Submission to NDS Stage 2 Consultations

by Roger Beale AO

# Summary and Recommendations

## Summary

The Government has acknowledged that it amended the Age Discrimination Act of 2004 to enable it to discriminate against people over 65 by denying them access to the NDIS. This means that assistive technologies and support services that it provides to younger disabled Australians to meet its obligations under the Convention on the Rights of Persons with Disabilities are not available to those over 65, with only limited exceptions.

This has led to older disabled Australians entering residential Aged Care who would have preferred to remain in their own homes. As a result it has exposed them to well documented risks of COVID infection, violence and neglect in that sector. It has left many more people deeply anxious that they would be forced to enter residential aged care should their partner/carer pass away or become incapacitated.

By neglecting the full needs of those over 65 ageing with or into disability the Australian Government has not promoted a more inclusive society and the independence of people with disability.

Australia is in breach of its obligations under the Convention on the Rights of Persons with Disabilities. The only defence of any limitation of human rights is that it must be "reasonable, necessary and proportionate". For a wealthy country like Australia, even one recovering from COVID, the costs of correcting this breach falls very far short of a “disproportionate or undue burden”. There is no valid reason, under international law, for Australia to violate the rights of disabled persons over the age of 65.

## Recommendations

The review is asked to recommend to the Government that it:

1. **Improve the level of access to assistive technologies and support services to those who had acquired disabilities *prior to the age of 65, but who were over the age of 65* at the time of the introduction of the NDIS to the level provided by the NDIS.**
2. **Improve the level of access to assistive technologies and support services to those who acquire disabilities *after the age of 65* to the level provided by the NDIS.**
3. **Consider whether this should be done:** 
   1. **by an extension of the NDIS in the manner already provided for in the case of those currently in receipt of NDIS support but ageing past 65, or alternatively,**
   2. **by an improvement to Commonwealth/state-territory aged care programs to enable timely access to the same range of assistive technologies and support services as is available under the NDIS, but retaining the requirement for some level of co-contribution for those who can afford it for example by:**
      1. **contributing to their costs of care, assistive technologies and ablement support (with a maximum lifetime limit on the required contributions) and meeting their own accommodation and living expenses (with safety nets for those of limited means)**
      2. **having access to a government-sponsored line of credit (the Australian Aged Care Home Credit scheme recoverable only from the estate), to help meet their care and accommodation expenses.**
4. **Note and acknowledge that option 3 (b) above is tantamount to a selective inheritance tax on the estate of those who are disabled.**

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Australia Has Failed Its Older Disabled Citizens

# Background to Australia’s International Obligations and its Legislative Framework

Australia has ratified the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol (CRPD). The Convention establishes rights of the disabled to equality of treatment before and under the law of parties to it.

Article 5 of the Convention sets out the core obligation of states party to it:

“States Parties shall prohibit all discrimination on the basis of disability

and guarantee to persons with disabilities equal and effective legal protection against discrimination on all grounds…. In order to promote equality and eliminate discrimination, States Parties shall take all appropriate steps to ensure that reasonable accommodation is

provided.”

Reasonable Accommodation is defined as follows:

‘“Reasonable accommodation’ means necessary and appropriate

modification and adjustments not imposing a disproportionate or undue

burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms”

The Convention does not allow for distinction as to when disability arises, the age of the disabled person or the source of the disability. The existence of a disability is sufficient to give rise to the protections of the Convention.

Australia has implemented the CPRD through its legislation to establish the NDIS. As the Explanatory Memorandum says:

“The Bill will further the objects and principles of the Act and uphold the rights of people with disability, as part of Australia’s commitment to the *United Nations Convention on the Rights of Persons with Disabilities* (UNCRPD) to prevent exploitation, violence and abuse of people with disability. Specifically, the Bill achieves this through:

 advancing the protection of the rights of people with disability in Australia, consistent with Australia’s commitment to the UNCRPD;

 balancing the need to provide appropriate protections, with the need to enable people with disability to take reasonable risks so they can reach their goals….

 (*providing through the emerging market based system*) innovative supports and services to enable people with disability to live ‘an ordinary life’.”

The age requirements for eligibility for NDIS support are set out in the legislation:

“22 Age requirements

(1) A person *meets the age requirements* if:

(a) the person was aged under 65 when the access request in relation to the person was made;”

A decision by the CEO that an applicant is unable to access the scheme because they fail to meet the age requirements is not a decision reviewable by the AAT.

