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GE15/88

**RE: OHCHR Questionnaire to assess the human rights implications of the implementation of the Madrid International Plan of Action on Ageing**

The Permanent Mission of Australia to the United Nations and other international organisations in Geneva hereby presents the Australian Government's response to the questionnaire prepared by the Independent Expert on the enjoyment of all human rights by older persons to assess the human rights implications of the implementation of the Madrid International Plan of Action on Ageing, in accordance with Human Rights Council resolution 24/20 of 2013.

**1. What is the role of your organisation? Do you participate in MIPAA implementation or monitoring thereof?**

The Department of Social Services is the Australian Government's main source of advice on social policy and manages about one third of the federal budget. The Department is responsible for implementing the government's decisions and for ensuring government and society are well placed to meet the social policy challenges of the future.

The Department's policies and services respond to need across people's lives, encourage independence and participation, and support a cohesive society to meet its commitment to improve the lifetime wellbeing of people and families in Australia.

**AGEING AND AGED CARE**

Given Australia's strong existing foundations across the areas for action identified in the MIPAA and commitment to its international obligations, Australia has used the MIPAA to inform ongoing action rather than implement the MIPAA separately.

The Department of Social Security has systematically assessed the alignment of its legislation and programs with the areas for action identified in the MIPAA through participation in:

- Australia's 2010 report on progress in implementing MIPAA;
- Australia's 2012 response the Second Review and Appraisal of the Madrid International Plan of Action on Ageing; and
- The UNESCAP Regional Report to the Second Review and Appraisal of the Madrid International Plan of Action on Ageing.

The Australian Attorney-General's Department leads age discrimination and human rights policy at the federal level.

2. **Has a human rights-based approach been integrated in the implementation framework of MIPAA in your country and if so, how did this translate into concrete policies and normative actions? Are there any mechanisms to monitor and assess the impact of MIPAA implementation on the enjoyment of all human rights by older persons?**

## **AGEING AND AGED CARE**

### **AGED CARE (LONG TERM CARE FOR THE ELDERLY)**

Australia's *Aged Care Act 1997* and *Aged Care Principles* enable access to aged care by those who need it, regardless of race, culture, language, gender, economic circumstance or geographic location – and protect the personal, civil, legal and consumer rights of those persons.

#### **Access to ageing and aged care services**

The Australian Government has principal responsibility for aged care planning, funding and regulation. There is a strong rationale for government involvement in aged care including promoting equity of access and appropriate care, the protection of vulnerable consumers and addressing market failures.

Australian Government investment in ageing and aged care services represents around 3.6 per cent of Government expenditure and 1 per cent of GDP (public and private expenditure) annually. This enables the provision of services to meet the care needs of over 1 million frail older Australians each year.

The *Aged Care Act 1997 (the Act)* enables access to aged care by those who need it, regardless of race, culture, language, gender, economic circumstance or geographic location and protects the personal, civil, legal and consumer rights of those persons.

The Act is designed to encourage diverse, flexible and responsive aged care services and to promote ageing in place through the linking of care and support services to the places where older people prefer to live. Older Australians have a strong preference for continuing to live in their homes and communities for as long as possible, and for making decisions about their care consistent with their needs and preferences.

The Act provides the regulatory, funding and quality foundations of Australia's aged care system, based on the objectives set out in the Act, namely to:

- provide funding that takes account of the quality, type and level of care;
- promote a high quality of care and accommodation;
- protect the health and well-being of residents;
- ensure that aged care services and funding are targeted towards people and areas with the greatest needs;
- facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance, or location;
- ensure that care is accessible and affordable for all residents;
- provide respite for families and others who care for older people;
- encourage services that are diverse, flexible and responsive to individual needs;
- help residents enjoy the same rights as all other people in Australia;

- plan effectively for the delivery of aged care services; and
- promote ageing in place through the linking of care and support services to the places where older people prefer to live.

Aged care services subsidised under the Act must meet quality standards designed to protect the health and well-being of care recipients. These standards are called the residential aged care Accreditation Standards, and aged care homes need to meet them in order to receive government subsidies. Aged care homes are accredited and monitored by the Australian Aged Care Quality Agency.

The Act further protects and promotes the rights of care recipients, and gives them a voice through: the Aged Care Commissioner and the Aged Care Complaints Scheme; National Aged Care Advocacy Program and the Community Visitors' Scheme; the *Charter of Care Recipients' Rights and Responsibilities - Residential Care*; and the *Charter of Care Recipients' Rights and Responsibilities - Home Care*.

