

COUNCIL ON THE AGEING



Budget Submission

2008-2009

to the
South Australian Government

28 March 2008

C o n t e n t s

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Introduction

Population ageing ranks alongside climate change in its social and economic impacts in our society over the next four decades. Ageing is a major challenge for Australian Governments, and the South Australian Government in particular. It is also an opportunity to turn around our attitude to ageing and older people, and to harness and enable the contribution of older members of our community.

Older people are workers, volunteers, carers, supportive family members, community leaders and consumers. They constitute one third of our population. In a State with a small population competing in a global market, we cannot afford not to invest in our older citizens.

Participation by older people in our community is included in the developmental list of the State Strategic Plan. It was not included as a State Strategic Plan Target as agreement on measurement was not reached. Nevertheless, the contribution made by older people, and the costs resulting from limited participation caused by poor service delivery and inappropriate infrastructure, argue for investment that maximises continuing participation of older people in our community.

Since the current State Government came to office, COTA has provided a framework for action on ageing around which we have based our annual Budget Submissions. We continue to argue for investment that:

- supports older people's continued participation through removal of ageist workforce practices;
- maintains health and wellbeing through early intervention and prevention as well as in acute services;
- provides the intelligent support and local infrastructure that makes it affordable and practical for people to continue living independently in their communities;
- meets the day to day transport needs of people who do not drive themselves and do not go to work or school, in both country and metropolitan areas; and
- creates a legal framework that is enabling and protective in those matters that shape the final third of people's lives.

There are inevitably costs associated with an ageing population. The challenge for good governments is to invest now within a rational framework so that the amount that will have to be spent is less than if ageing is ignored and conversely that the potential contribution of older South Australians to State productivity is realised.

To continue to ignore older people's participation will be socially and economically crippling. The time to act is now.

Ian Yates, AM
Chief Executive
COTA

Executive Summary

Commitments Sought

1. Participation and Contribution of Older People

1.1 Workforce Development and Employment

COTA calls on the State Government,

- 1.1.1 To make ageing a key priority area within the State Strategic Plan and for the Economic Development Board, and to encourage workforce development through the retention, up-skilling and recruitment of older workers.*
- 1.1.2 To develop and implement a comprehensive, high priority strategy to create an employment climate where older South Australians choose to remain in the workforce and where impediments are removed.*
- 1.1.3 To remove all age discriminatory barriers in Workcover arrangements.*
- 1.1.4 To develop strategies to assist employers to create and maintain healthy workplaces for all employees, particularly older workers.*
- 1.1.5 To lift the profile of the impact of population ageing on the SA workforce, and the need for employers of all sizes and in all industries to welcome older workers and to adopt practices that support and retain them in the workforce.*
- 1.1.6 To devise pathways for seniors to successfully re-enter the workforce after a period of retirement, including the provision of services that nurture self-esteem and skills of older people.*
- 1.1.7 To continue to actively recruit and retain older people as employees in the public sector workforce.*
- 1.1.8 Via the Public Sector Performance Commission, to monitor and review senior-friendly employment practices across the public sector and to devise new strategies to actively support older employees.*

- 1.1.9 *Via the Public Sector Performance Commission, to develop and implement formalised mentoring programs across the public sector - where senior employees actively transfer knowledge and experience to younger employees.*

1.2 Grandparenting

COTA calls on the State Government,

- 1.2.1 *To continue to work with the Aboriginal community to further develop the specific services required to support indigenous grandparents caring for their grandchildren.*
- 1.2.2 *To continue to organise an information forum/Expo for grandparents in October 2008, and to invite the involvement of community based organisations like COTA.*

1.3 Social Isolation

COTA calls on the State Government,

- 1.3.1 *To be prepared to expand the "Circle of Friends" initiative, aimed at supporting isolated seniors with everyday tasks and keeping them connected to their communities..*
- 1.3.2 *To be mindful of the negative unintended consequences and costs to well-being of the use of 'technological solutions' on the social lives, and potentially health, of older people.*

1.4 Participation, Capacity Building & Building Elder Friendly Communities

COTA calls on the State Government,

- 1.4.1 *To extend the successful Elder Friendly Communities Project to other local government areas within South Australia to encourage older people to contribute in their local community, and to facilitate more elder-friendly institutions and systems.*

2. Neighbourhood and Infrastructure Design and Provision

2.1 Housing

COTA calls on the State Government,

- 2.1.1 To provide one-off funding in 2007/08 to enable a survey of older South Australians who do not have the financial resources to access even low cost home maintenance services.*
- 2.1.2 To develop measures to assist older South Australians on low incomes with the cost of home maintenance, rates etc.*
- 2.1.3 To provide leadership/direction in relation to the development of senior-friendly planning regulations across local government jurisdictions.*
- 2.1.4 To enter into partnerships with builders/developers and others to develop low cost housing in central metropolitan as well as city fringe areas for low income senior South Australians.*
- 2.1.5 To develop a plan for land release across Adelaide, including in central metropolitan areas, and nominate a proportion for low cost housing development.*
- 2.1.6 To develop and fund measures to assist older South Australians on low incomes with affordability of appropriate housing (as social/public housing is no longer available to this group).*
- 2.1.7 To modify housing trust homes as required for the 32% of existing tenants aged over 65 years who may require assistance to stay in their homes.*
- 2.1.8 To advocate that all new housing stock should meet the Australian Adaptable Housing Standard (AS 4299 – 1995).*
- 2.1.9 To work with the finance sector to develop financial products to assist low income seniors to afford, maintain, and transition between, appropriate housing.*

2.2 Transport

COTA calls on the State Government,

- 2.2.1 To review the present transport system in SA, and develop a comprehensive state Transport Plan to meet the needs of all south Australians into the future, especially the needs of older people who have different transport requirements than school and paid employment, and who do not necessarily drive themselves.*
- 2.2.2 To work with stakeholders including Local Government to develop a high quality, affordable system of public and localised transport that responds to the needs of older South Australians.*
- 2.2.3 To provide incentives and assistance to ensure older people living in rural and regional areas can access necessary services as and when needed.*
- 2.2.4 To adequately resource transport programs for older people to travel to and from preventative, rehabilitative and acute health services, locally and remotely, in metropolitan and regional SA; and to provide these in conjunction with health services.*
- 2.2.5 To extend the existing Roam Zones to include morning hours, and the concept be extended to other areas with a high proportion of older people.*

2.3 Neighbourhood Design

COTA calls on the State Government,

- 2.3.1 To work with local governments to encourage small scale developments which provide a mix of housing types and other land uses and which create more accessible and inclusive neighbourhoods.*

- 2.3.2 *To work with Commonwealth and Local Governments, to develop an infrastructure program which funds physical improvements that produce walkable, accessible neighbourhoods.*
- 2.3.3 *To assist communities to provide an expanded range of integrated community centres which include a base of services to older people (as well as services to all age groups).*