The National Disability Insurance Scheme Legislation Amendment Bill 2013 amended the Age Discrimination Act 2004 to ensure that any decisions made pursuant to the NDIS act or any rule or regulation under that act are not unlawful by virtue of age discrimination.

Once people are admitted to the NDIS (for which they have to have been under 65 when the access request was made) they can elect to carry their entitlement to services and support for the rest of their lives. Obviously not a privilege that applies to their, even slightly, older contemporaries who acquire a disability, or who were already disabled but over 65 when the legislation came into effect. Among those who were disabled but over 65 when the NDIS came into effect there is a further distinction between those who were enrolled with state or territory disabled assistance schemes and those who were not. The former are covered by the Commonwealth funded Continuity of Support scheme but that does not upgrade them to full NDIS levels.

Corollary to the NDIS legislation are the Commonwealth Aged Care legislation, and the multilateral and bilateral agreements with the states and territories as well as any state and territory legislation. The Commonwealth provides financial support for, and regulates, private residential care, home care and programs like MyAgedCare. This legislation and these programs make no reference to the CPRD and do not reflect its provisions. Under MyAgedCare, in sharp contrast to the NDIS, there is a $500 limit on the value of assistive technology to be provided, and an expectation that those receiving the services will contribute according to their capacity under a cap. Any further assistive technology is to be provided by the states and territories. For those who are most disabled – Level 4 of the Commonwealth Home Support Program (CHSP) – there is an annual cap of $52,000 overall and access to this level is subject to a wait list of 18 months plus.

The Commonwealth provides funding to the states and territories for a Continuity of Support (CoS) scheme which is limited to people over 65, who are disabled and who are “an existing client of state-managed specialist disability services at the time the CoS Programme commences in their region”. It does not provide support to those who were disabled prior to the introduction of the NDIS but did not choose, for whatever reason[[1]](#footnote-1), to be a client of state-managed disability services. It is described this way at page 65 of the CHSP Manual:

“The arrangements will see a closed cohort of around 8,500 older people who are currently receiving state-administered specialist disability services receive ongoing support, either through the new CoS Programme or an existing aged care program such as the CHSP”.

Furthermore the CoS program specifically not provide assistive technology. This is what the Handbook says:

“Aids and equipment, which may include assistive technology, are not a service type funded under CoS.

State and territory governments fund aids and equipment schemes and have agreed to continue to deliver these supports to older people with disability who are not eligible for the NDIS.”[[2]](#footnote-2)

# The Problem

The problem is the exclusion of disabled people who were over 65 at the commencement of the NDIS, or who became disabled after they were 65 (ageing with and into disability respectively) with particular but not exclusive reference to assistive technology. Even for the closed cohort of 8500 who are covered by the CoS there is an exclusion of assistive technology and they must turn to the states/territories inferior programs. This leads to a lower quality of support, long wait times and a requirement for a co-contribution.

Put simply, the NDIS is based on a rights framework established in accordance with the CRPD, while the aged care system for the disabled is based on what the Government is prepared to offer to the aged.

The COVID pandemic has given this issue a new urgency with the highly concerning infection and death rate in residential aged care. The residential aged care system was already under huge pressure prior to the COVID outbreak.

The Royal Commission into Aged Care is but one symptom of that concern. It has also been an important issue in the Royal Commission on Disability.

A key way of promoting a more inclusive society that supports the independence of people with disability andavoiding residential aged care with its attendant risks is of course home care - and early or continued support through assistive technology would likely enable a higher proportion of Australians ageing with disability, or ageing into disability to maintain their relative independence.

In the 2011 Productivity Commission report on the NDIS it was envisaged that the Commonwealth/State aged care agreements would be renegotiated to provide an equivalent level of support for those who acquired a disability after the age of 65. This hasn’t happened.

The report also assumed that those who were disabled before that age would be covered by the NDIS. In part this has happened as people assessed to be disabled who were aged under 65 at the time of the introduction of the NDIS were entitled to choose to continue with their NDIS package after reaching that age.

This leaves people who were disabled, but over 65, at the time of the introduction of the NDIS and people who acquire a disability after the age of 65 without support equivalent to the NDIS. They are simply excluded and must rely on the inferior state and territory schemes for assistive technology that are far less comprehensive, subject to budgetary constraints which result in significant queuing and in some cases (eg the ACT) are not available to people who are not pensioners or holders of a pensioner health care card.