See further:

*Aged care Act 1997* <http://www.comlaw.gov.au/Details/C2014C0081>

*Complaints Principles* <http://www.comlaw.gov.au/Details/F2014L00802>

*Quality of Care Principles* <http://www.comlaw.gov.au/Details/F2015C00075>

*User Rights Principles 2014* <http://www.comlaw.gov.au/Details/F2014L00808>

Quality standards and accreditation

<http://www.myagedcare.gov.au/rights-and-responsibilities-%E2%80%93-home-care/accreditation-standards>

*Charter of Care Recipients' Rights and Responsibilities - Residential Care*

*Charter of Care Recipients' Rights and Responsibilities - Home Care*

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/for-providers/guidance-for-providers/charter-of-care-recipients-rights-and-responsibilities-residential-care-home-care>

Office of the Aged Care Commissioner and the Aged Care Complaints Scheme  
<http://www.agedcarecommissioner.gov.au/complaints/>

### ***My Aged Care***

The Government's My Aged Care website and My Aged Care contact centre assist older people, their families and carers to access aged care information, and to find Commonwealth funded aged care services in their local area. Information on the website is available in 19 languages. Callers to the telephone contact centre can access free translating and interpreting services.

My Aged Care also assists older people receiving aged care services (in their own home or an aged care home) to understand how their rights are protected by government legislation and how advocacy services can help if they have concerns about the care they are receiving.

See further:

[www.myagedcare.gov.au](http://www.myagedcare.gov.au) and [www.myagedcare.gov.au/search?search=rights&=Go](http://www.myagedcare.gov.au/search?search=rights&=Go)

### ***Informal carers – family members and friends***

The Australian Government understands and values the immense contribution that carers make by providing care for people with a disability, chronic medical condition, mental health issue and older people requiring support.

The Australian Government recognises the valuable work of carers through financial support, practical support initiatives such as respite care, information, counselling, training, and the facilitation of peer support networks.

The *Carer Recognition Act 2010* aims to increase recognition and awareness of carers and formally recognises the role of carers at a national level.

My Aged Care provides information and advice for carers including how they establish whether they are eligible for financial assistance and links to a range of organisations and programmes around Australia that can assist them. There are also community resource centres across Australia, and counselling for carers.

These provide practical assistance, such as identifying strategies for coping and living with dementia, talking through emotions, helping families with care issues, and planning for the future.

See further:

*Carer Recognition Act 2010* <http://www.comlaw.gov.au/Details/C2010A00123>

My Aged Care – Caring for someone <http://www.myagedcare.gov.au/caring-someone>

### ***Older people can access both aged care and the health system***

The *National Health Act 1953* and the *Health Insurance Act 1973* protect older Australians' right to health. They provide for: free public hospital care; affordable medical services subsidised through the Medicare Benefits Scheme; and affordable medicines subsidised through the Pharmaceutical Benefits Scheme.

This means that all older people, including those accessing ageing and aged care services, can access hospital and health services. A wide spectrum of services is delivered through these arrangements, ranging from preventive health and early intervention services, through to the treatment of illness, chronic disease management, and acute care.

Access to health care, affordable medicines and long term aged care and associated subsidies is on the basis of need, not gender or capacity to pay.

In addition to protecting the rights to health of all Australians, this universal health care platform allows for the delivery of more intensive or tailored efforts to address particular needs of older people including those accessing long term aged care.

For example, anyone aged 65 years and older and Aboriginal and Torres Strait Islander peoples aged 50 years and over, are at high risk from influenza (flu) and pneumococcal disease and the complications of these diseases, with the great majority of deaths from these conditions occurring in these age groups. Consequently, the Australian Government funds vaccines for older Australians in order to provide greater protection against these diseases.

See further:

*National Health Act 1953* and the *Health Insurance Act 1973*

Both Acts may be accessed at [www.comlaw.gov.au](http://www.comlaw.gov.au)

Immunise Australia Program : Older People

<http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/older-aust>

***Transition care***

The Transition Care Program enables older people to return home after a hospital stay, rather than prematurely enter a residential aged care home. The program gives older people, their families and carers, time to consider appropriate long-term care arrangements. It provides time-limited, goal-oriented and therapy-focused packages of services. These packages include low intensity therapy (such as physiotherapy and occupational therapy), social work and nursing support or personal care.

