Office for Seniors and Veterans  
Community Services Directorate  
Canberra City ACT 2601

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**Submission on the Age-Friendly City Plan** **2025-35**

Thank you for the opportunity to make a submission in response to the Age-Friendly City Plan 2025-35. This submission focuses on the compatibility and joint pursuit of age- and disability-friendliness in city planning, the need for intentional and coordinated social planning, ensuring just and equitable transitions amidst ongoing change, and sustained efforts to promote inclusivity and connectivity.

**About us**

Advocacy for Inclusion (AFI) is an independent organisation delivering systemic advocacy informed by our experience in individual advocacy and community and government consultation. We provide dedicated individual and self-advocacy services, training, information and resources in the ACT.

As a Disabled People’s Organisation, the majority of our organisation, including our Board of Management, staff and members are people with disabilities. AFI speaks with the authority of lived experience. We are strongly committed to advancing opportunities for the insights, experiences, and opinions of people with disabilities to be heard and acknowledged.

AFI operates under a human rights framework. We uphold the principles of the United Nations Convention on the Rights of Persons with Disabilities and strive to promote and advance human rights and inclusion of people with disabilities in the community. AFI is a declared public authority under the Human Rights Act 2004.

**Disability and the ACT: Background**

Around 1 in 5 Canberrans has a disability. The proportion of people with disability in the ACT has increased over time and will continue to increase. Canberra is a changing city with the community becoming increasingly older and diverse.

The prevalence of disability rises with age. 1 in 2 people aged 65 years and over experience some form of disability. By 2060, there are expected to be over 114,000 people over the age of 65 living in Canberra. There is rapid growth in the cohort of people reaching extreme old age including centenarians,

The ACT has already undergone major changes as Australia’s fastest growing jurisdiction. Such changing demographics have serious implications for how people live and work in, move through, and interact with their surroundings.

People with disability and older Canberrans need to be prioritised within the future growth and development of both the city and the Territory. This can be pursued through a greater focus on social planning in the ACT which can in turn deliver space, places, and infrastructure to facilitate and support continued well-being.

To truly fulfill the moniker of an age-friendly city, universal design and social justice principles must be embedded into every policy domain and decision-making process. It is not enough to sporadically employ principles of equity, access, participation and rights into discrete and separate focus areas. Instead, it is the infusion of such principles at the intersections of policy domains that will have the greatest impact.

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| **Ageing with a disability – when reality bites**  Justines story  *Justine\* is a women with mild cerebral palsy who has worked on and off in the community sector and as a teachers aide in Canberra since the 1980’s. Justine has worked on and off in contract roles with periods outside of the workforce due to family and caring responsibilities as well as managing a disability. She walks on crutches but is increasingly reliant on a scooter, rideshare and taxis and her car.*  *Justine is in her early sixties nearing retirement age but she faces an uncertain future having never been able to break into home ownership and with a fragmented career meaning she has a relatively small super payout which wouldn’t facilitate home ownership or even entry to an Independent Living Unit. Justine was in a relationship but it became coercive and they broke up back in 2016. She lives alone in a rental unit and most of her money goes on rent.*  *Justine has recently noticed changes in her mobility as well as increasing discomfort from secondary conditions such as sciatica and arthritis. Her eyesight and upper body strength have also deteriorated and she is increasingly worried about her ability to drive.*  *Justine has an NDIS plan but it covers her primary disability and planners are reluctant to cover the costs of therapies and assistance related to secondary disability. Justine used to rely on therapy and gym services to keep well and manage pain but she is increasingly finding it difficult and unsafe to use these services because they are closing, further away and also she feels unsafe as no one is wearing masks. People with Cerebral Palsy are vulnerable to COVID and there is currently a surge underway.*  *Justine feels her life is increasingly lonely, devalued and uncomfortable. Recently she has heard about Voluntary Assisted Dying in the ACT and has begun wondering about that as an option for her even though she does not have a terminal illness.*  \*Deidentified story based on real people with some details changed |

**Age-friendly cities *are* disability-friendly cities**

Accessibility is the key to unlocking age-friendly cities and communities. Promoting accessibility means eliminating barriers in the built environment and beyond. Physical barriers include steep stairs without handrails, a lack of ramps for wheelchairs or other mobility devices, narrow doorways that make it difficult for walkers or wheelchairs to pass through, insufficient seating in public places, poor lighting, and inadequate sound design. This list is non-exhaustive.