3. Well-being, Health and Support

3.1 Health

COTA calls on the State Government,

- 3.1.1 *To provide increased resources to meet real and increasing demand in the acute health care sector.*
- 3.1.2 *To invest in early intervention, prevention and rehabilitation. In particular, do so in relation to falls prevention by continuing to fund community providers such as COTA whose present falls prevention program will cease at the end of June 2008.*
- 3.1.3 *To facilitate access to heated pools for rehabilitation following illness or injury, and for preventative exercise programs.*
- 3.1.4 *To resource the proposed Health Performance Council in a manner that ensures its intended capacity and independence.*
- 3.1.5 *To continue to resource consumer and community participation in all aspects of health policy and service delivery, specifically development of information for older people about the current health reform process.*
- 3.1.6 *To progress the finalisation of its review on Advance Directives, release the findings to the public and resource its implementation.*

3.2 Support for Living

COTA calls on the State Government,

- 3.2.1 To reconceptualise the services provided for older people and to change the terminology applied to these as a powerful symbol of this new understanding. COTA supports use of 'support for living' to describe the services currently regarded as 'community care'.*
- 3.2.2 To work with the Commonwealth Government to reorient support for living funding and provision with the older person the empowered central player.*
- 3.2.3 To ensure this support system has the following features :*
- i) Makes assessments available within 5 working days of the initial request;*
 - ii) Makes support for living services available to the older person immediately eligibility is determined;*
 - iii) Resources are available to support the implementation of 2.3.2.; and*
 - iv) Support for living is provided to the older citizen on a continuum – from low to high, based on assessed need – not in program silos (HACC/CACP etc) as currently occurs.*
- 3.2.4 To fund support for living services in line with the features listed in our submission on pages 35 and 36 to meet the expressed needs of older South Australians.*

4. Legal, Financial and Consumer Matters

4.1 Older People and the Law

COTA calls on the State Government,

4.1.1 To initiate accountability processes for people exercising powers of attorney.

4.1.2 Release the review of Advance Directives, and resource appropriate information and education processes for older people and their families about the use of Advance Directives and the appointment of decision making agents.

4.2 Concessions

COTA calls on the State Government,

4.2.1 To deliver a concession system for older South Australians that is fair, sustainable and defensible and retains real values for people on fixed incomes.

4.2.2 To actively cooperate with the Commonwealth Government to ensure that Australia-wide access to transport concessions is available to older South Australians from 1 January 2009.

Submission

Details and Rationale

1. Participation and Contribution of Older People

1.1 Workforce Development and Employment

COTA acknowledges the work already begun by the State Government in recognising and supporting mature age workers. For example,

- The “*Better Skills. Better Work. Better State. A Strategy for the Development of South Australia’s Workforce to 2010*” report,
- The “*South Australia’s Skills Action Plan – First Steps*”, and
- The numerous workforce planning tools developed including the Jobwise ‘*Mature Age Employment Practical Guide*’ and the ‘*Mature Workers Career Prospects Model*’.

COTA however urges the State Government to continue to show strong leadership in fostering older workers’ contributions in the workforce.

South Australia should be working hard now to retain as many older workers and their skills in the workforce for as long as they wish to continue working. Furthermore, employers should be encouraged to recruit older workers so that the proportion of South Australians aged over 50 years in the workforce increases significantly over the next five years.

Ageing should be a key priority area within the State Strategic Plan and the work of the Economic Development Board, and workforce development through the retention, up-skilling and recruitment of older workers should be a prime economic focus for this Government. The inclusion of workforce as one of a number of matters in the ageing plan released by the Department for Families and Communities does not indicate a strategic and comprehensive approach to economic and workforce development by the Government.

COTA calls on the State Government,

- 1.1.1 To make ageing a key priority area within the State Strategic Plan and for the Economic Development Board, and to encourage workforce development through the retention, up-skilling and recruitment of older workers.**

South Australia's Declining Workforce

South Australia has an old population that continues to age. In 2005 people aged over 65 years made up 15.2% of the State's population, compared with 14.5% in 2000. South Australia continues to have the oldest median age in Australia; 38.8 years in 2005 rising to 47.9 years in 2050¹.

In 2001, 22.3% of the workforce - that is, close to one quarter of the workforce - was aged over 50 years. ABS data shows that the State's working aged population [15-64 years] will peak in 2011, three (3) years from now. However, the State Government continues to think of older South Australians as some sort of special needs group that drains, rather than contributes intrinsically, in the workplace and in cultural, civic and sporting arenas, to the State's economy and community.

Exacerbating the declining numbers of people aged 15-64 years is the tendency of South Australians to retire earlier than our interstate counterparts. The median retirement age nationally is 55. In 2001, male workforce participation rate at age 55-59 was 69.6% in South Australia compared to 70.4% nationally.

SA has the most rapidly ageing population and the greatest proportion of people aged 50 – 65 years not in the workforce. We also cannot compete globally for all the available workers and we need therefore to maximize use of our own homegrown older population.

Given current life expectancies, these workers may live a further 30 years, whereas retirement averaged only around two years when the concept was introduced at the beginning of last century. Workplaces will have little choice but to adapt to the labour market demands of older workers in the very near future. The State Government could usefully take a more comprehensive lead in assisting employers and industry to accommodate the active and ongoing contribution of older South Australian workers.

Skill Shortages

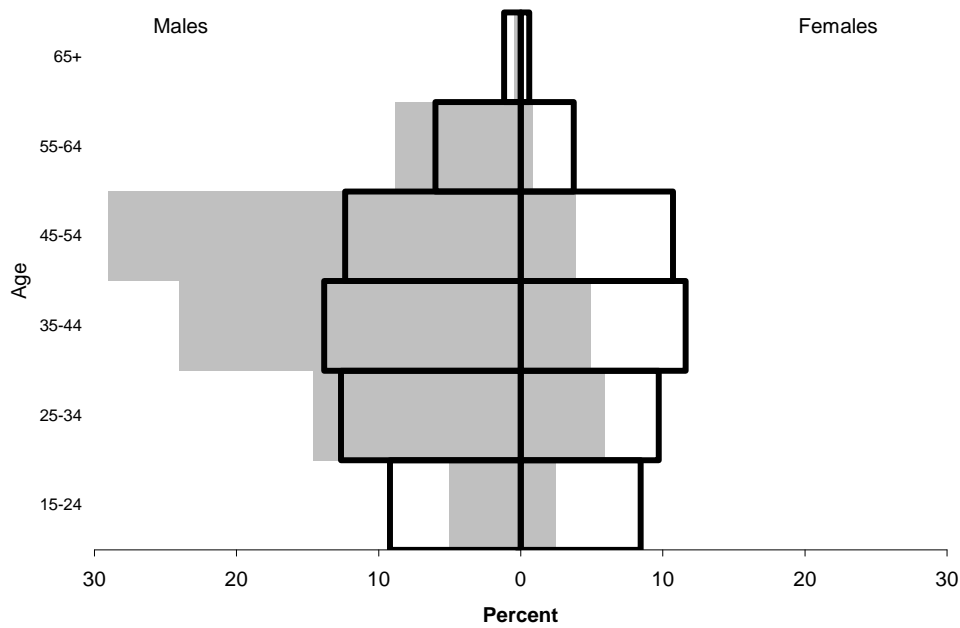
Overall there is a slowdown in the number of younger people entering the workforce and an increase in the number of older people exiting the workforce, with the result that skills shortages are emerging.