Transition care is provided in metropolitan and rural settings, in either a person's own home or in a 'live-in' setting (either part of an existing aged care home or health facility).

See further:

*Report on the Operation of the Aged Care Act 2013-14*

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/tools-and-resources/reports-on-aged-care>

***Protections for informed participation in human research***

Older people who agree to participate in research, including those accessing ageing and aged care services, are protected by Australia's *National Statement on Ethical Conduct in Human Research* (2007, updated in 2014). This includes specific guidance on the ethical issues arising from the capacity of a person with cognitive impairment (including dementia) to consent to involvement in human research.

Informed consent must always be obtained where research participants are especially vulnerable. These vulnerable categories include those highly dependent on medical care, people in unequal relationships, or people with a cognitive impairment. In these categories, additional protections apply and there may be additional requirements for the researcher to demonstrate how informed consent has been obtained and maintained throughout the research process

Research proposals seeking Australian Government funding must conform with the principles and guidelines in this Statement. In addition, proposals that would involve people with dementia in human research must be reviewed and approved by a Human Ethics Research Committee before being eligible for consideration for funding.

See further:

*National Statement on Ethical Conduct in Human Research*

<https://www.nhmrc.gov.au/guidelines-publications/e72>

### ***Report on the Operation of the Aged Care Act***

Under the Act the Minister responsible for aged care is required to present to Parliament a report on the operation of the Act for each financial year.

The annual *Report on the Operation of the Aged Care Act 1997* (ROACA) is a primary source of statistics on all aspects of the Australian aged care system and includes additional information to aid understanding of aged care programs and policies.

The ROACA for 2013-14 (latest) provides an overview of the aged care system and reports, *inter alia* on:

- the types of care services are provided and who accesses the services;
- quality outcomes and protection of aged care recipients;
- support for carers (family and friends) looking after frail older people living at home; and
- support for people with special needs as identified in the act – see below, Question 3.

See further:

*Report on the Operation of the Aged Care Act 2013-14*

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/tools-and-resources/reports-on-aged-care>

### ***Positioning aged care for the future***

Aged care in Australia is undergoing change to better position the system for the future.

Changes to the system are being guided by the Aged Care Sector Statement of Principles developed in collaboration with the aged care sector. The Statement of Principles provides a shared vision for the future of aged care in Australia.

The vision for the future of the aged care system places empowered consumers and informal carers at the centre of quality care that is delivered through innovative and responsive services in an aged care system that is viable and sustainable for all.

Policies will enable innovative approaches that respond to the wide diversity of older people and their circumstances to ensure that all consumers have the benefit of choice.

This vision will be achieved and maintained through a constructive and lasting partnership between the Australian Government, consumers and their carers, providers, and the aged care workforce.

Partnership will allow the skills, expertise, and strategic insight of all participants to shape the future aged care system while recognising Government's responsibility for setting policy and ensuring that regulation is fit-for purpose.

Partners will understand and respect their responsibilities in relation to each other, to the aged care system as a whole, and the community. Their responsibilities are complementary / reciprocal.

Further changes in 2015 aim to ensure that older Australians in need of care have real opportunities to make informed decisions and are supported in their choices.

Through My Aged Care older people can access comprehensive information on the aged care system and how they can access services. This includes information on all Commonwealth funded aged care services, and fee estimators which more older people and their families are using to compare services and make decisions.

From 1 July 2015:

- The assistance provided and My Aged Care will be expanded to support nationally consistent screening and assessment processes. These will ensure that older people, no matter where they live, are appropriately assessed and, if they need care, linked to their preferred services.
- A central electronic record of the client's needs and care history will allow information to be appropriately shared with assessors and service providers to ensure continuity of care – and that older people no longer have to repeatedly retell their story.
- Consumer directed care will be applied to all home care packages to give older people eligible for a home care package greater choice and control over the types of care and services they want, including how it is delivered and who delivers it.

The *User Rights Principles 2014* legislation and the *Charter of Care Recipients' Rights and Responsibilities - Home Care* are being updated to reflect the rights and responsibilities of consumers, and the responsibilities of care providers, with respect to consumer directed care.

- The new Commonwealth Home Support Programme will merge a number of programs including entry-level in-home care services, respite for carers, day therapy services, and assistance with care and housing for homeless people. This will enable providers to more responsively integrate care to meet the specific care needs and preferences of each older person.

