background of the person. It helps individuals understand what types of services are available to suit their needs.		
My Aged Care is focused upon providing consumers with reliable information about aged care, via the My Aged Care website and contact centre.		

My Aged Care has four main objectives to ensure delivery of the vision:

- create a clear service and information resource for the aged care system with easily identifiable entry points;
- make it easier for older people, their families, and carers to access information on ageing and aged care;
- simplify and standardise aged care needs assessment; and
- provide support for locating and accessing appropriate services.

My Aged Care supports the wider aged care reform benefits through:

- A system that better meets the needs of older people from diverse backgrounds
- Improved services for people living in rural and remote Australia
- A system that better meets the needs of people with dementia.

(b)

The Government has recognised the importance of making available information to older persons in various special need groups. There are nine groups of people with special needs mentioned in aged care legislation. These are:

- people from Aboriginal and/or Torres Strait Islander communities
- people from culturally and linguistically diverse (CALD) backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- people who are veterans of the Australian Defence Force or an allied defence force including the spouse, widow or widower of a veteran
- people who are homeless, or at risk of becoming homeless
- people who are care leavers (which includes Forgotten Australians, Former Child Migrants and Stolen Generations)
- parents separated from their children by forced adoption or removal
- people from lesbian, gay, bisexual, trans/transgender and intersex (LGBTI) communities.

All persons including the older person or his or her representative in those different backgrounds and situations, can get required support accessing aged care information in various ways. They are:

- Their own language They can access information in 22 languages)
- through the Translating and Interpreting Service (TIS National) for support to talk to My Aged Care.
- Support for hearing and vision impairment
- My Aged Care is an accessible website, designed to be usable by people with particular needs.
- A friend or a family member can speak to My Aged Care on behalf by becoming your representative.

	 If the person is deaf, deafblind, or hard of hearing, they can also access My Aged Care via Auslan Connections. They can provide inperson sign language interpreting and Video Remote Interpreting services. National Relay Service People who have a hearing or speech impairment can contact My Aged Care through the National Relay Service in three easy steps: Visit the National Relay Service website Select your preferred NRS access point Provide the My Aged Care number - 1800 200 422. If the person is visually impaired, they can access information through the My Aged Care contact centre staff and My Aged Care assessors. They can also request information in large print or braille by contacting My Aged Care. 		
35	Has the Government fostered development of any innovative methods and services in support of older persons, such as user- and age-friendly technology and products? please elaborate with data, as appropriate: The new aged care Act supports and promotes the innovation, continuous improvement and contemporary best practice in aged care. To assist the Royal Commission into Aged Care Quality and Safety, a review of international models of aged care was undertaken, identifying key innovative models of care from Australia and around the world. This review has identified a number of approaches to provide aged care for people in the community and in residential care. - Dyadic interventions for people living with dementia in the community and their carer provide individualised training and support with a focus on upskilling the carer. - Telehealth communications and monitoring technologies that enable better access to health care and integration of care for older people less able to travel for services, including those living in residential aged care, at home without accessible transport options and in rural and remote regions. - Remote support of independently living individuals who are ageing in place under the supervision of informal or formal carers and who are susceptible to incidents, such as falling, or to isolation from physical and social activities, through ambient assistive environments (health smart homes) providing decision support and alerting services. Review of innovative models of aged care (royalcommission.gov.au) https://agedcare.royalcommission.gov.au/sites/default/files/2020-01/research-paper-3-review-innovative-models-of-aged-care.pdf	Yes 🖂	No 🗌

- The Government is committed to building on investment to strengthen and improve palliative care co-ordination and linkages across the health and aged care systems. Through the expansion of the Greater Choice for at Home Palliative Care measure, Primary Health Networks will create and foster linkages with local hospitals, general practitioners, palliative care and aged care providers, to implement innovative and locally appropriate activities supporting improved access to safe, quality palliative care for senior Australians living at home or in residential aged care.
- The Government is committed to work with the aged care sector and relevant stakeholders to develop a reformed Residential Aged Care Accommodation framework, to commence from July 2024. The framework will include New National Design Standards for Residential Aged Care that incorporate accessible and dementia-friendly design that can be applied to traditional residential aged care facilities as well as small household models, while retaining room for providers to make use of innovative design solutions.
- The Government will make available grant funding for construction of innovative, purpose-built aged care services connecting residential aged care facilities and communities on Country, such as videoconferencing technology.
- In line with supporting the aged care research agenda, the Government is funding \$34m to support a new Aged Care Centre for Growth and Translational Research (CGTR). The establishment of the CGTR was one of the 14 Strategic actions in A Matter of Care: Australia's Aged Care Workforce Strategy.

The CGTR is an investment in new approaches to training and teaching programs and support collaboration with educational institutions and research entities.

- The Dementia and Aged Care Services Fund held by the Australian Government provides funding for multiple dementia-related services and initiatives. The overarching aim of the fund is to improve awareness and understanding of dementia and support people experiencing changed behaviours due to their dementia, and support care-givers. Funding is offered to national ongoing programs, as well through one-off competitive grants available to aged care providers, researchers, peak bodies and advocacy groups. A full list of the grants awarded for projects under the Dementia and Aged Care Services Fund is available at the Australian Government's grants information system.

V. Data

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link or attach copies of relevant documents.