There is much discussion about where South Australia will find the skilled workforce for new mining ventures and for the high tech engineering ventures such as building destroyers. However, the really critical issues are where we going to find the people to staff our hospitals, our aged care facilities, and even our utility companies.

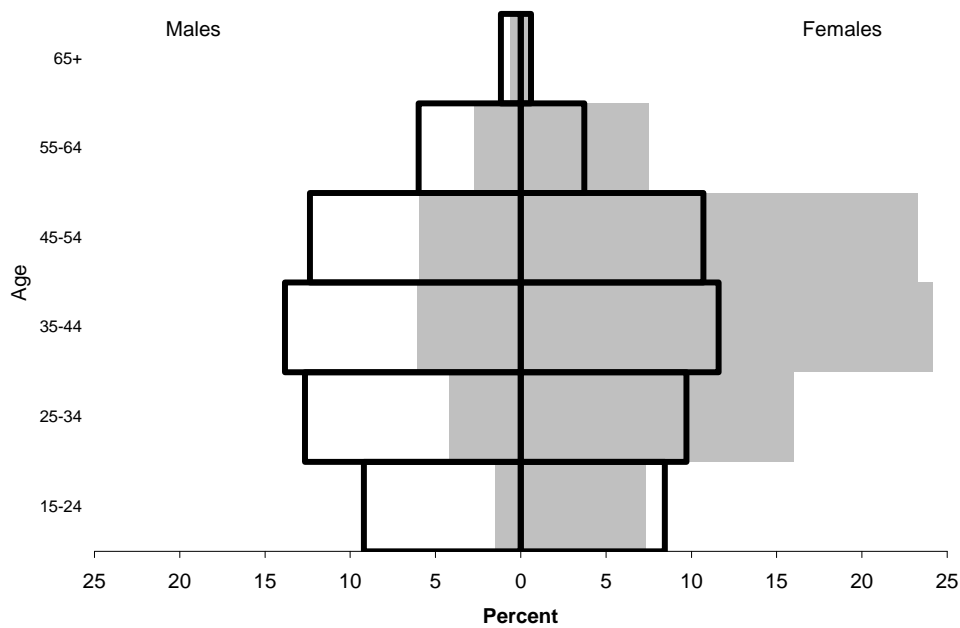
¹ Australian Bureau of Statistics 2004 Australian Social Trends South Australian Snapshot

The work of Professor Graeme Hugo and others clearly shows the impending shortage of workers in a number of key areas of industry. The following graphs show the age structure of the South Australian Energy/Water, and Health, workforces.

Electricity, Gas and Water Supply (shaded) and South Australia Workforce



Health & Community Services (shaded) and South Australia Workforce



Graphs: Graeme Hugo, Federation Fellow, Professor of Geography and Director, National Centre for Social Applications of GIS, University of Adelaide— paper presented to COTA Strategic Planning Workshop 31 July 2006

These graphs clearly illustrate that worrying proportions of these workforces are likely to retire over the coming 10 years and beyond. This pattern is reflected across key areas of our workforce and the effects are being felt now [eg Police recruiting failure, The Advertiser, 20 October 2006]. If South Australia is to continue to be able to meet the daily living needs of its own people, let alone prosper, the State Government needs to be acting comprehensively now to create a climate in which older people choose to remain active in our workforce, and impediments to this are removed.

COTA calls on the State Government,

1.1.2 To develop and implement a comprehensive, high priority strategy to create an employment climate where older South Australians choose to remain in the workforce and where impediments are removed.

Equal Rights and Opportunities for All Workers Irrespective of Age

Present Workcover arrangements in SA discriminate against people over the age of 65 years. The proposed amendments remove some of the disincentives for older workers to remain working and for employers to employ them. But they are too little and too late in the lifecycle of a worker. There should be no distinction between older workers and the rest of the workforce.

In addition a comprehensive approach to retaining the skills of older workers would include strategies to address inequities in superannuation fund payment arrangements when people are in receipt of compensation, and in the provision of training and professional development for older workers.

Lack of superannuation

There are many people in the workforce who have not had substantial superannuation for long periods of time. There are people who have been in and out of the workforce. Many workers who have been on WorkCover payments have had their superannuation earnings interrupted, as have people who have been unemployed. These and other older people would really appreciate the opportunity to continue in the workforce if they were not disadvantaged relative to workers of other ages.

Training

Disincentives to remain active in the workforce are not just something that happen in the last few years of working life. COTA is continually told that people in their 40s and 50s are refused opportunities for career development. There is still a lot of age discrimination, including practices such as limited access to training and re-skilling compared to younger workers.

Good practice in training means ensuring that older workers are not neglected in training and career development. Opportunities should be offered throughout working life, and training methods and timeframes allowed to achieve competency should be age-appropriate. Positive action to address the outcomes for the workforce of past discriminatory practices will be required to increase the numbers of skilled workers available to our employers. Such opportunities maintain interest in work and support people to move to areas of work that are more suited to them as they age. People need to be skilled up, and this needs to happen well in advance of retirement age.

COTA calls on the State Government,

1.1.3 To remove all age discriminatory barriers in Workcover arrangements.

Healthy Workplaces

COTA argues that a comprehensive approach to workplace health extends beyond the current approach to occupational health and safety. In Australia today, the emphasis tends to be on occupational safety rather than occupational health, with a focus on acute conditions including injury and accident. In European nations, a raft of work environment and organisational dynamics initiatives has increased the ability of workplaces to retain and attract older workers.

For example an assessment of the Finnish National Program on Ageing Workers [FINPAW] showed that improving people's general functioning ability and well being at work can extend their working life.² If South Australia were to shift to an emphasis on workers health and well being across their working life span, like Europe, we could begin to maintain and even improve capacity in the workplace as workers age.

² FINPAW Discussion Paper 2003

Opening the Window on Existing Opportunities: Identifying Barriers to the Workforce Participation of People over 45 years, a discussion paper released by the Department for Further Education, Employment, Science and Technology in September 2005 argues that there is a role for government to take a leading role in workforce development and the retention of older workers. This includes assistance to employers, particularly in smaller enterprises where there is limited access to specialised human resource services, to redesign workplace practices to reflect the needs of an older workforce.