See further:

Aged Care Sector Statement of Principles

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/aged-care-sector-committee/aged-care-sector-statement-of-principles>

## **DISABILITY**

United Nations Convention on the Rights of Persons with Disabilities

On 17 July 2008, Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (the Convention). While not creating any new rights, all tiers of Australian government now have an obligation to act in accordance with the rights provided for in the Convention. The Convention aims to enhance opportunities for people with disability to participate in all aspects of social and political life including access to employment, education, health care, information, justice, public transport and the built environment.

The Convention recognises that older people with disabilities have particular support needs. For example:

- under Article 25 (Health), States Parties shall provide health services designed to minimize and prevent further disabilities, including among older persons; and
- under Article 28 (Adequate standard of living and social protection), States Parties shall ensure access by persons with disabilities, in particular older persons with disabilities, to social protection programmes and poverty reduction programmes.

### National Disability Strategy

The National Disability Strategy 2010-2020 sets out a ten year national plan for improving the lives of all Australians with disability, their families and carers. The Strategy seeks to drive a more inclusive whole of government approach to the design of mainstream policies, programs and infrastructure so that people with disability can participate in all areas of Australian life. The Strategy aims to improve the responsiveness of mainstream policy areas such as health, education, employment support, housing and income support to better meet the needs of people with disability and to provide the opportunity to fulfil their potential as equal citizens.

The Strategy is inclusive of all people with disability and acknowledges that people with disability have specific needs, priorities and perspectives based on their personal circumstances, including the type and level of support required, education, sex, age, sexuality, and ethnic or cultural background.

### Australian Cross Disability Alliance

The Australian Government recently made a commitment to ensure the voices of all people with disability are able to be represented through the announcement of the Australian Cross Disability Alliance (ACDA) as one of the Government's sources of policy advice on issues of national importance to people with disability.

The Alliance is comprised of:

- People with Disability Australia;
- Children with Disability Australia;
- First Peoples Disability Network;
- National Ethnic Disability Alliance; and
- Women with Disabilities Australia.

The role of the Alliance is to engage with, and contribute to, Australian Government policy on issues that impact people with disability, including older people with disability, their families and carers, and to communicate Government information to the disability sector.

### National Disability Advocacy Program

Under the National Disability Advocacy Program (NDAP), the Australian Government provides funding of approximately \$16.5 million per annum for advocacy support that works to promote the human rights and ability of people with disability to participate in the community. Access to the NDAP is not limited by age. Older persons, including those from Indigenous and Culturally and Linguistically Diverse backgrounds, can seek and obtain assistance from funded advocacy organisations.



**3. Have the needs of specific groups of older persons been taken into consideration in the process of implementation of MIPAA and if so, how?**

**AGEING AND AGED CARE**

One of the objectives of the *Aged Care Act 1997* is to facilitate access to aged care services by those who need them, regardless of race, culture, language, gender, economic circumstance or geographic location.

The Act identifies certain people as ‘people with special needs’, namely:

- people from Aboriginal and Torres Strait Islander communities;
- people from culturally and linguistically diverse (CALD) backgrounds;
- veterans;
- people who live in rural or remote areas;
- people who are financially or socially disadvantaged;
- people who are homeless or at risk of becoming homeless;
- care-leavers;
- parents separated from their children by forced adoption or removal; and
- lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

In accordance with the Act, a certain number of aged care places is made available for the care of people with special needs. People from special needs groups also have access to places allocated to service the needs of the general population.

Aged care providers must have regard to the particular physical, physiological, social, spiritual, environmental and other health related care needs of individual recipients. Establishing and maintaining links with representatives of relevant community groups, and other support agencies and organisations, is regarded as an integral part of providing relevant levels of care and facilitating the provision of culturally appropriate care.

In addition to enabling access to mainstream services, additional support and services address particular needs of specific special needs groups.

The Government’s My Aged Care website and My Aged Care contact centre are designed to support the diversity of people as they age, recognising that many Australians were born overseas or are ‘second generation’ Australians with one or both parents born overseas.

Information on the website is available in 19 languages. Callers to the telephone contact centre can access free translating and interpreting services.

See further:

*Report on the Operation of the Aged Care Act 2013-14* (in particular Chapter 8)

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/tools-and-resources/reports-on-aged-care>

National Ageing and Aged Care Strategy for People from Culturally and Linguistically Diverse (CALD) Backgrounds. This is accessible in English and seven community languages.