Accessibility is an investment in healthy environments that nurture inclusivity and a sense of belonging. Accessibility, inclusion, and ongoing participation in all phases and stages of life can be achieved by following the principles of universal design. Universal design is the design and composition of an environment so that it can be accessed, understand, and used to the greatest extent possible by all people regardless of their age, size, ability or disability.

Universal design benefits everyone as it minimises social exclusion and discrimination. Its application ensures that cities are and remain fit for purpose, especially in the face of rapidly changing demographics. The promotion of inclusion, accessibility, and participation has the potential to enhance employment outcomes, housing, educational outcomes, as well as a range of social and health outcomes for older Canberrans and people with disability.

Development and planning in Canberra must meet and strive to exceed the minimum standards for disability and age-friendly access. This includes:

* Funding for a rolling program of stocktake, audits, and accessibility improvements to spaces, places, urban infrastructure and community facilities in the ACT that is guided by lived experience.
* Grants to encourage accessibility improvements in older precincts and premises.

**Intentional and conscious social planning**

Existing design and planning standards tend to cater for a majority at the expense of the whole. To remedy this, better social planning is needed particularly for transport and infrastructure. This means ensuring lived experience voices of people with disability and older Canberrans are sought out, heard, and incorporated into decision-making processes.

To date, there have been several governmental inquiries and reviews focusing on the planning system, age-friendly suburbs programs, living streets, and different transportation issues. It is unclear how this next Age-Friendly City Plan will interact with each of these existing elements, recommendations and activity areas. This heightens the risk of fragmented decision-making and a piecemeal approach.

A coordinated social planning unit guided by a holistic, person-centred and well-being perspective can remedy this risk of fragmented decision-making. Social planning means planning for the needs and aspirations of people and communities through strategic policy and action, integrated with urban, regional and other planning activity. AFI believe that all ACT planning should include the objectives of reducing inequality and promoting the inclusion and participation of community members who face disadvantage.

Having and promoting an inclusive and age-friendly society and planning system avoids the costs incurred when people are excluded – from jobs, from business, and from accessing social services. There is a great cost stemming from inaction and/or poor planning. Inadequate investments in public infrastructure, accessible housing, and community development will exacerbate housing costs, social divisions and environmental impacts.

Too often, the impost is placed on universal design to establish its superior cost-effectiveness and value relative to existing design standards. In this space, little attention has been given to the waste of resources and excessive costs related to the exclusionary status quo.

To remedy this, we recommend:

* Funding for a social planning unit focused on improving planning for universal design and ensuring lived experience voices of people with disability and older Canberrans are heard.

**Ensuring just and equitable transitions**

There are increasingly complex considerations arising from an interplay between new technology, changes in the use of urban spaces and transportation, government policy directions and social, climatic, and economic changes. Such transitions and transformations can make life more difficult for people with disability and older Canberrans.

Older people and people with disability are particularly vulnerable when it comes to key climate, energy and transport transformations. There is a risk that such people will be hit first, worst and hardest. As the city and Territory transforms, it is critical that these communities are not left behind.