Addressing Injury and Illness

Older workers have fewer accidents.³ However, the extent of injury is often more severe than among younger workers, with the potential, therefore for longer recovery times and more costly rehabilitation. Younger workers more commonly suffer eye and hand injuries. Older workers report more muscular-skeletal injuries, reflecting degeneration of the longer periods in which they have been in the workforce.

The Australian Bureau of Statistics Retirement and Retirement Intentions Survey records that the most common factors reported about workers intentions to retire from the workforce were:

- Personal health or physical abilities [40%]
- Financial security [36%]
- Reaching an age at which they are eligible for government or service pensions [15%]

Research reported by the Business, Work and Ageing organisation records that 30% of Australian workers leave the workforce after age 45 through incapacity from illness or injury. Other research identifies poor ergonomics as a major work-related cause of premature decline in capacity to work. Healthier workplaces for workers of all ages will increase the capabilities of workers as well as increasing the retention of older workers.

COTA calls on the State Government,

1.1.4 To develop strategies to assist employers to create and maintain healthy workplaces for all employees, particularly mature workers.

³ AIWH 2005d; Lowther 2003; Access Economics 2001; WA Department of Education and Training 2003 – as referenced in “Older Australia at a Glance (2007); page 23.

Enhanced Promotion of Benefits of Employing Mature Workers

The State Government has produced a range of tools to assist employers to engage with older workers, and has these available on its website. However, there are many employers who would never think to look on a government website for this sought of information. Many of these would be small business owners who are flat out trying to keep their business afloat, let alone scanning Government websites. There are other ways that the State Government can promote these tools and the benefits of employing older people.

COTA calls on the State Government,

- 1.1.5 To lift the profile of the impact of population ageing on the SA workforce, and the need for employers of all sizes and in all industries to welcome older employees and to adopt practices that support and retain them in the workforce.**

Workforce Re-entry

Many older people are presently not in the workforce because they have been involuntarily retrenched, or have accepted early voluntary redundancy, or have left employment for a range of other reasons. A proportion of these people could be encouraged to re-enter the workforce as their circumstances have changed over time, but they would require support, self-esteem building, and in some cases re-training to do so. Employers may also need incentives to give mature workers a fair go, and may be pleasantly surprised that they have gained dependable employees with a strong work ethic and who can contribute to their enterprises in a range of ways.

Therefore COTA calls on the State Government,

- 1.1.6 To devise pathways for seniors to successfully re-enter the workforce after a period of retirement, including the provision of services that nurture self-esteem and skills of older people.**

SA Public Sector Employment

COTA also notes the establishment of the Public Sector Performance Commission and its role to lead revitalisation and reform across the South Australian public sector. This organisation must surely also address the challenges presented by an ageing state public sector workforce.

COTA therefore calls on the State Government,

- 1.1.7 To continue to actively recruit and retain older people as employees in the public sector workforce.**
- 1.1.8 Via the Public Sector Performance Commission, to monitor and review senior-friendly employment practices across the public sector and to devise new strategies to actively support older employees.**
- 1.1.9 Via the Public Sector Performance Commission, to develop and implement formalised mentoring programs across the public sector - where senior employees actively transfer knowledge and experience to younger employees.**

1.2 Grandparenting

COTA acknowledges the efforts by Department for Families and Communities to provide information to grandparents with caring responsibilities for their grandchildren.

However, COTA still receives frequent communications from grandparents with full time or significant care responsibilities for their grandchildren who find it difficult to navigate the myriad requirements to access the support and services they need for their grandchildren. Organisations such as Helping Hand that provide support for grandparents report similar disarray in the provision of information and ready access for grandparents to services, and report growing demand from grandparents who care for their grandchildren.

Estimates are that 70% of grandparents with full time care of their grandchildren do so as a result of alcohol and drug use by the children's parents.

Further, research shows that grandparents with care responsibilities for their grandchildren for more than 30 hours a week suffer significantly depleted mental well-being. These characteristics compound the difficulties for grandparents in accessing appropriate support.

Indigenous grandparents are even less likely than non-indigenous people to have formally recognised status as carers of their grandchildren. The high morbidity and mortality rates in the Indigenous population increases the likelihood of grandparents assuming care of grandchildren. COTA recognises Government efforts to assist Aboriginal grandparents.

COTA supports the Department for Families and Communities in their planning of an information forum/Expo for grandparents in October 2008. COTA understands this may be held in conjunction with Australian Research Commission research and may allow participants to contribute in forums to aid this research. COTA would be keen to participate as part of this event.

COTA calls on the State Government,

- 1.2.1 To continue to work with the Aboriginal community to further develop the specific services required to support indigenous grandparents caring for their grandchildren.**
- 1.2.2 To continue to organise an information forum/Expo for grandparents in October 2008, and to invite the involvement of community based organisations like COTA.**

1.3 Social Isolation

Many older people lead fulfilling and engaged lives as integral parts of family and friendship networks. There are, however, some older people for whom this is not the case and where contact with others in the community and/or families is limited or non-existent. It is therefore important that we reach out to these people, and if acceptable to the person, we provide support and assistance and get them involved in things that interest them.

COTA is developing adjuncts to its member services to enhance the level of social interaction available to older people who wish it. It is doing so in response to information from members about their lives.

For example, in consultations conducted in October/November 2007 on behalf of the Office for the Ageing (OFTA) in relation to the Home & Community Care (HACC) program, a number of issues were raised that were not necessarily HACC related. Nonetheless they are of concern to older people and impact on their quality of life. Social contact, or lack of it, was among these.

Regular contact via a phone call or a short visit was mentioned in most consultations as something that would enrich and support people's lives. Outings and trips contributed to the sense of 'well being' and were seen as beneficial however cost was a limiting factor for many people. Social outings that extended people's interest, provide new opportunities and enrichment of their lives were highly regarded. Flexible outings, time with home support people who could take the person for a walk, a visit to the beach, a museum or even just to the local shop were mentioned in a number of consultations. Social groups and community 'day care' were appreciated by many however not all people wanted to participate in a group setting. The following is a sample of comments received :

"I am a housebound 96 year old who has been out 4 times in the last 18 months."

'Less time in living alone, sometimes very lonely...in hospital for treatment of depression, no future at 87 years of age.'

COTA notes that Minister Weatherill announced a 'Kickstart' initiative, called "Circle of Friends" on 21 November 2007, which while details have yet to be finalised, appears to have some merit. The funding provided, however, (\$45,000) is very limited and there is scope to do much more across a broader area. The program should be commenced as soon as possible to benefit older South Australians.

COTA calls on the State Government,

1.3.1 To be prepared to expand the "Circle of Friends" initiative, aimed at supporting isolated seniors with everyday tasks and keeping them connected to their communities.