Lack of ageing-related data and research

36	Is the lack of ageing-related data and research a matter of concern for your Government? If so: (a) what data and research are needed; and (b) how are you addressing these concerns? (SDG 17.18.1; SDG 17.18.2; SDG 17.18.3; SDG 17.19.1; SDG 17.19.2) please elaborate with data, as appropriate:	Yes 🛚	No 🗌
	The Australian Government is committed to expanding and enhancing the range and utility of ageing-related data and research, including but not limited to supporting research and reporting by Government agencies (such as the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) and Census of Population and Housing, and reporting and research work by the Australian Institute of Health and Welfare) and by other research organisations, including but not limited to the Australian Research Council (ARC) Centre of Excellence in Population Ageing and Research (CEPAR) and other bodies and organisations.		
37	Has the Government undertaken any efforts in data collection activities, including at the national and subnational levels, to disaggregate data by age and sex, with age groups disaggregated beyond 50+ or 60+(e.g., Household Social and Economic Survey, National Transfer Accounts)? (see also companion document) please elaborate with data, as appropriate:	Yes 🗵	No 🗌
	- Australian Bureau of Statistics commonly collects data by individual year and reports aged-related data (e.g. Census of Population and Housing, administrative data collections) in five or ten year age groups disaggregated to 105 years and over. Labour force data is reported up to 85 years and over. Both are disaggregated by sex. (https://www.abs.gov.au/statistics/standards/age-standard/latest-release)		
	- Department of Health collect data by individual year, and disaggregate data by age grouping to the most detail feasible, most frequently in five year age groups up to 90 years and over.		
	- The Department collects data about all people accessing and using aged care service and publishes (via mechanisms such as AIHW GEN) these data in as much detail as allowed while still protecting the identity and privacy of the people to whom those data relate, as per legislated requirements for aged care data and privacy matters.		
	- The Australian Institute of Health and Welfare (AIHW) is a major Government organisation which was established as a statutory authority in 1987 by the Australian Institute of Health Act 1987 to report to the nation on the state of its health. In 1992, the role and functions of the then Australian Institute of Health were expanded to include welfare related information and statistics, making it the		

Australian Institute of Health and Welfare. The Act is now titled the Australian Institute of Health and Welfare Act 1987	
Australian Government recognises the significant role of data and information in providing the evidence base to drive changes in improving health and welfare policy and service delivery for allAustralian including older persons. AIHW builds on their trusted status to identify and respond to gaps and opportunities in multisource health and welfare data holdings.	
- AIHW conducts and releases timely analysis into the health of Australians and their use of health services by disaggregating data by age, sex, geographical areas etc, under the Australian Health Performance Framework.	
Stats: At 30 June 2020, 16.0 per cent of Australia's population was aged 65 years and over (4.1 million people) and 2.0 per cent was aged 85 years and over (517,000 people). By 2030, it is estimated that 18.1 per cent of the population will be aged 65 years and over (5.4 million people) and 2.4 per cent (719,500 people) will be 85 years and over.	
While older age groups have greater utilisation of aged care services, it is not age per se that determines access, rather, assessed need.	
The average age on admission to permanent residential aged care was 82.5 years for men and 84.8 years for women.	
For entry to a home care package the average was 80.9 years for men and 81.1 years for women.	
In 2019–20, 244,363 people received permanent residential aged care at some time during the year, an increase of 1,751 from 2018–19. The average age (on entry) was 82.5 years for men, 84.8 years for women.	

National surveys

38	Has there been: (a) a stand-alone national survey focusing on	Yes 🖂	No 🗌
	population ageing or older persons; or (b) inclusion of specific modules		
	on older persons or population ageing into national surveys, such as a		
	National Survey on Older Persons, or DHS, since 2017? If so, please		
	provide: (a) the name of the survey; (b) its focus; (c) the name(s) of the		
	responsible ministries, agencies and institutions; and (d) relevant links.		
	please elaborate with data, as appropriate:		

			1
	The 2018 Survey of Disability, Ageing and Carers (SDAC) is the most recent in a series of comprehensive national surveys conducted by the Australian Bureau of Statistics, following similar surveys in 1981, 1988, 1993, 1998, 2003, 2009, 2012 and 2015. The survey was designed to:		
	 measure the prevalence of disability in Australia measure the need for support of older people (those aged 65 years and over) and those with disability provide a demographic and socio-economic profile of people with disability, older people and carers compared with the general population estimate the number of, and provide information about, those who provide care to people with disability and older people. 		
	The SDAC is managed by the Australia Bureau of Statistics, the central statistical authority for the Australian Government, within the Treasury Portfolio. The SDAC is funded by the Australian Bureau of Statistics, the Department of Health, and the Department of Social Services.		
	Further information on the SDAC is available on the ABS website: https://www.abs.gov.au/statistics/health/disability/disability-ageing-and-carers-australia-summary-findings/latest-release)		
39	Is there any longitudinal data on older persons collected with a focus on their health, and social and economic situation? please elaborate with data, as appropriate: - The Household, Income and Labour Dynamics in Australia (HILDA) Survey, funded by Department of Social Services. HILDA collects information on variety of topics, including household and family relationships, employment, income, expenditure, health and wellbeing.	Yes 🗵	No 🗌
	- The Australian Longitudinal Survey on Women's Health (ALSWH) began in 1996, when over 14,000 women aged 18-23 (born 1973-78), over 13,500 women aged 45-50 (born 1946-51) and just under 12,500 women aged 70-75 (born 1921-26) completed their first survey.		
	Surveys are generally conducted in a three yearly cycle – e.g., the 1946-51 cohort completed Survey 2 in 1998, the 1921-26 cohort completed their Survey 2 in 1999, and the 1973-78 cohort in 2000.		
	From November 2011 the oldest cohort, women born 1921-26, have been surveyed at six-monthly intervals. A new cohort of young women, aged 18-23 (born 1989-95), was recruited in 2013. This cohort was surveyed annually from 2013 – 2018 (Surveys 1 -6). Survey 7 will be deployed in 2021 and will follow a three yearly cycle thereafter. https://alswh.org.au/		

Ten to Men: The Australian Longitudinal Study on Male Health is a	
study designed to help improve the health and wellbeing of men and	
boys. It commenced in 2013 with a national sample of 15 988 males	
recruited between October 2013 and July 2014. At recruitment, 1087	
participants were aged 10–14 (boys), 1017 were aged 15–17 (young	
men) and 13 884 were aged 18-55 (adults). https://tentomen.org.au/	
Titchfield Group ⁵	

40	Is the Government active in the Titchfield Group on Ageing-related Statistics and Age-disaggregated Data? If so, how does the Government contribute to the group? (see also companion document) please elaborate with data, as appropriate:	Yes 🔀	No 🗌
	Australian Bureau of Statistics (ABS) supports the Titchfield Group's objective to develop standardised tools and methods for producing both data disaggregated by age and ageing-related data and to address existing issues and deficits in data on ageing.		
	The ABS is a member of the Steering Committee of the group and attended the second technical meeting in South Korea in 2019 and the 3rd virtual technical meeting of the group in 2021.		
	ABS contributes to progressing the group's work streams where possible.		