Take, for example, the current and ongoing transformation toward automated vehicles. The advent of driverless and fully automated vehicles holds promise for enhanced mobility but runs the risk of creating unintended consequences. Consider the example of community transport and vulnerable transport users. Human drivers have an inherent and irreplaceable value proposition to vulnerable transport users, often aiding in point-to-point transport and ensuring a seamless journey. A community transport driver will know their passenger, assist them to get safely from the vehicle to their door and can also manage unanticipated events. This face-to-face contact is critical, especially for people with speech impairments, memory problems or who lack the ability to communicate.

This example highlights the need for care and an understanding of how people with disability and older Canberrans use and experience government services. This extends to the retention of analogue pathways and face-to-face interactions in the ongoing digital transformation of government and community services and commerce.

To ensure just and equitable transitions during ongoing transformation and change, we recommend the Age-Friendly City Plan:

* Supports and develops inclusive and disability rights-focused principles of waste reduction, energy transition and climate change through a dialogue between disability rights community, government, and the environment sector
* Install reverse cycle air-conditioning in the home of every frail and disabled public housing tenant with temperature regulation issues.
* Support more affordable and accessible housing at the Gold access ready standard that people can enter now
* Ensure that older people are considered and supported in energy transitions such as a person moving to gas needing to acquire newer stoves and electrical equipment using touch screens, complicated programming requirements and other inaccessible features

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| **Older women, disability and homelessness**  Penny’s story  *“A tragedy of commons has led me to where I am now. No secure, affordable, appropriate place to call home, now or in the foreseeable future. Housing as far as I am concerned is a basic human right. As a person with a disability I am unable to obtain full time employment, part time employment is possible. However this requires willingness on the part of employers to employ me. Therefore I rely on part pensions to financially survive. In combination with an inequitable financial settlement in my mid 40’s I am now relegated me to one of the growing number of older women lost in housing.*  *The housing situation here is at crisis point. I couldn’t afford private rent and real estate agents are unwilling to rent to someone on a pension. High rents and short term tenancies prohibit my access to private rentals. The lack of public housing is an impediment to my right to secure, affordable, appropriate housing. So I have rented rooms and moved from friends place to where I am now. At one point I had nowhere to go. It was overwhelming and embarrassing for me. I didn’t have the financial ability to pay private rent in combination with the lack of places available. I had applied for affordable housing – but didn’t earn enough to be eligible. I was shocked to realise that I was actually homeless. I was almost dazed thinking how did I get to this point? I now rent a room in an acquaintances rented house. The house is not suitable for the nature of my disability. It is a tenuous and precarious living arrangement. I don’t think of the future - without secure housing that is a luxury. The uncertainty of my housing situation is overwhelming – so I don’t think about it”.*  (Reproduced from ACTCOSS Stories of Home 2016) |

**Promoting inclusion and connectivity**

The degree to which individuals are interconnected and embedded in communities has a powerful impact on their health and wellbeing. Accessible spaces can be the difference between community living and independence and highly restricted lives for older Canberrans and people with disability.

Public health and community development research demonstrates that the environments in which people carry out their daily activities are directly and critically related to health and wellbeing. These topics are explored in great detail in AFI’s recent submission into [Loneliness and Social Isolation in the ACT Inquiry](https://www.advocacyforinclusion.org/wp-content/uploads/2024/03/AFI-Submission-Social-Isolation-and-Loneliness-Inquiry.pdf).

It is critical that the next Age-Friendly City Plan seeks to tackle and counteract the drivers and negative health outcomes stemming from social isolation and loneliness. Unlike other jurisdictions, the ACT lacks some of the layers of municipal government which would typically facilitate and promote inclusion and connectivity: for example, local level Access Committees or regular programs designed to tackle these issues at the local or community level. As such, we recommend an explicit focus on facilitating this capacity.