COTA is very supportive of the appropriate use of supportive technology by older people, for example where it is used as a means by which people can maintain contact with friends and family. However, we are also aware that there is a trend within governments at present to consider how electronic technology can assist to, for example, monitor people's medical health remotely while they are at home (sometimes called telehealth or telecare services). While there may be a case for this type of technology in some instances, government's should be wary of this as the 'one size fits all solution' – as many older people gain more from a home visit by a nurse than simply a medical update. They gain a conversation and some human contact and for those older people who are socially isolated this is perhaps equally if not more important to them.

Psychological health often suffers when people are unable to achieve sufficient human interaction and reliance on 'technological solutions' may in fact detract from an older person's health.

Governments should be strategic in their use of electronic technology and mindful that for those people whose sole (or close to) regular weekly contact with another person is with a health professional that this cannot and should not be replaced by electronic monitoring without real detriment to the person.

COTA calls on the State Government,

1.3.2 To be mindful of the negative unintended consequences and costs to well-being of the use of 'technological solutions' on the social lives, and potentially health, of older people.

1.4 Participation, Capacity Building & Building Elder Friendly Communities

COTA supports the building of elder friendly communities, where people can stay in their homes supported by the necessary services as they grow older. A 'Kickstart' grant has been provided to the City of West Torrens for an Elder Friendly Communities Project. This program is encouraging older people to contribute to their local community by participating in planning and development activities. As a result of the success of this project the model will be replicated in the Yorke Peninsula.⁴ COTA supports extension of the Elder Friendly Communities Project to other local government areas within South Australia to encourage older people to contribute in their local community, and to facilitate more elder-friendly institutions and systems.

COTA calls on the State Government,

1.4.1 To extend the Elder Friendly Communities Project to other local government areas within South Australia to encourage older people to contribute in their local community, and to facilitate more elder-friendly institutions and systems.

⁴ Office for the Ageing (2007) "Improving with Age Our Ageing Plan for South Australia Making a Difference to the Lives of Older South Australians – Celebrating our achievements on the First Anniversary of the Plan", page 15.

2. Neighbourhood and Infrastructure Design and Provision

2.1 Housing

Consumer consultations by COTA in 2007 identified a high level of need among older people living in the community for timely assistance with minor home repairs. Over time, usual wear and damage that is not attended to significantly increases the likelihood of an older person moving from independent living to residential care. This may be as a result of a home becoming unsafe (eg. an increased risk of falls where good lighting is not maintained). It may also be that a home becomes unsafe for carers to deliver a service to the client.

COTA is working to develop maintenance services for its members.

Notwithstanding the low cost of this service, to the home occupant, COTA is aware that there will be a proportion of the aged population who will not be able to afford the service. Furthermore, the 32% of residents of public rental housing aged over 65 years would also benefit from such a service.

In conjunction with the establishment of its service, COTA proposes to identify the group of older people in the community who do not have the financial resources necessary to access such services. COTA seeks one-off funding to undertake this survey. That work will quantify the number of people needing financial assistance to maintain their home in a liveable state. It will also identify the level of subsidy needed to ensure these older people in greatest need can access such a maintenance service.

The savings to the community of maintaining people to live independently have been quantified in many settings, and far exceed the investment sought.

COTA calls on the State Government,

2.1.1 To provide one-off funding in 2007/08 to enable a survey of older South Australians who do not have the financial resources to access even low cost home maintenance services.

2.1.2 To develop measures to assist older South Australians on low incomes with the cost of home maintenance, rates etc.

COTA held an 'Appropriate and Affordable Housing Forum' in November 2007 which included many older people, housing academics, representatives of the aged care retirement living industry, community organisations, finance industry, and local government.

Older people were clear about what they want in relation to housing and the present barriers to this. They want the State Government to increase its investment and leadership in relation to developing and funding affordable housing solutions for older people, particularly those people who have few financial means of their own. While some were interested in a 'sea change' or 'tree change', the majority want to 'age in place' close to their existing friendship and familial networks, and they want assistance provided in their home that respects them as individuals and supports their established way of living.

A range of recommendations spring from this forum, including some to be found in the transport and community care sections of this submission.

COTA calls on the State Government,

- 2.1.3 To provide leadership/direction in relation to the development of senior-friendly planning regulations across local government jurisdictions.***
- 2.1.4 To enter into partnerships with builders/developers and others to develop low cost housing in central metropolitan as well as city fringe areas for low income senior South Australians.***
- 2.1.5 To develop a plan for land release across Adelaide, including in central metropolitan areas, and nominate a proportion for low cost housing development.***
- 2.1.6 To develop and fund measures to assist older South Australians on low incomes with affordability of appropriate housing (as social/public housing is no longer available to this group).***
- 2.1.7 To modify housing trust homes as required for the 32% of existing tenants aged over 65 years who may require assistance to stay in their homes.***
- 2.1.8 To advocate that all new housing stock should meet the Australian Adaptable Housing Standard (AS 4299 – 1995).***
- 2.1.9 To work with the finance sector to develop products to assist low income seniors to afford, maintain, and transition between, appropriate housing.***

2.2 Transport

The availability of a high quality public transport system is a critical issue for older people. Transport difficulties or distance from services was the main reason cited by over half (54%) of those people aged 85 years and over who have difficulty accessing service providers – this is a finding of the “Older Australians at a Glance” research⁵.

COTA would be interested to see a transport framework that considers the needs of older people at a range of levels. Following are some ideas that would be included in such a framework.

We know that the South Australian population is ageing and that the proportion of the population that are in the older group is increasing. By 2051 almost 31% of the State’s population will be over 65 and the over 85 population will have increased four fold.⁶ In this environment then it will be important for the State to have a public transport system of very high quality and reliability. COTA(SA) therefore calls on the State Government to develop and implement a comprehensive State Transport Plan to meet the needs of all South Australians, but including in particular those older people who do not go to school or work and who have limited access or capacity to drive themselves. Further, we would expect a State Transport Plan to include the transport provided by Local Government and ensure that this is responsive to the more localised needs of older people. We are impressed with the breadth and comprehensive nature of the “Accessible Public Transport in Victoria Action Plan 2006 – 2012” and commend this to the SA Government. A strategy of this nature for SA would be supported by COTA.

COTA calls on the State Government,

2.2.1 To review the present transport system in SA, and develop a comprehensive State Transport Plan to meet the needs of all South Australians into the future, especially the needs of older people who have different transport requirements than school and paid employment, and who do not necessarily drive themselves.

2.2.2 To work with relevant stakeholders including Local Government to develop a high quality, affordable system of public and localised transport that responds to the needs of older South Australians.

⁵ Older Australians at a Glance (2007) Australian Government Department of Health & Ageing and the Australian Institute of Health and Ageing; p17

⁶ Population Projections: Australia 2002 – 2101, (2005) Australian Bureau of Statistics (as reported in the SA’ Government’s “Improving with Age – Our Ageing Plan for South Australia”

2.2.3 To provide incentives and assistance to ensure older people living in rural and regional areas can access necessary services as and when needed.