VI. COVID-19 and older persons

Instruction: For the following questions, please provide: (a) the name of the legislation, policy and/or action plan; (b) its time frame; (c) its main elements; and (d) its main achievements. Please elaborate and either link to or attach copies of relevant documents.

Effects of COVID-19 on older persons

41	Were hospitalizations and death rates among older persons in 2020 and 2021 higher than for the general population, or as compared with previous long-term observations? (please provide age and sex disaggregated statistics and their sources) please elaborate with data, as appropriate:	No 🗌
	Australia has had fewer deaths – both total and in care homes – than many other countries in the world.	
	As at 24 October 2021, there have been 158,547 confirmed COVID-19 cases in Australia and 1637 COVID_19 related 7 deaths, 778 of which have been in residential aged care facilities.	

⁵ The creation of the Titchfield City Group on Ageing and Age-disaggregated statistics was mandated by United Nations Statistical Commission resolution 49/118 in 2018 to contribute to identifying gaps and establishing international standards and methods for the compilation of statistics and data on the major of dimensions related to ageing and age-disaggregated data across the life course. For further information, see https://unstats.un.org/unsd/statcom/49th-session/documents/Report-on-the-49th-session-E.pdf

			of Statistics fig for each month		h count was above		
	• There were 58,515 deaths that occurred between January and May 2021 and were registered by 31 July.						
		s is 3,475 dear arable to 2020	` /	re than the 201:	5-19 average and		
	May 2				petween January and n 2020 and a baseline		
				ere 12,973 death	ns, which is 7.6% a 2020.		
	Death	s by Age grou	p (2015 to 20	19)			
	Year	Total Yr	65-74	75-84	85 and over		
	2015	137,281	15.3%	27.3%	44.1%		
	2016	139,421	15.6%	27.2% 27.1%	44.2%		
	2017	144,162	15.9%	27.1%	44.5%		
	2018	139,839	16.1%	27.0%	44.0%		
		144,144		27.2%	44.3%		
	COVI 2021) COVI those a female years o Source (abs.g	D-19 mortalit Females had D-19 than ma The highest aged 80-89 yeas. Males aged es (144 compa The median (85.2 years fo e: COVID-19 ov.au)	y by age and so a higher number of CC cars (381). This under 80 years ared with 77). age for those or males, 88.4 y Mortality Au	sex (Data below ber of registere is). DVID-19 deaths is was true for b is had a higher r who died from years for female ustralian Bureau	d deaths (474) due to cocurred among ooth males and cumber of deaths than COVID-19 was 86.9 es).		
42	(please please Throu Austra facilita	e provide any e elaborate wighout the CO alians states a range of	statistical evidenth data, as apply VID-19 pandernd territories measures to r	dence disaggress propriate: mic, Chief Hea enacted public respond to the p	economically? How? gated by age and sex) Ith Officers across all health orders which prevailing COVID-19 enior Australians in	Yes 🖂	No 🗌

residential aged care facilities (RACFs) are often included under these public health orders, in acknowledgement of the increased vulnerability of this cohort to the potentially tragic impacts of COVID-19.	
Whilst to date, these restrictions have proven an effective tool to help limit the initial entry and spread of COVID-19 within a RACF (particularly during periods of heightened local COVID-19 risk), the impact on the elderly of extended restriction of access to loved ones and the community has been profound. There have been impacts on general and clinical health and on quality of life for older people, along with impacts on their friends and relatives, including: - physical: reduced balance, endurance, strength, exercise tolerance, bone and muscle mass, independent function, participation in	
meaningful activities - psycho-social: fear, anxiety, loneliness, boredom, depression, cognitive decline - nutritional: reduced appetite, enjoyment of meals, feeding assistance, monitoring and assessment of intake. loss of weight, malnutrition, dehydration, reduced immunity, energy, wound healing, and cognitive decline.	
The Australian Government has put in place, and continues to consider, a range of measures to try and mitigate some of these impacts and remains committed to ensuring the wellbeing of senior Australians in Residential Aged Care Facilities (RACFs).	

Government response to COVID-19

43	Did the Government put policies or measures in place that addressed the impact of COVID-19 on older persons with regard to the following issues: (SDG 3.b.1) If yes, please answer 43.1 – 43.5 If no, please proceed to 44 Please elaborate with data as appropriate:	Yes 🛚	No 🗌
43.1	Access to health-care services (both usual services and COVID-19 tests) please indicate when the measure was put in place and elaborate with data, as appropriate:	Yes 🗵	No 🗌
	Since the pandemic began, the Government has provided a range of packages to support the older Australians in the broader community and in residential aged care sector to respond to COVID-19 and ensure continued quality of care for our most vulnerable Australians.		
	(a) in broader community:Partnership with private hospitals		
	The Australian Government has partnered with the private hospital sector to ensure the full resources of the health system, are ready and		

focussed on treating patients as required, through the coronavirus pandemic.

The Government has guaranteed the viability and capacity of the private hospital sector, in an agreement that will ensure over 30,000 hospital beds, and the sector's 105,000 skilled workforce, is available alongside the public hospital sector.

Private hospitals, including both overnight and day hospitals, are integrated with state and territory health systems in the COVID-19 response.

They continue to support the needs of long-stay public hospital National Disability Insurance Scheme participants, and aged care patients and general needs patients.

Private hospitals support the COVID-19 response through services including but not limited to:

- Hospital services for public patients both positive and negative for COVID 19.
- Category 1 elective surgery.
- Utilisation of wards and theatres to expand ICU capacity.
- Accommodation for quarantine and isolation cases where necessary, and safety procedures and training are in place, including:
- o Cruise and flight covid-19 passengers.
- o Ouarantine of vulnerable members of the community.
- o Isolation of infected vulnerable COVID-19 patients.
- To provide continued access to essential primary health services during the COVID-19 pandemic, the Australian Government expanded Medicare- subsidised telehealth services for all Australians, including seniors.
- On 14 March 2021 the Prime Minister announced that the Government is investing a further \$1.1 billion to extend the national COVID-19 health response, including telehealth.
- Senior Australians can also access services for a Comprehensive Geriatric Assessment and Management through the MBS. The assessment focuses on addressing problems of cognition, polypharmacy, incontinence and falls which may lead to premature entry into aged care, and includes development of a management plan provided to the patient's GP.