Some specific responses include

* Ensuring older people are present and respected in planning conversations and valuing their existing role in spaces like our community councils
* Attention to specific barriers to connection and transport – this includes work to prevent the unwarranted removal of licences from older people while ensuring safety and also ensuring that our community transport is up to scratch’
* Attention to community barriers like cracked and fraying paving around an aged care village
* Accessibility measures at public events – hearing loops, large print, adequate seating
* Public spaces that work for older people – allowing seamless paths of travel from buses and taxi stops with seating and disability toilets

**Adequate service design and support systems at the intersections between disability and ageing**

The reality of disability and ageing in the ACT is framed by two trends. People with disabilities are getting older and in some cases living longer and people without disability are living longer and then acquiring disabilities as they age.

Ageing also results in secondary disabilities, the re-emergence of some childhood conditions and aged related chronic pain and comorbidity on top of a persons existing disability.

Some people with disabilities, such as many people with polio, were already in their 60’s when the NDIS was introduced. These conditions can also re-emerge with age. These people are increasingly caught between systems – not old enough for residential aged care but too old for NDIS.

These circumstances require a number of responses

* Health systems that respond to people with disability who are ageing and ageing people with disability within a social model of disability
* Preventative health investments including wrapped around diagnostic services and supports for conditions like chronic pain
* Wellness and lifestyle services like Hydrotherapy and a functional wellness gym for people with disability and older people
* Adequately funded foundational supports outside the NDIS and My Aged Care so that people who are not eligible for these systems still receive supports and receive seamless supports
* Not for profit agencies to appropriately provision for older people and people with disabilities in their programs and take care when exiting programs

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| **Locked out of the NDIS – older people and polio**  *Most polio people aren’t eligible because nearly all were born before vaccinations were introduced in the mid-1950s and so were greater than 65 when the NDIS was introduced into Canberra.*  *Our national polio support group mounted an unsuccessful campaign to have the age restriction removed. Most polio people simply have to provide or pay for services themselves – they are missing out on things they could get from the NDIS.*  *A lot of polio people are in the situation where they don’t need services now but they will soon and then they will fall into the aged-care bracket. Who knows if the aged care system will meet their particular needs*  Peter\* from ACTCOSS’s Stories of Transition – October 2017  (Deidentified) |

**Connected work against ageism and ableism**

Ageing can also be experienced as a set of barriers, assumptions, negative attitudes and commentary and even hate speech which centres on both assumptions about older people but also life chances, capability and capacity linked to impairment.

The ongoing COVID pandemic has provided a very tangible example of the devaluing of the lives of older people with death and severe illness from COVID being minimised on the grounds of peoples age and assumptions about their value,, quality of life and length of life.

In Canberra our prevailing economic and growth narrative sometimes focusses on young people and families in ways that excludes and belittles the contributions of older people and people with disabilities.

The narrative around population ageing often sees this demographic shift as a cost and a public policy failure. While there are public policy challenges around ageing the reality of people living longer is also a victory for science, healthcare and an expansion of diversity and human assets in our community.

Some Federal Government narratives have also contributed to this – for instance discussions about lifters and leaners and people on income support as burdens. The introduction of Voluntary Assisted Dying also comes with unintended consequences and messaging around the quality of life and value of older people.

To ensure an aged friendly city we require

* Validation and support of older people and people with disability to maintain their personal health in the COVID 19 pandemic including encouraging masks, clean air, testing and COVID safe spaces
* Political, businesses and third sector leaders to value and respect older people in their public messaging including around investment and growth priorities for the city
* An end to ageist rhetoric which positions an ageing population solely as a cost and a social problem
* Employers to hire, value, acknowledge, accommodate and retain older workers
* Health professionals need to end assumptions about the quality of life and value of older people including people who may enter acute settings or require long term recovery
* Organisations which represent the authentic voices of older people and people with disability need to be adequately funded and strengthened

Thank you for considering our submission and we welcome the opportunity to discuss further by contacting me via [Craig@advocacyforinclusion.org](mailto:Craig@advocacyforinclusion.org) or AFI’s Research and Data Policy Manager via [jo@advocacyforinclusion.org](mailto:jo@advocacyforinclusion.org)

Regards

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