Transport Crucial to Health of Older People

Access to appropriate transport is inextricably linked to older people's capacity to get the health care they need. There is a considerable body of overseas research and understanding in Australia that the current lack of transport is a barrier to good health. The Australian House of Representatives Standing Committee on Health and Ageing recently concluded that appropriate transport for older people to access health care are 'not optional but essential'.⁷

Older people cannot get to or from both local and distant health services. It is difficult for people who do not drive themselves to get to General Practitioners, to allied health services, and to diagnostic services and pathology services for one-off tests and for management of chronic disease. Older people fail to use routine and preventative health care services because they cannot afford or even find transport. Older people do not go to dentists because they cannot get transport.

A recent government funded project in the Adelaide metropolitan area that is intended to improve older people's oral health by providing earlier preventative care is having difficulty recruiting older people into the trial – a key reason given by older people offered a dental appointment is that they will not be able to get to the clinic.

Many older people defer seeking medical assistance and then become so ill that they are transported by ambulance to an acute care facility, a cost that would be offset by investment in transport to health care early in the illness.

Assistance is available disparately for people to travel for acute and specialist care from rural and remote areas, and in some cases for people living within metropolitan areas. Specific transport is provided for veterans and for people with disabilities to travel locally. Various programs offer taxi subsidies, access to public transport, and community transport options for older people and their carers.

⁷ House of Representatives Standing Committee on Health and Ageing Inquiry Into Long Term Strategies to Address the Ageing of the Australian Population over the next 40 years, March 2005

Recent work by the National Aged Care Alliance⁸ documents the shortcomings of existing programs and assistance for older people seeking transport to get to and from health care services, as well as the increased demand for such transport that is resulting from changes to health care policy and service delivery.

The Alliance proposes that:

- Resources for transport be factored into the delivery of all components of the health care system to older people including primary health care, rehabilitative care, community care and acute care services. Additional health sector funding will be required to provide this transport. Existing transport programs, services and subsidies may be reviewed or resources reallocated; however, there are not currently resources within health systems that can provide transport services to meet the needs of older people accessing health care; and
- Public and community transport services, and programs provided through the private sector, require reorganisation so that transport is available for people to get to health care; ie. to meet the needs of the large and growing proportion of our population that is older, as well as servicing the needs of people who travel to work and to school.

Recognising the responsibilities of the Federal Government, the Alliance proposes that the mechanism by which transport for older peoples' health care be achieved is through Australian Health Care Agreements.

COTA therefore calls on the State Government,

2.2.4 To adequately resource transport programs for older people to travel to and from preventative, rehabilitative and acute health services, locally and remotely, in metropolitan and regional SA; and to provide these in conjunction with health services.

⁸ National Aged Care Alliance (2007) "*Transport and Access to Health Services for Older Australians - A Position Paper Prepared by the National Aged Care Alliance*".

More Flexible Transport

The SA Department for Transport, Energy and Infrastructure has introduced "Roam Zones" in a number of areas in metropolitan Adelaide. These roaming bus services allow passengers to be picked up and dropped off at places that are not regular stops along an established route, making it easier for them to access medical centres, shopping centres and so on.⁹

COTA congratulates the SA Government on this initiative and agrees that it has scope to assist older people to continue to live independently in the community. COTA is however concerned that some roam zone buses only operate in very limited hours in the afternoon and/or operate after 7pm at night. While it is difficult to generalise about the travel patterns of older people, it is probably the case the many would be most mobile in the morning and their travel would decline in hours of darkness, particularly in winter months.

Older people are also potentially fearful of other bus passengers seeing where they live, particularly if they live alone, so may not wish to be dropped at their home address. People in this situation may choose to be dropped off at a point near their home. COTA assumes that this is possible under the current arrangements.

COTA would therefore advocate :

COTA calls on the State Government,

2.2.5 To extend the existing Roam Zones to include morning hours, and the concept be extended to other areas with a high proportion of older people.

⁹ Minister for Families and Communities "Connecting to the Future - The Strategic Agenda for the Department for Families and Communities 2005-2008", page 5.

2.3 Neighbourhood Design

COTA recognises that most Australians want to stay in their own homes and/or communities as they age. This is both a desirable social approach but also a good economic strategy for governments. Neighbourhoods which are well designed to accommodate people of all ages and abilities will be characterised by:

- Small scale residential developments
- Mixed developments (housing type, community and business)
- More affordable and appropriate housing
- Walkable neighbourhoods
- Green spaces
- Ready access to transport

Designing neighbourhoods which feature mixed land uses, connected streets, high residential density and pedestrian oriented retail encourages people to do more walking and cycling. The structure of neighbourhoods can affect how much we walk and can contribute to staying healthy as we age.

COTA calls on the State Government to take a lead by:

2.3.1 Working with local governments to encourage small scale developments which provide a mix of housing types and other land uses and which create more accessible and inclusive neighbourhoods.

2.3.2 Working with Commonwealth and Local Governments, to develop an infrastructure program which funds physical improvements that produce walkable, accessible neighbourhoods.

2.3.3 Assisting communities to provide an expanded range of integrated community centres which include a base of services to older people (as well as services to all age groups).

3. Well-being, Health and Support

3.1 Health

COTA acknowledges the budget increase of \$640 million, identified in the 2006-2007 State Government budget statement, to be provided over 4 years. This funding provides up front resources that better reflect the actual costs incurred in the acute care sector and which previously have been treated as overspending. Nevertheless, funding is still below the level required to meet demand. Overall, huge efficiencies have been made in the public health system but demand will continue to generate expenditure beyond current funding and real increases in funding will be required.

COTA calls on the State Government,

3.1.1 To provide increased resources to meet real and increasing demand in the acute health care sector

In addition to further funding for the acute sector, investment must be increased in primary and rehabilitative care that can begin to impact on levels of demand for acute care. Government rhetoric recognises that investment early in the pathways of poor health and disease, and in chronic disease management and rehabilitation, reduces the burden on acute health services.

Despite this, funding that keeps older people out of hospital, such as for falls prevention programs, has been cut. Other programs have taken too long to get off the ground and out into communities. Some initiatives have not taken a collaborative approach utilising the expertise and experience of many organisations particularly NGOs, and therefore have been less effective in meeting the community's needs.

The Australian Institute of Health and Welfare (AIHW) reports that :

“In many cases, injuries and poisonings resulting in hospitalisation are avoidable. For older people, falls are the most common cause of such injuries. Hospitalisation due to a fall increases with age – from 7.2 overnight hospitalisations per 1000 people aged 64 – 74 to 63.5 per 1000 people aged 85 and over in 2004 -05. Older patients in hospital due to injury have relatively long stays. (Further) a relatively high proportion of falls-related hospital episodes end in discharge to residential aged care or another health facility: 8% compared with just

4.5% of all overnight hospital separations for older people in 2004-05.”¹⁰

Resourcing early in intervention and prevention approaches to improving the health of older people is cost effective and helps to maintain people living independently at home with a good quality of life for as long as possible. This has to be South Australia’s aim in an environment where the number and proportion of older people is increasing over the next 40 years.