(b) in RACFs

Throughout the pandemic, senior Australians in RACFs have retained the same entitlements as all other Australians for appropriate access to health care services (e.g. acute level services through hospitals or primary health care services provided through GPs), should this be required.

	In collaboration with state and territory counterparts, the Australian Government has and continues to, develop protocols to guide jurisdictional specific COVID-19 responses in RACFs. Access to health-care services (including ensuring continued access to primary care and/or clinically appropriate transfer to hospital) is included as a consideration under these documents.		
	Examples include: - The Protocol to support joint management of a COVID-19 outbreak in one or more residential aged care facility (RACF) in NSW; and - The Joint Protocol: Management of COVID-19 Outbreaks in South Australia Residential Aged Care Facilities.		
	The Government has announced more than \$2.0 billion in COVID-19 specific supports for the aged care sector since the COVID-19 crisis commenced. These measures include: • \$1.1b personal protective equipment for aged care • \$1,059.7m supporting older Australians COVID-19 Measures		
	 \$753.7m guaranteeing Medicare and access to medicines \$563.3m additional support to the aged care sector to increase national preparedness and respond to COVID-19 \$221.1m further support for aged care preparedness, workforce and viability. 		
	 \$180.7m for health measures that impact aged care \$140.4m further investment to respond to the Royal Commission's Aged care and covid-19: a special report. \$60.0m COVID-19 aged care response. \$40.6m additional support as an initial response to the Royal 		
	Commission's Aged care and covid-19: a special report. • COVID-19 vaccination program commenced from February 2021 • Specific initiatives to improve aged care residents' access to MBS services include: o new MBS treatment and flag-fall items to better recognise GPs'		
	travel to a residential aged care facility and time away from their regular consulting rooms; o expanded eligibility under the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule (Better Access) initiative to allow aged care residents to access up to 20 Medicare subsidised individual psychological services each calendar year; and		
	o temporary MBS items to improve residents' access to multidisciplinary care provided by GPs and allied health providers (including an allied health flag-fall and up to 5 new allied health services per calendar year).		
43.2	Protection of older persons' higher vulnerabilities to COVID-19 (e.g., isolating nursing homes, home delivery of medicine or food, etc.) please indicate when the measure was put in place and elaborate with data, as appropriate:	Yes 🖂	No 🗌

a)

The Australian Government works closely with its state and territory counterparts to support RACF to manage COVID-19 outbreaks. Support services provided by the Australian Government include:

- Assignment of a dedicated case manager
- Provision of Personal Protective Equipment from the National Medical Stockpile
- Enhanced access to COVID-19 testing including provision of inreach testing services and asymptomatic testing of residents and staff during lockdown.
- Provision of temporary surge workforce to replace furloughed staff
- Grant funding to support providers to manage the costs of the outbreak

Restrictions on visiting senior Australians in residential aged care facilities (RACFs) are often included under jurisdictional public health orders, in acknowledgement of the increased vulnerability of this cohort to the potentially tragic impacts of COVID-19.

Vaccination of anybody entering a RACF is important to protect residents, who are among the most vulnerable members of our community to the impacts of COVID-19. On 28 June 2021, the Prime Minister and all State and Territory First Ministers (National Cabinet) agreed to establish mandatory COVID-19 vaccination requirements for residential aged care workers.

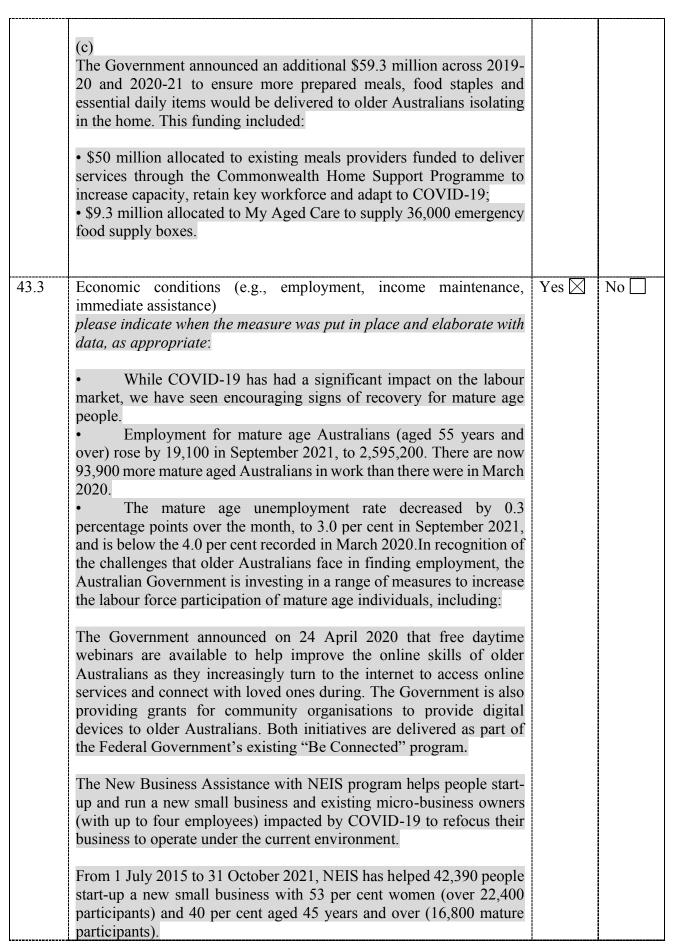
- On 17 September 2021, it became mandatory under state and territory public health orders for residential aged care workers to have received at least a first dose of a COVID 19 vaccine.
- As at 21 September 2021, 98% of residential aged care workers nationally are reported as having received a first dose of a COVID-19 vaccine. 80% of workers are fully vaccinated.