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/older-people-their-families-and-carers/people-from-diverse-backgrounds/national-ageing-and-aged-care-strategy-for-people-from-culturally-and-linguistically-diverse-cald-backgrounds>

MyAgedCare Languages and Telephone Interpreters

<http://www.myagedcare.gov.au/other-languages>

**4. Have older persons been informed about MIPAA and if so, how? How are older persons participating in the implementation of MIPAA including in decision-making about MIPAA implementation?**

**AGEING AND AGED CARE**

Older Australians have a range of avenues through which they can influence decision-making about initiatives consistent with the action areas identified in the MIPAA.

**Non-government organisations that give older people a voice**

The Government supports a number of national community based organisations to undertake activities that focus on the ageing and aged care needs of older Australians, including through advocacy on policy issues. These include National Seniors Australia; COTA Australia; Carers Australia; Alzheimer's Australia; and the Continence Foundation of Australia.

These organisations contribute to public education, public debate, and community consultation on issues of direct relevance to older people including through:

- analysis and review of the implications of Australian Government policies for older people;
- communication of these findings to the Australian Government and the older people they represent; and
- policy development and direct communication of policy ideas to the Australian Government, older people, and other interested parties.

As peak bodies representing older people, organisations such as National Seniors Australia and COTA Australia facilitate their participation in the policy development processes of government. They provide a channel for seniors' views to be represented to government through, for example, contributing to Commonwealth consultation processes, participating in government advisory forums, providing input to emerging policy issues, and promoting positive images of healthy ageing and the value of older Australians to their communities.

National Seniors Australia has also established the National Seniors Productive Ageing Centre to advance the knowledge and understanding of productive ageing to improve the quality of life of people aged 50 and over. The Centre provides advice on productive ageing matters, undertakes consumer-orientated research and education, promotes and informs productive ageing, and supports productive ageing decisions by seniors.

**Direct communication with Ministers and Members of Parliament**

Older people, their families or advocates can at any time email or write to any Minister or Member of Parliament raising concerns about policies or ageing issues that affect them. They receive a written response from the Minister addressing their specific issues.

## **Parliamentary Committees of Inquiry**

The Committees associated with both Houses of Parliament may undertake Inquiries including in relation to issues relevant to ageing. Older people or their advocates have the right to provide written submissions and/or oral evidence to such Inquiries, and hearings are held in each state and territory to facilitate attendance.

## **Voting**

Compulsory voting means that every eligible Australian citizen (18 years or older) is required by law to enrol and vote. Introduced in 1924, compulsory voting for federal elections is a distinctive feature of the Australian political culture.

With the ageing of Australia's population, the policy preferences and votes of older people are attracting more attention, particularly in electorates with a high proportion of older residents. At 31 March 2015 there were 3,284,554 electors aged 65 or over on the Commonwealth Electoral Roll. This represented 21.7 per cent of those on the Roll.

Arrangements are in place to assist older people to vote early, either in person or by post, if on election day they are seriously ill, have significant mobility limitations, or are a patient in hospital and can't vote at the hospital. In addition, Electoral Visitors conduct mobile polling at identified institutions such as hospitals, convalescent homes and aged care facilities in the week prior to polling day in accordance with a published itinerary. Similar arrangements are in place for state and territory elections.

## **DISABILITY**

### Older people with disability working in Australian Disability Enterprises (ADEs) (sheltered employment for people with disability)

The Australian Department of Social Services (DSS) has been involved in the issue of retirement for older workers with disability from ADEs for more than five years. The work is premised on older workers with disability having the same opportunities to retire and enjoy a meaningful life after work as are afforded to other Australians.

Research commissioned by DSS into the issue of ageing and retirement in the sheltered workforce resulted in the report - *Ageing and Australian Disability Enterprises* in March 2010. Projections in this report indicated that by 2023 close to 50 per cent of the ADE workforce would be aged 50 years or older. Current statistics show that number to be 26 per cent, with the average age of a supported employee at 40.2 years, with more than 400 currently aged 65 years or older.

This led to three Transition to Retirement pilot projects. The Pilots were based on the premise that older workers with disability should be supported to make an informed choice about how and when their retirement takes place.

The trials and a subsequent evaluation highlighted there is a need to collaborate in planning and supporting an individual to retire, and conversations about and planning for retirement should start early. Based on the trials, the purpose of this initiative was to enable older workers to retire with dignity.