COTA calls on the State Government,

3.1.2 To invest in early intervention, prevention and rehabilitation. In particular, do so in relation to falls prevention by continuing to fund community providers such as COTA whose present falls prevention program will cease at the end of June 2008.

Older people can markedly improve their fitness levels through pool based exercise. Pools also have a key role in physiotherapy and rehabilitation services following falls and strokes. Many swimming pools that are suited to the needs of older people have been closed as running costs have increased. Coordination of the availability of pools to older people in metropolitan and rural settings, and affordable transport to get to those pools will have far reaching economic impact by reducing the burden on acute health care services.

COTA calls on the State Government,

3.1.3 To facilitate access to heated pools for rehabilitation following illness or injury, and for preventative exercise programs.

The Government has announced its intention to legislate to remove health service boards and to create a Health Performance Council. If such a body is to have the capacity and capabilities proposed by Government it will need to be well resourced and have budget and governance processes that reflect its intended independence.

¹⁰ Australian Institute of Health and Welfare (August 2007) - Bulletin 53 : Older Australians in Hospital (pages 2 and 17)

COTA calls on the State Government,**3.1.4 To resource the proposed Health Performance Council in a manner that ensures its intended capacity and independence.**

The loss of regional health boards has removed a real means of community participation in the public health system. Nevertheless, the Government has committed itself to increase consumer and community participation in the health system. To successfully achieve this commitment, COTA seeks the continued resourcing of initiatives that integrate participation into health service structures and approaches. In particular, COTA has heard from many older people concerns that the present health reform process is not about improving services to them. This needs to be explicitly addressed in education/information campaigns.

COTA calls on the State Government,**3.1.5 To continue to resource consumer and community participation in all aspects of health policy and service delivery, specifically development of information for older people about the current health reform process.**

Older people increasingly consider what care and treatment decisions they would want made on their behalf if they are unable to make such decisions for themselves. This is a matter in which education and information pertinent to legal requirements could be usefully increased for older people and their families.

There is evidence that both oral and written directives about care and medical treatment are acceptable to older people and their families. However, people have a clear preference for written, signed and witnessed directives where such directives included instructions about the removal of life sustaining medical intervention or treatment.

While policies exist for the use of such directives [eg the Charter for South Australian Public Health System Consumers], in practice they are frequently not honoured. Practices that support use of such directives by medical staff in acute settings need to be jointly developed and trialled.

COTA calls on the State Government,

3.1.6 To progress the finalisation of its review on Advance Directives, release the findings to the public and resource its implementation.

3.2 Support for Living

COTA was commissioned by the Office for the Ageing (OFTA) in the South Australian Department of Families and Communities to assist with consumer consultation in relation to the development of the Home and Community Care (HACC) Triennial Plan. This was undertaken in conjunction with COTA's wider consultation on community care and support.

In October and November 2007, the Council on the Ageing (COTA) consulted with older people in South Australia about the services they receive in their homes. This consultation explored older people's experience and views about current services, what other services they would like and how they would like services delivered.

Nineteen (19) face-to-face consultations were conducted around South Australia attended by 293 people, and 600 responses to a questionnaire sent to COTA members were received. A number of letters and phone messages were also sent to COTA from people wanting to have a say during the consultation.

People identified that they need assistance and support to continue living independently in their own homes. Support with simple household tasks, gardening and transport were ranked higher than personal and nursing care although these were noted as also being important. People want and need support for living ahead of their need for care. People said that they wanted changes relating to quality, amount, types of service and responsiveness to individual preference because these changes would let them retain control and make decisions about their lives. Other specific findings of these consultations are outlined further on in this submission.

COTA believes that services currently under the umbrella of 'community care' should be called 'support for living', as older people don't want 'care' they want assistance with everyday tasks so they can get on with the business of living life. They want to be active, empowered players in their own lives. They want to be seen as coping, and competent members of our society.

COTA calls on the State Government,

- 3.2.1 To reconceptualise the services provided to older people and to change the terminology applied to these as a powerful symbol of this new understanding. COTA supports use of ‘support for living’ to describe the services currently regarded as ‘community care’.**

Older People as Empowered Citizens

Further, COTA believes that funding and provision for older people should be organised with the older person as the empowered central player. Currently the system is designed with service providers as central players. A reconceptualisation of this system is needed to operationalise statements like “the citizen is the centre of our thinking”.¹¹

The SA Government should work with the Commonwealth Government to reorient community care funding to empower older people. There are various models for operationalising this simple concept, however, key features of an optimum model would include :

- The older person is free to choose their service provider/s;
- The older person has freedom to choose the mix of services/support provided to them (within their assessed funding allocation), and to change them when their needs and aspirations change;
- Service providers are responsive to individual needs (one size does not fit all);
- Providers are accredited, or Government otherwise establishes the quality of support to be provided;
- Include some protections and additional support for people who have difficulty making decisions concerning support needed (for example, people with dementia, or people from CALD backgrounds).

Therefore, COTA calls on the State Government,

- 3.2.2 To work with the Commonwealth Government to reorient support for living funding and provision with the older person the empowered central player.**

¹¹ Minister for Families and Communities “Connecting to the Future - The Strategic Agenda for the Department for Families and Communities 2005-2008”, page 40.

3.2.3 To ensure this support system has the following features :

- i) **Makes assessments available within 5 working days of the initial request;**
- ii) **Makes support for living services available to the older person immediately eligibility is determined;**
- iii) **Resources are available to support the implementation of 3.2.2.;**
and
- iv) **Support for living is provided to the older citizen on a continuum – from low to high, based on assessed need – not in program silos (HACC/CACP etc) as currently occurs.**

Support for Living – The Features Older People Want

The consultation conducted by COTA on behalf of OFTA late in 2007 discovered the following :

- **Assistance with housework, help in the garden and personal care** were identified in all consultation sessions and in the questionnaire responses. People need more hours, greater flexibility and choice in the types of tasks performed.
- **Smaller, simple tasks that support people's daily lives** were frequently required. Examples include changing light globes, turning mattresses, and replacing tap washers. While such assistance is provided by some existing HACC funded services, people report that few service providers respond to requests to do these small but vital tasks. Many people indicated that service providers would not do some tasks – climbing ladders, turning mattresses, or moving furniture in order to vacuum more thoroughly – due to OH&S restrictions.
- **A desire for services to be flexible**, reflecting individual needs and wants, rather than taking a one-size-fits-all approach. This recognition of individual needs was identified as respecting people's rights to make decisions about their own lives.
- **Provision of assistance and care at the right time** - when people need it. Many people had to wait for personal care despite being acutely ill. Many people no longer needed assistance by the time it

was provided. Furthermore, services need to be responsive as an older person's circumstances change.