(b)

The Support for Aged Care Workers in COVID-19 (SACWIC) Grant Opportunity is designed to support eligible aged care providers to minimise the risk of infection to aged care workers, residents and other consumers of aged care service.

The SACWIC grant opportunity remains open until 31 December 2021. Examples of eligible workforce costs under SACWIC are those that will support eligible workers:

- who normally work at multiple residential aged care facilities but will be working solely at the facility being applied for.
- who are not to work because they have been experiencing COVID-19 symptoms, have been diagnosed as COVID-19 positive, require testing or are subject to self-isolation or quarantine requirements.
- to undertake training in the event a skills gap arises from where existing workers are not to work due to experiencing COVID-19 symptoms or are subject to self-isolation or quarantine requirements.



			I
43.4	Social situation (e.g., loneliness, social isolation, stress)? please indicate when the measure was put in place and elaborate with data, as appropriate:	Yes 🛚	No 🗌
	(a) A range of measures have been put in place to mitigate the impacts of RACF visitation restrictions on the physical, mental and emotional wellbeing of senior Australians in RACFs. These are ongoing efforts.		
	The Australian Health Protection Principal Committee (AHPPC) – the committee comprised of all state and territory Chief Health Officers and chaired by the Australian Chief Medical Officer - supports the least restrictive visiting manner possible for visitors to RACF residents. This recognises the importance of visitation for connection to community and resident wellbeing.		
	- Visitation Guidelines for Residential Aged Care Facilities are available to guide residential aged care providers to support access by visitors.		
	- In addition, an updated Industry Code for Visiting Residential Aged Care Homes during COVID-19 (Code), has been released. The Code aims to help ensure that older Australians living in residential care have as much protection as possible from COVID-19 while ensuring that their mental health and social connections are maintained throughout the pandemic.		
	o The revised Code has introduced the term 'Partners-in-Care' into the Code (Principle 7) and encourages State and Territory health directives to include these types of visitors as 'essential care visitors'. The Code will continue to be monitored by the endorsing organisations and updated as required.		
	o A range of messaging continues to be provided to the aged care sector via the Protecting Older Australians COVID-19 Updates including to encourage increased access to visitors (whilst remaining compliant with jurisdictional restrictions) and to support alternative forms of social engagement when this is not possible (e.g. via tele/video conferencing).		
	- The National Aged Care Advocacy Program (NACAP), delivered nationally through the Older Person's Advocacy Network (OPAN), provides free independent and confidential advocacy support, education and information, including assistance for residents/families with issues relating to RACF visitation.		

	Reference: the grief and trauma support services program. https://www.health.gov.au/health-topics/aged-care/advice-on-aged-care-during-covid-19/grief-and-trauma-support-services.		
	(b) The Government is committed to assisting older Australians who face isolation and loneliness.		
	The Government offers free webinars for older Australians to improve their online skills to access online services and connect with loved ones. Community grants are also being offered for organisations to provide digital devices to older Australians, both initiatives are part of the 'Be Connected' program. This programs also focuses on online safety efforts as well as contributing to social and economic isolation.		
	In April 2020 a dedicated free call support line was provided for senior Australians, their families and carers to support the mental health of those impacted by the spread of COVID 19. This service was established in conjunction with non-government stakeholders and was services by expert advisers to offer practical advice and help. Between April 2020-April 2021 the support line took over 50,000 calls to and from senior Australians. Dementia Australia has also made approximately 3,000 calls to carers of people with dementia through it's outbound call service between November 2020-April 2021.		
	The Australian Government has invested significant funds into mental care for older Australians including subsidised psychological services, extra funding for mental health nurses, psychological services for Residential Agreed Care residents.		
	The Community Visitors Scheme provides companionship through volunteer visits to seniors receiving Government subsidises residential aged care and home care packages who are socially isolations, it funds, the program hosts 13,000 volunteers. In 2020 the Government announced additional funding to support CVS providers' transition to virtual means of visiting during the COVID-10 pandemic and to meet the increased demand of older people facing isolation.		
43.5	Prioritized access to COVID-19 vaccines please indicate when the measure was put in place and elaborate with data, as appropriate: The Australian COVID-19 vaccination program commenced on 22 February 2021 in response to the COVID-19 pandemic with priority populations including aged care and disability care residents and workers, frontline healthcare workers and quarantine and border workers.	Yes 🗵	No 🗌
	The Therapeutic Goods Administration (TGA) approved four vaccines for Australian use in 2021: the Pfizer–BioNTech vaccine on 25 January, the Oxford–AstraZeneca vaccine on 16 February, Janssen vaccine on 25 June and the Moderna vaccine on 9 August. Although		

approved for use, the Janssen vaccine is not included in the Australian vaccination program.]

The Australian nationa vaccine rollout strtaegy consisted of number of phases as shown in the below table.

Priority order Priority group

Phase 1a

Quarantine, border & front-line health care workers

Front-line health care worker sub-groups for prioritisation

Aged care and disability care staff

Aged care and disability care residents

Phase 1b

Elderly adults aged 80 years and over

Elderly adults aged 70-79 years

Other health care workers

Aboriginal and Torres Strait Islander people aged 55 and over

Adults with an underlying medical condition, including those with a disability

Critical and high-risk workers, including defence, emergency services and meat processing

Phase 2a

Elderly adults aged 60-69 years

Adults aged 40-59 years

Aboriginal and Torres Strait Islander people aged 18-54

Other critical and high-risk workers

Phase 2b

Adults aged 16-39 years

Any unvaccinated Australians from previous phases

Phase 3

Australians aged 12-15 years

Phase 4

Booster dose for immunocompromised

Booster dose for aged 18+

The Australian government's COVID-19 booster shot program officially launched in November 2021. Everyone living in Australia aged 18 and over who received two doses of a COVID-19 vaccine at least six months ago are eligible to receive an additional jab.

The Government has prioritised the residential aged care and disability facilities as the initial focus of the booster vaccination program. The booster rollout program initially target population groups that were prioritised for early vaccination because the great majority of people within these cohorts are now ready for their booster vaccination, having had their second dose six or more months ago.