Independent case management supported transition to, or progress towards, retirement of older workers from ADEs; the provision of funds to aid participation in retirement; building the capacity of ADEs to prepare workers for retirement and promoting inclusiveness in mainstream community groups and services. Overall:

- 461 information sessions were held
- 1239 supported employees chose to attend an information session
- 778 referred for initial assessment
- 429 supported employees participated in retirement activities and developed a retirement plan
- 75 individuals retired

## **5. What impact has MIPAA implementation had on equality and non-discrimination of older persons?**

### **AGEING AND AGED CARE**

As noted above, given Australia's strong existing foundations across the areas for action identified in the MIPAA and commitment to its international obligations, Australia has used the MIPAA to inform ongoing action rather than implement the MIPAA separately.

The annual *Report on the operation of the Aged Care Act* provides extensive statistics to the requirements under section 63-2 of the Act which demonstrate the effectiveness of arrangements to support the right to aged care.

The report also includes information on related matters to provide a more comprehensive picture of the Australian aged care system.

It should be noted that access to aged care is on the basis of need and that by far the majority of older people continue to live active, independent lives in the community and go on contributing to their communities and the economy.

Some 70 percent of Australians aged 65 years and over live at home without accessing Government-subsidised aged care (long-term care) services. Around 25 percent access some form of support or aged care at home. Only about 5 percent live in residential aged care.

See further:

*Report on the Operation of the Aged Care Act 2013-14* (in particular Chapter 8)

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/tools-and-resources/reports-on-aged-care>

### **DISABILITY**

The Australian Government funds community based mental health services for individuals, families and carers affected by mental illness under the Disability, Mental Health and Carers Programme - Community Mental Health component. Community Mental Health initiatives provide accessible, responsive, high quality and integrated community based mental health services to improve the capacity of individuals, families and carers to better manage the impacts of mental illness.

### Personal Helpers and Mentors (PHaMs)

Personal Helpers and Mentors (PHaMs) provides practical assistance to people severely impacted by mental illness, aged 16 years and over, to help them achieve their personal goals, develop better relationships with family and friends, and manage their everyday tasks. In 2013-14 there were 1,311 people participating in the initiative who were aged 60 years and over.

One-to-one support ensures the individual needs of participants can be addressed regardless of age, gender or cultural background. Participants are assisted to access services and participate economically and socially in the community, increasing their opportunities for recovery.

A number of PHaMs services are specifically funded to assist people to address personal barriers to finding or keeping a job. These services work closely with employment providers such as Disability Employment Services (DES) and Job Search Australia (JSA) to ensure that people severely impacted by mental illness are able to take full advantage of the labour market assistance available to them.

The PHaMs Employment service model was co-designed with service providers, alongside extensive consultations with major service providers and peaks from the mental health and employment sectors, consumers and carers, state and territory governments and other experts.

Ongoing consultation has allowed further refinement of the approach as aspects of the model are tested on the ground. These services:

- complement direct employment assistance, such as job preparation, job search and job placement provided by employment services;
- work closely with Australian Government employment services to ensure the supports they provide are complementary, not duplicative; and
- provide practical support and personalised assistance that has been identified as essential to the success of participants. Peer support workers are important role models who provide direct evidence of the ability for those with mental health issues to find and sustain employment, through equality and mutuality.

### Mental Health Respite: Carer Support (MHR: CS)

The Mental Health Respite: Carer Support (MHR: CS) initiative provides a range of flexible respite and support options for carers of people severely impacted by mental illness to assist them to maintain their caring role. Support provided by MHR: CS services can be broadly grouped into three types:

- relief from the caring role;
- carer support; and
- education, information and access.

Older carers are a priority target group for MHR: CS, and in 2013-14, some 41 per cent of participants were aged 55 years and over.

In 2012-13 DSS funded four organisations to pilot a new MHR: CS service with a focus on workforce participation outcomes. The intent of the Employment-focused MHR: CS is to develop and trial a service delivery model that supports carers of people severely impacted by

mental illness to address barriers to them achieving employment goals, while maintaining their caring roles. The types of assistance provided include:

- workplace advocacy or education;
- assistance navigating employment services systems, e.g. connecting with training or work experience opportunities;
- support to manage or deal with issues that may impact employment outcomes, e.g. domestic routines, housing security, transport problems; and
- peer support and mentoring, e.g. confidence-building activities, including support to re-engage in the community through social and recreational activities.

## **AGE DISCRIMINATION**

Australia's *Age Discrimination Act 2004* prohibits age discrimination in areas of public life, including accommodation, education, employment, and the provision of goods, services and facilities. Australia's states and territories also have their own anti-discrimination laws that prohibit discrimination on the basis of age.