### A personal example – a fortunate disabled person’s story



Roger Beale at age 15 and at age 73.

I contracted polio in 1948. Both my legs were paralysed although my right leg recovered partially. I had multiple surgeries during my childhood to correct emerging skeletal problems.

I was lucky to be academically gifted, graduated from the University of Queensland when I was 19, entered the then Commonwealth Public Service in 1967, won a Harkness Fellowship to complete my post-graduate education and enjoyed a successful (but not physically easy) career rising to department head level as a Commissioner of the Public Service Board at age 38. In announcing my decision not to accept a further appointment as a department secretary in 2004, the Prime Minister, Mr Howard, said:

“It was a decision reached as the late effects of polio increasingly made it difficult for him to continue in the full time and demanding role of Secretary.”[[3]](#footnote-3)

I had just turned 57 years of age.

Why was I unable to continue in full time work? From 1990 onwards my muscular-skeletal problems grew. I was using two long leg callipers (Knee Ankle Foot Orthoses – KAFOs), crutches and a wheelchair. Years of walking awkwardly and with difficulty had damaged my lower spine, my hands were suffering from carpal tunnel syndrome as a result of the pressure from crutches, my shoulders were similarly beginning to deteriorate and I had osteoporosis in my legs leading to two fractures between 1996-2004.

Fortunately, although in chronic pain, after retirement I was able to continue to work part time as a consultant and artist (I had trained in art as a youth and exhibited professionally from 1984 on).

I turned 65 in December 2011 – five years before the introduction of the NDIS in the ACT.

The financial consequences of my disability were not restricted to loss of full time employment. There were also the cost of assistive technologies, home and garden help and the progressive modification of our homes.

I had had some experience with the ACT support services, but was very conscious that they had not kept pace with improvements in KAFO construction as new lightweight materials were introduced and there were both cost limitations and waiting times for wheelchairs.

I needed to have two ultra-lightweight folding wheelchairs if I was to continue to travel independently (because of my commitments I always needed a standby) and I could not afford to wait. Neither did I think it appropriate that I should push someone less financially capable down the waiting list.

Sourcing modern carbon fibre KAFOs required me to travel to Melbourne. Annual visits were required for repairs. My wheelchairs were generally purchased from the US and made to measure – initially aluminium and then titanium. They suffer considerable wear and tear associated particularly with plane travel.

Using myself as an example here are the cost consequences for those with simple lower limb paralysis - genuinely lightweight wheelchairs costs $5-7000 each, a smart drive power assist for a wheelchair (necessary if your shoulders deteriorate) costs $9500, orthoses are between $6000 and $8000 each, and a power assist hand cycle for local transport and aerobic exercise costs up to $10,000 with an annual maintenance bill of around $750. All of these can be available under NDIS, but all are well beyond the upper price limits of, or are simply unavailable, even if you qualify for the state and territory schemes. Most of these have a product lifespan of around 5 years (10 years for a handcycle) if you are a reasonably active user (not the 7 years that most state/territory schemes assume). I also had to fit a Recaro ErgoMed driver’s seat to my car at a cost of $7,800 installed (which required a trip to Melbourne). For those dependent on a wheelchair for mobility home modifications are almost always required. Home modifications to refit bathrooms to allow wheelchair access to showers, rails, widen doorways and provide ramps are not cheap. Depending on the extent of modifications required they will usually be not less than $30,000 - $60,000. The limit on home modifications under the Commonwealth Home Support Programme is $10,000.

Including home modifications[[4]](#footnote-4) to the tune of $60,000, my total spend on assistive technologies since 2015 has been an eye watering $98,000. In addition to this is the cost of ablement services – in my case physiotherapy.

While the home modifications were a one time cost, I am likely to face the need for hand controls for my car within the next 5 years – the cost is not less than $3000 fitted.

I am deeply fortunate not just to have had a successful career, but in particular a wonderfully supportive wife and children. This has been critical to my relative independence. I acknowledge that my wife and I are among a relatively small proportion of Australian households with our levels of income and assets. There are very, very few disabled people over 65 who have our financial capacity. Those people who don’t have our financial capacity must accept constraints on their ability to participate fully in Australian life.

## The Consequences

For many older disabled people, if they lose their partner/carer, with a wait time of up to 2 years for a Level 4 CHSP package, which still has the limitations noted above, there is no choice but to enter residential care for which ironically there is a shorter waiting list - which brings us back to COVID, the extraordinary pressure on the aged care sector and the resulting documented risks of neglect and abuse.