-As at 09 November 2021 36,928,375 vaccine doses administered nationally.

-95.9% of people over 50 and 99.8% of people over 70 has received at least the first dose and 88.9% and 92.9% of people in those groups are	
fully vaccinated as at 9 th November 2021.	

Good pi	ractices/lessons learned in Government response to COVID-19		
44	Are there any good practices and lessons learned from the above-mentioned policies and/or measures, including expanding participation of older persons? Please give examples:	Yes 🛚	No 🗌
	The Government remains committed to learning from outbreaks of COVID-19 in RACFs to date.		
	Independent reviews of COVID-19 outbreaks in four residential aged care facilities have been completed:		
	 Dorothy Henderson Lodge (Sydney) Newmarch House (Sydney) St Basil's Home for the Aged (Melbourne) and Heritage Care Epping Gardens (Melbourne). 		
	These reviews examined the extent, impact, management and contributory causes of the COVID-19 outbreaks at each service. The purpose was to derive lessons learned, to inform the management of potential future outbreaks and to support Australia's aged care sector to manage similar situations now and into the future.		
	In demonstration of the Australian Government's commitment to continuous improvement, a broader Independent Review into COVID-19 Outbreaks in Australian Residential Aged Care Facilities was commissioned. This Review commenced in December 2020 and was conducted by Professor Lyn Gilbert and Adjunct Professor Alan Lilly. It builds on the lessons learnt from the four service specific reviews completed last year and lifts the focus from service specific to a national perspective.		
	 The Department received the National Review on Friday 30 April 2021. The Review was tabled at the Australian Health Protection Principal Committee's (AHPPC) Aged Care Advisory Group (ACAG) on 12 and 19 May 2021 for consideration; and on 8 June 2021 it was provided to AHPPC out of session. The Government is considering the findings and it will soon be published on the Department's website. 		
	In addition, the Aged Care Quality and Safety Commission has also published a document outlining lessons learned by aged care providers experiencing outbreaks of COVID-19 in Victoria, Australia during 2020.		

Coordin	nation of services for COVID-19 response		
45	Has the Government implemented measures to improve the coordination of primary health care, long-term care, social services and community-based services for older persons in order to ensure a continuum of care and support during the COVID-19 pandemic? please elaborate with data, as appropriate: The COVID-19 Aged Care Support Program (grant) reimbursed eligible aged care providers for staffing and eligible expenditure incurred on managing direct impacts of COVID-19 between 24 February 2020 and 31 May 2021. The Program assisted Residential Aged Care, National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Home Care Package providers that are subject to direct COVID-19 impacts, to deliver continuity of safe quality care for consumers. The program received 474 applications (total funding applied for \$131,285,690.68). These arrangements have been extended through a further grant program, the COVID-19 Aged Care Support Program Extension, which will support this same cohort of eligible aged care providers, through reimbursement of costs for staffing and eligible expenditure incurred on managing direct impacts of COVID-19 between 28 May 2021 and 31 March 2022, to deliver continuity	Yes 🗵	No 🗌
	of safe quality care for consumers.		
Long-te	rm measures	<u>i</u>	
46	measures that were implemented to mitigate the impact of COVID-19 on older persons? please elaborate with data, as appropriate: To provide advice to the Australian Health Protection Principal Committee about aged care policy related to COVID-19, the Australian Government established the Aged Care Advisory Group (ACAG). The ACAG brings together expertise about the aged care sector, infection control, emergency preparedness and public health response. In acknowledgement of the significant value ACAG's advice has provided through the Pandemic, and in response to recommendations of the Royal Commission into Aged Care Quality and Safety, the ACAG has been made a permanent advisory group. Its advice will continue to inform a broad range of aged care policy issues as the Pandemic subsides.	Yes 🖂	No 🗌
	The COVID-19 Pandemic has also highlighted the importance of strong infection prevention and control (IPC) practices in RACFs.		

- On 31 August 2020, the Australian Government announced an additional COVID-19 Support Payment for all residential aged care providers.
- Providers were required to use this funding to fund and support enhanced infection control capability, including through an on-site clinical lead (IPC Lead).
- In acknowledgement of the IPC Lead as an enduring IPC capability uplift in RACFs (broader than just COVID-19) the IPC Lead is an ongoing requirement.
- o The Aged Care Quality and Safety Commission (ACQSC) will consider how providers have met their IPC responsibilities in the context of monitoring and auditing providers against the Aged Care Quality Standards.

VII. Other issues

47. How has the Government designed and/or implemented measures for the pre-ageing population (future older persons) in the following aspects: (a) work; (b) income security; (c) health; and (d) participation. (open-ended question; please limit response to 750 words).

Government initiatives to minimise social isolation and loneliness

Awareness of loneliness and social isolation as a significant public health and wellbeing issues has increased in recent years, along with the development of targeted government and community support programs for affected Australians. Australian, state and territory and local governments have all provided varying degrees of funding and support to local councils and community organisations for programs to address the social isolation and loneliness of Australians.

Relevant supports provided during COVID are identified in previous responses, but longer-term measures are supporting improved integration of mental health, physical wellbeing and maintenance of social connectedness, through health and social interventions, especially for at risk groups, such as those in lower socioeconomic cohorts.

In the 2021-22 Federal Budget, the Australian Government announced a \$2.3 billion investment over 4 years to the National Mental Health and Suicide Prevention plan, responding to recommendations from the Productivity Commission's 2020 Inquiry Report on Mental Health, the Royal Commission into Victoria's Mental Health System and advice from the National Suicide Prevention Advisor. The plan includes 5 pillars to this investment which address:

- Prevention and early intervention
- Suicide prevention
- Treatment
- Supporting the vulnerable
- Workforce and governance.

Australia also has a National Preventive Health Strategy 2021-2030 which will improve the health and wellbeing of all Australians at all stages of life, through a systems-based approach to prevention that addresses the wider determinants of health, reduces health inequities and decreases the overall burden of disease.

The Strategy aims to ensure that:

- all Australians have the best start in life
- all Australians live in good health and wellbeing for as long as possible
- health equity is achieved for priority populations
- investment in preventive health is increased.