Australia's first statutory Age Discrimination Commissioner, the Hon Susan Ryan AO, was appointed on 30 July 2011 for a five year term. As Age Discrimination Commissioner, Ms. Ryan is responsible for raising awareness of age discrimination, and monitoring and advocating for the elimination of age discrimination across all areas of public life.

The Australian Government recently asked Ms. Ryan, on behalf of the Australian Human Rights Commission, to conduct an inquiry into practices, attitudes and Commonwealth laws that affect the equal participation in employment of older Australians and those with a disability.

In June 2015 the Government announced the appointment of Ms. Ryan as Australia's first Ambassador for Mature Age Employment. In this role, Ms. Ryan will help drive greater awareness amongst employers of the business benefits of hiring older workers and help open new doors for job seekers.

The new Ambassador position builds on the Government's incentive for employers and mature age job seekers through a \$10,000 Restart Wage Subsidy. Restart offers support to employers who employ and retain eligible job seekers who are 50 years of age or older, and who have been unemployed and on income support for six months or more. Restart has, so far, helped over 1,600 mature aged job seekers to return to the workforce.

- 6. Please provide examples of best practices from a human rights perspective in your country in the implementation, monitoring, review and appraisal of MIPAA.**

## **AGEING AND AGED CARE**

### **Dementia care in Australia**

It is estimated that over 300,000 Australians aged 65 years and over are living with dementia – that's around one in every 11 older people. The majority of these people are living in their own homes. Only about one third are living in aged care homes.

Australia takes the approach that tackling dementia and protecting the rights of people with dementia requires collaborative action by governments; families and communities;

researchers and health and aged care services; employers and businesses; and by education and training institutions.

Some well-established and effective initiatives that demonstrate wide-ranging approach and shared responsibilities are described below. Also described is a relatively new initiative to address the challenges that people with dementia face in hospital and the ground breaking work that is underway to improve their experience.

### *Dementia: A National Health Priority*

All levels of Government in Australia have agreed to work together to make Dementia a National Health Priority. This opens the way to addressing dementia across both the health and aged care systems, and in a more integrated way. It recognises dementia as a chronic disease, emphasises the links between physical health and brain health and allows dementia prevention to be linked to other nation-wide chronic disease prevention programs that receive significant government funding.

### *Awareness raising, prevention, training and education*

Significant emphasis is placed on awareness raising, prevention, training and education – including for families, care workers, emergency services workers and many others. Together these aim to help people of all ages to better understand dementia, what they can do to reduce the risk of getting dementia, the importance of seeking advice and early diagnosis, and how to live a good life throughout the dementia journey.

Much of this work is undertaken by Alzheimer's Australia on behalf of the Government.

Examples of initiatives undertaken by Alzheimer's Australia include:

- The *National Dementia Helpline* provides understanding and support, practical information and advice about dementia, information about other services. The Helpline is available for people with dementia, their carers, families and friends, as well as people concerned about memory loss. It is also used by health professionals, service providers, community organisations and students. It can be accessed from anywhere across Australia and interpreters are available to ensure that advice and information can be accessed by people from a wide range of language backgrounds.

Dementia information and assistance is also provided through My Aged Care, including information on services that assist people with dementia, what assessment is needed to access them, and how much services cost.

- *Your Brain Matters* is designed to help people be aware of, and understand, the risks of dementia and how to reduce the modifiable risk factors associated with dementia.
- The *Living with Memory Loss* program is an information and support group for people with early stage dementia and their family carers. It provides information about brain function and ways to help maintain a person's abilities, and offers practical strategies for living with dementia as well as opportunities to learn from and share with others in a similar situation.

See further:

Alzheimer's Australia <https://fightdementia.org.au/>

MyAgedCare <http://www.myagedcare.gov.au/caring-someone-particular-need/caring-someone-dementia>

*Better management of behavioural and psychological symptoms of dementia (BPSD)*

Australia's approach seeks to combine ethical practices and the protection of the human rights of each person with dementia. It includes a focus on providing clinical support in managing challenging behaviours within existing care settings and expanding models of integrated care for people with extreme symptoms of dementia.

Together, Australia's policies and services aim to ensure that very few older people with behavioural and psychological symptoms enter psychiatric hospitals because of unmanaged dementia symptoms, or lack of alternative care options.