- **Regular, well trained care providers**, who are punctual, respect the lifestyle and routine of recipient, who respond to requests and tell people about changes to usual care routines. Regular and communicative carer providers made people feel safe and respected. Many people did not know which service provided their in-home care services; they assessed the value of the service by the personal attitudes of the individual care providers. A successful relationship with a staff member, that included good communication, flexibility and attention to individual requests, was highly valued.
- **Information about services that is accessible and timely**. Many people found the information pathways, forms, and assessment processes for home care difficult to understand and confusing. People not yet getting services were uncertain how to find assistance. People receiving services want clear information and what they are entitled to, who is providing it, and who they can contact. They want that information in written form at home so they can contact service providers.
- **Requests for increased respite and services** that are specifically targeted at family carers, the majority of whom were the wives or husbands of home care recipients, were common throughout all consultations. Many carers are older people who willingly provide support and care for their partner however the task becomes harder as both parties grow older. They want respite services that are responsive to their needs, and are available in emergencies and when the carers themselves are ill. Respite provision and flexibility were more marked issues for people outside the metropolitan area.
- **Transport that is available, flexible and affordable**, particularly for medical appointments, hospital and nursing home visits, and for shopping. Lack of transport was noted as having a major impact on older people's ability to access services and to remain independent. Country participants were particularly disadvantaged, often having to drive themselves long distances for medical appointments and treatment.

It was apparent from the issues identified in different regions that there is variation between what is available from service providers. The gaps in service availability created by this variation are compounded for older people living outside the metropolitan area.

COTA calls on the State Government,

3.2.4 To fund support for living services in line with the features listed in our submission on pages 35 and 36 to meet the expressed needs of older South Australians.

4. Legal, Financial and Consumer Matters

4.1 Older People and the Law

At an extremely well attended forum in South Australia during Elder Abuse Prevention Week in 2006 there was discussion between carers, service providers, advocates and government agencies about the complexities relating to financial abuse of older people by family members and other carers. Carers indicated that they would welcome structures that supported them to exercise the powers to act on another's behalf.

The press of 8 January 2007 reported increased demand on the services of the Public Advocate as a result of family members misusing or abusing the resources of older relatives¹². Furthermore, COTA is aware of some early tertiary research currently being undertaken in Adelaide that indicates that use of older people's money by relatives to gamble is a significant and increasing problem. Evidence is that, in Australia, financial abuse is the most common form of abuse of older people.

People are encouraged to make decisions about granting Powers of Attorney well ahead of anticipated need in order to avoid the challenges of getting such powers following incapacitation. However, once a directive is made, it is not easy to retract that power should circumstances change. Even the simple act of retrieving the documentation can limit a person's capacity to effectively remove the power of another to act on their behalf.

The donation of power to act on one's own behalf is intended to cover the event that one loses the capacity to be accountable for their decisions. However, current legislative regimes provide that power to another person without any structure for accountability. It is appropriate that, where a person is granted power of attorney, some form of reporting should occur. This is clearly administratively fraught. Nevertheless, the principle of accountability should be implemented. It may be possible for people exercising such powers to report against such indicators as real property held and annual bank balances, with major variations being monitored. The requirement for such reporting in itself will have a deterrent effect.

¹² The Advertiser 8/1/07 page 2 Families ripping off aged to buy drinks and drugs

COTA calls on the State Government,**4.1.1 To initiate accountability processes for people exercising powers of attorney.**

The Public Advocate reports increased case loads for intervening where family members have committed theft, fraud, or other financial abuse against a person in their care. As demonstrated to the House of Representatives Inquiry into Older People and the Law, such cases represent only a minority of occurrences of abuse. Resources to meet the demand for redress where financial abuse has taken place, as well as resources for prevention of such abuse, are urgently required to protect the most vulnerable in our community.

COTA calls on the State Government,**4.1.2 Release the review of Advance Directives, and resource appropriate information and education processes for older people and their families about the use of Advance Directives and the appointment of decision making agents.****4.2 Concessions**

COTA is repeatedly contacted about the inconsistencies and inequities within the system of concessions that is the responsibility of the State Government. Older people and their families continue to find that they are excluded from assistance despite their fixed incomes, while people on higher incomes receive Government assistance in the form of State concessions.

COTA again seeks the development by the State Government of a rational, fair, sustainable and defensible concessions policy which addresses both maintenance of the real value of concessions and longer term issues of equity and sustainability, utilising an Essential Services Index to maintain the real value of such concessions to people on fixed incomes.

Following our 2006-2007 Budget Statement COTA was advised that Revenue SA is reviewing concessions with input from the Department of Families and Communities. However, it is COTA's understanding that the scope of that review relates to processing of concessions, not to policy and the maintenance of real value for people on fixed incomes.

COTA applauds the recent introduction of a Government website that provides information so that older South Australians can assess the extent to which concessions are available to them.

COTA calls on the State Government,

4.2.1 To deliver a concession system for older South Australians that is fair, sustainable and defensible and retains real value for people on fixed incomes.

COTA continues to receive regular representations to lobby for transport concessions to be available to older people irrespective of the jurisdiction in which they are travelling.

COTA notes a recent announcement by the Commonwealth Government to invest \$50 million to establish “A National Reciprocal Public Transport Entitlement” to ensure State Government Senior’s Card holders can travel at concessional rates anywhere in Australia. The Commonwealth has indicated it will negotiate with State and Territory Governments to ensure national reciprocal transport concessions for seniors are in place by no later than 1 January 2009.¹³ COTA applauds this initiative.

COTA calls on the State Government,

4.2.2 To actively cooperate with the Commonwealth Government to ensure that Australia-wide access to transport concessions is available to older South Australians from 1 January 2009.

¹³ Hon Kevin Rudd MP (2007) “*Making Ends Meet – National Travel Concessions for Older Australians*” – 1 November 2007

Appendix

Council on the Ageing [COTA SA] - Background

COTA SA is recognised as a strong and effective organisation which provides significant leadership on ageing issues at state and national levels. COTA also delivers a range of programs and services.

COTA is South Australia's peak seniors' organisation with an individual membership of around 20,000 and over 250 seniors' organisations members with a combined membership of more than 60,000. In addition COTA SA has 80 associate members who are aged care providers, local government bodies, health units and other service and educational institutions. COTA's membership networks and programs are state-wide.

COTA SA was incorporated in 1957. Since then COTA has established a wide range of aged sector organisations. Currently its key roles are:

- Policy and advocacy - centrally engaged in every major aged related State Government policy over the last 20 years
- Programs and services - COTA manages a range of services and programs delivered within South Australia and in other states
- Representation - seniors' interests are represented by COTA in a wide range of State and Commonwealth government forums, non-government bodies, consumer advisory groups, research bodies.

COTA has contributed significantly to the support and development of the non-government ageing sector across South Australia and nationally.