The Strategy includes seven system enablers and seven focus areas. The enablers outline what is needed for a stronger a prevention system, and the focus areas highlight areas that require critical action to reduce risks of poor health and disease.

The Strategy is part of Australia's Long Term National Health Plan and will guide our work over the next 10 years. It builds on many other policies, guidelines and strategies that aim to prevent disease and improve health and wellbeing.

The Australian Department of Health is currently developing a Blueprint for Action to guide the implementation of the Strategy over the coming years.

Unemployment and lack of satisfaction with financial situation are also factors involved in the development of loneliness across age groups and gender. Loneliness can be self-reinforcing if it is associated with an experience of depression and anxiety, particularly around social interactions (Australian Psychological Society 2018).

The Australian Government funds employment services so that those on income support who may not be serviced by the private sector have access to support that will help them find and keep a job.

Main employment services programs:

jobactive: is the Australian Government's key mainstream program to get more Australians into work. It connects participants with employers and is delivered by a network of jobactive providers in over 1,700 locations across Australia.

Disability Employment Services (DES) program: supports people with disability to prepare them to find – and keep – a job (includes help with resumé preparation and interview skills, inworkplace support for employers, and workplace modifications).

ParentsNext: aims to help parents of young children (in particular, those receiving a Parenting Payment) to plan and prepare for employment.

Transition to Work: aims to assist young people aged 15–24 into work (including apprenticeships and traineeships) or education through practical intervention and work experience.

Community Development Program: aims to support jobseekers in remote Australia to build skills, address barriers to employment and contribute to their communities through a range of flexible activities.

Career Transition Assistance program

This program is designed to help people over 45 years on their path to employment. The Career Transition Assistance program provides assistance and training to mature-age job seekers.

This program will help to build people confidence and competitiveness in the job market. There will be a dedicated consultant to work with a person to craft a bespoke action plan specifically to support his/her journey on the path to employment.

There are also several smaller targeted programs and complementary services. Complementary services (such as Work for the Dole and Youth Jobs PaTH) may be accessed through general employment services programs and form part of the package of services accessed by the participant.

As at September 2020, the age profile of each employment services program differed substantially:

- Almost 1 in 2 jobactive participants were aged 25–44 (26% aged 25–34 and 21% 35–44), compared with 18% aged 45–54, 17% aged 55 and over, and 8% under 22. (Senate Education and Employment Committee 2020).
- The majority (53%) of DES participants were aged 45 and over (23% aged 45–54 and 30% aged 55 and over), compared with 14–17% for the other age groups (those aged 24 and under, 25–34 or 35–44) (DESE 2021b).
- Around 3 in 4 ParentsNext participants were aged 25–44 (46% aged 25–34 and 30% aged 35–44) compared with 18% aged 24 and under and 5.7% aged 45 and over (Senate Education and Employment Committee 2020).
- 48. Would you like to highlight any other issues related to the main challenges and opportunities of population ageing/older persons in your country since the adoption of MIPAA in 2002? Are there any lessons learned or good practices you would like to share? (*open-ended question*; please limit response to 750 words).

Challenges:

- Fiscal impacts of an ageing population and the pressures it will place on the economy, public health, welfare systems and younger generations.
- The health-related challenges are two-fold:

o first, the rapidly growing group of people 85 years and over, people who have a range of typical age-related health problems (for example, arthritis, dementia and cancer); and

o secondly, the younger cohort entering the '65 and over' age bracket with a larger burden of lifestyle related diseases (for example, type 2 diabetes) than previous generations.

- Population ageing is expected to result in an increase in the absolute number of people with disability, simply because there are more people in the older age groups and disability becomes more common with age.
- The aged care workforce is ageing and there is considerable concern among policy makers and service providers about retaining existing staff and attracting new staff to the sector.
- Many older people wish to remain in their homes and supported in the community for as long as they are able. There are some government programs in place (such as Community Aged Care Packages) to support this, but there are gaps in availability and service delivery.

Opportunities:

- Economic Potential of Older People Data shows older Australians are intending to work longer than ever before. Data from the ABS Retirement Intentions 2014 survey show that 71% of persons intended to retire at the age of 65 years or over. This is up from 48% compared with ten years before. More people are also intending to retire at older ages, 70 or over.
- Older workers offer loyalty, low absenteeism, skills and experience. Older workers are also often willing to mentor younger staff and help others in the workplace. They are a good investment in

human capital. The Grattan Institute report estimated that a 7% increase in mature-age labour force participation would raise the GDP in 2022 by approximately \$25 billion.

Grattan Institute, Game-Changers: Economic reform priorities for Australia, Grattan Institute Report No. 2012-5, June, 2012, 50-52 at http://grattan.edu.au/wp-

- Older Australians make a significant contribution to volunteering, caring and other forms of unpaid work. Australians contribute over 700 million hours each year to volunteering and a significant portion of volunteers are older people.
- Older people are one of the largest and growing consumer markets.
- Having an age diverse workforce can provide a variety of perspectives to fuel ideas and innovation.

Good practices:

- The Australian Public Service (APS) and state government public services lead the way as a model employer for older people. Collectively the APS employs 12.5% of the entire Australian workforce. Data shows that the current APS workforce is generally older than the broader workforce. Government is taking further actions to ensure that recruitment practices are inclusive and non-discriminatory towards older workers.
- The Career Transition Assistance Program is a great initiative by the Government. The Restart Wage Subsidy, which provides a financial incentive for businesses that employ an eligible mature age work is another positive initiative.
- 49. Is the Government engaged in any regional cooperation on matters related to "population ageing", including the sharing of experiences in the implementation of MIPAA among ESCAP member States and/or engagement with ASEAN (where applicable) on the implementation of the 2015 Kuala Lumpur Declaration on Ageing (open-ended question; please limit response to 750 words).

Australia was not a party to the 2015 Kuala Lumpur Declaration on Ageing. Australia is an engaged participant in the region on matters relating to population ageing through multilateral participation through the WHO Western Pacific Region and other fora, bilateral engagements and information sharing across the region.