*Restraint free environments*

A restraint free environment is a basic human right. Aged care staff have decision-making guides to help them identify and make use of alternatives to using restraint in the care of older people with dementia.

The guides provide information and practical strategies on organisational, environmental, physical and psychosocial considerations that reduce the need to consider restraint as a care option. They help aged care staff to reduce – and ideally eliminate – the need to use restraint, particularly when confronted with a difficult situation. They stress that chemical restraint should not be used until all other options have been explored.

See further:

*Decision-making tool: supporting a restraint free environment in community aged care; and Decision-Making-Tool: Supporting a Restraint Free Environment in Residential Aged Care*

<https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/publications-articles/resources-learning-training/decision-making-tool-supporting-a-restraint-free-environment>

*Management of anti-psychotic medicines for people demonstrating behavioural and psychological symptoms*

Australia also has a range of initiatives to help ensure that anti-psychotic medicines are used only as a last resort – and that the prescription of anti-psychotic medicines is closely regulated.

Medicines available through the Australian Pharmaceutical Benefits Scheme, under which the Government subsidises the cost of medicines, must be assessed and approved for the conditions for which they may be safely used. Only one anti-psychotic medicine (risperidone) is approved for the management of behavioural and psychological symptoms associated with dementia.

The National Prescribing Service Medicine Wise helps medical practitioners and staff in nursing homes to understand which anti-psychotic medicines can be safely used for people with dementia. The Service visits aged care homes and works with staff to check that they are managing and administering medicines safely. They provide advice when older people



have been prescribed a number of medicines to check whether each of the medicines is needed and that, together, the medicines do not cause adverse reactions. They also provide resource kits to help aged care staff to better understand and improve their management of medicines and ensure they comply with legal requirements.

See further:

National Prescribing Service Medicine Wise

<http://www.nps.org.au/health-professionals/cpd/medicines-use-reviews>

*Dementia Behaviour Management Advisory Services*

Australia's Dementia Behaviour Management Advisory Services provide clinical support for people caring for someone with dementia whose behaviour is affecting their care.

When a person is identified as having challenging behaviours, a multi-disciplinary team goes to where the person is living and works with their carers to improve understanding and management of their symptoms. The teams may include psychiatric nurses, occupational or diversional therapists, social workers and other health or aged care professionals with specific dementia experience. These services are available 24 hours a day to provide support in aged care homes, hospitals and other health settings, or in people's homes.

They provide short term case management, assessment, clinical supervision, and modelling of behaviour management techniques. They can also provide education and information workshops. These approaches not only improve the care of specific with people with challenging behaviours – they build carers' expertise by teaching them behaviour management strategies they can use in the future.

Earlier this year, the Australian Government announced an extension of this approach to include specific support to staff in nursing homes to improve their management of people who have the most severe symptoms and behaviours.

See further

Dementia Behaviour Management Advisory Services <http://dbmas.org.au/>

My Aged Care <http://www.myagedcare.gov.au/caring-someone-particular-need/caring-someone-dementia>

*Improving the hospital experience of people with dementia*

Around one per cent of all hospitalisations in Australia involve people with dementia. That includes, for example, people with dementia whose main reason for being in hospital is a hip replacement, as well as those whose care needs primarily relate to dementia.

People with dementia stay in hospital longer and have worse health outcomes than people without dementia who are being treated for the same medical conditions. Poor outcomes can be minimised if the fact that a person has dementia is identified as soon as they enter hospital, and potential risks are acted upon.

The Australian Commission on Safety and Quality in Health Care is developing national principles, protocols and standards to help ensure that when older people with dementia enter

hospital their stay is shorter and safer. This work is being undertaken with the state governments who are responsible for Australia's major hospitals.

The Commission has recently released *A Better Way to Care* which provides resources to assist health service managers, clinicians and consumers to improve the safety and quality of hospital care for people with dementia. Throughout the development of *A Better Way to Care*, the Commission sought the views of people with dementia and these are reflected in the critical importance of partnerships between clinicians, family and carers, and the person with dementia throughout the pathway.

*A Better Way to Care* sets out the key steps in the patient pathway and the organisational, safety and quality mechanisms needed to support each step in the pathway. The release of *A Better Way to Care* is just a first step in bringing about the fundamental change needed to give people with dementia a better, safer experience in hospital.

See further:

Australian Commission on Safety and Quality in Health Care *A Better Way to care*

<http://www.safetyandquality.gov.au>