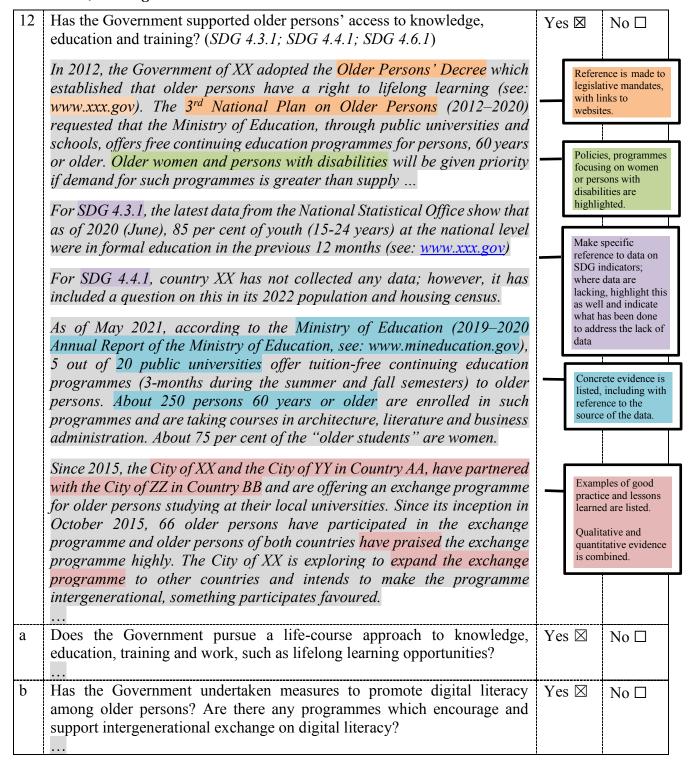
THANK YOU!

SAMPLE RESPONSE

I. Older persons and development

For the following questions, please provide: (a) the name of the legislation, policy or action plan; (b) date of implementation and time frame; (c) its main elements; and (d) its main achievements. Please elaborate and attach copies of relevant documents or provide links to them.

Education, training



Annex: Priority directions, issues and objectives of the Madrid International Plan of Action on Ageing⁶

Priority Direction	Issue	Objective
Older persons and	1. Active participation in society and	1. Recognition of the social, cultural, economic and political contribution of older persons
development	development	2. Participation of older persons in decision-making processes at all levels
	2. Work and the ageing labour force	1. Employment opportunities for all older persons who want to work
	3. Rural development, migration and	Improvement of living conditions and infrastructure in rural areas
	urbanization	2. Alleviation of the marginalization of older persons in rural areas
		3. Integration of older migrants within their new communities
	4. Access to knowledge, education	1. Equality of opportunity throughout life with respect to continuing education, training and
	and training	retraining as well as vocational guidance and placement services
		2. Full utilization of the potential and expertise of persons of all ages, recognizing the benefits of
		increased experience with age
	5. Intergenerational solidarity	Strengthening of solidary through equity and reciprocity between generations
	6. Eradication of poverty	Reduction of poverty among older persons
	7. Income security, social protection/social security and poverty prevention	1. Promotion of programmes to enable all workers to acquire basic social protection/social security, including, where applicable, pensions, disability insurance and health benefits
		2. Sufficient minimum income for all persons, paying particular attention to socially and
	poverty prevention	economically disadvantaged groups
	8. Emergency situations	1. Equal access by older persons to food, shelter and medical care and other services during and
		after natural disasters and other humanitarian emergencies
		2. Enhanced contributions of older persons to the re-establishment and reconstruction of
		communities and the rebuilding of the social fabric following emergencies
Advancing health	1. Health promotion and well-being	1. Reduction of the cumulative effects of factors that increase the risk of disease and consequently
and well-being into	throughout life	potential dependence in older age
old age		2. Development of policies to prevent ill health among older persons
		3. Access to food and adequate nutrition for all older persons
	2. Universal and equal access to	1. Elimination of social and economic inequalities based on old age or any other ground,
	health-care services	including linguistic barriers, to ensure that older persons have universal and equal access to
		health care
		2. Development and strengthening of primary health-care services to meet the needs of older
		persons and promote their inclusion in the process

⁶ Report of the Second World Assembly on Ageing, Madrid, 8–12 April 2002 (United Nations publication, Sales No. E.02.IV.4), chap. I, resolution 1, annex II.

		3. Development of a continuum of health care to meet the needs of older persons
		4. Involvement of older persons in the development and strengthening of primary and long-term care services
	3. Older persons and HIV/AIDS ⁷	1. Improvement in the assessment of the impact of HIV/AIDS on the health of older persons, both for those who are infected and for those who are caregivers for infected or surviving family members
		2. Provision of adequate information, training in caregiving skills, treatment, medical care and social support to older persons living with HIV/AIDS and their caregivers
		3. Enhancement and recognition of the contribution of older persons to development in their role as caregivers for children with chronic diseases, including HIV/AIDS, and as surrogate parents
	4. Training of care providers and health professionals	1. Provision of improved information and training for health professionals and paraprofessionals on the needs of older persons
	Mental health needs of older persons	Development of comprehensive mental health-care services ranging from prevention to early intervention, the provision of treatment services and the management of mental health problems in older persons
	6. Older persons with disabilities	1. Maintenance of maximum functional capacity through the life course and promotion of the full participation of older persons with disabilities
Ensuring enabling and supportive	Housing and the living environment	1. Promotion of "ageing in place" in the community with due regard to individual preferences and affordable housing options for older persons
environments		2. Improvement in housing and environmental design to promote independent living by taking into account the needs of older persons, in particular those with disabilities
		3. Improved availability of accessible and affordable transportation for older persons
	2. Care and support for caregivers	1. Provision of a continuum of care and services for older persons from various sources and support for caregivers
		2. Support the caregiving of older persons, particularly older women
	3. Neglect, abuse and violence	1. Elimination of all forms of neglect, abuse and violence of older
		2. Creation of support services to address elder abuse
	4. Images of ageing	1. Enhancement of public recognition of the authority, wisdom, productivity and other important contributions of older persons

⁷ This issue has not been addressed in the survey.