The June 2018 position paper on *Assistive Technology for Older Australians*by the National Aged Care Alliance suggested that there was a strong economic case for providing prompt assistive technology, and related health/OT professional support, to people ageing with, or into, disability. As in many other health areas early intervention seems to prolong years of healthy life and reduce total health system costs. It requires genuine client focused multi-disciplinary teams*.* The Alliance suggested that:

"COAG, through the Australian Health Ministers Advisory Council, makes the establishment of a national AT program a priority to address the gap for older people between the aged care and disability programs and to leverage cross-sector opportunities between disability and aged care. It is noted that in 2009 all levels of government in Australia agreed to nationally consistent aids and equipment schemes through the National Disability Agreement”

This is an issue that applies to many Australians ageing with or into disability. They legitimately feel discriminated against when they compare themselves to younger people with similar disabilities.

# Why has the Government not acted to extend NDIS, or NDIS like services to those over 65?

The Government acknowledges a discrimination between the treatment of people who acquire their disability before the age of 65, and who were under the age of 65 at the time of the introduction of the NDIS and who are therefore eligible for those services and supports into old age and:

(a) those who had acquired their disability before the age of 65 (18 months in 1948 in my case) but were over 65 when the scheme was introduced, and

(b) those who acquire a disability after the age of 65

who are not eligible.

The Government’s defence of this discrimination is fourfold:

1. people who acquire a disability after pension age might have built up sizeable assets and retirement incomes
2. people with a disability who are over 65 should, like any other aged person, contribute to their own care
3. the NDIS is built on assumptions including employment goals- employment goals are not relevant to people over 65
4. to the extent that eligibility to the NDIS is limited to those under 65 this is necessary to maintain the current and future fiscal sustainability of the scheme and is necessary and reasonable.

# Is the Government’s Defence Sustainable?

## What is wrong with the Government’s Defence?

The obvious logical flaws are:

1. the response does not even address those, like me and many people I know, who were disabled from conditions recognised under the NDIS long before the introduction of the NDIS, but just happened to be over 65 at the time
2. the fact that those who are ageing with a disability from the NDIS into the over 65 category can retain their NDIS status and not be required to provide a co-contribution, makes nonsense of the suggestion that all disabled who are over 65, like other aged people, should contribute to their own care (note also the Disability Support Blind Pension is not income or asset conditioned)
3. while many people who are over 65 have had the opportunity to acquire assets[[5]](#footnote-5) and are entitled to a retirement income, this is less likely to be true of those who entered old age with a disability. ABS statistics reveal that: “In 2018, the median gross personal income of people with disability was $505 per week, less than half (49.7%) that of people without disability ($1016 per week). In 2015, the median gross personal income of people with disability was $465 per week, less than half (48.9%) that of people without disability ($950 per week)”. *Australian Bureau of Statistics 4430.0 - Disability, Ageing and Carers, Australia: Summary of Findings, 2018.*
4. The Government is encouraging workforce participation rate by those over 65 and participation rates have increased by 163% between 2008 and 2018 and are projected to continue to rise. *Australian Institute of Health and Welfare:* “*Older Australians at a Glance: Employment and Economic Participation”. 2018[[6]](#footnote-6)*
5. The UN Convention on the Protection of the Rights of the Disabled does not allow for a distinction as to when disability arises, the age of the disabled person or the source of the disability.

## Impact on the current and future sustainability of the NDIS

In truth cost is the core of the Government’s opposition to the extension of NDIS to those over 65, or of the provision of NDIS like services and support under the Government’s aged care programs – particularly the Commonwealth Home Support Program (CHSP). It is the basis of any defence of its prima facie violation of the Convention ie “it is necessary and reasonable” to discriminate against those over 65.

The “fiscal sustainability” of the NDIS has been described as being that level of expenditure that taxpayers think “is and will continue to be affordable, under control, represents value for money and, therefore, (*to which they)* remain willing to contribute” *Productivity Commission, National Disability Insurance Scheme (NDIS) Costs, p7*. The problem with this formulation is that there is no direct measure of what taxpayers think is appropriate in respect of any particular program. In Australia hypothecated taxes are the extreme exception, not the rule. There is no doubt that the NDIS has been warmly welcomed and that aged care is seen as underfunded but there is no published data on the preparedness to pay for incremental changes.

One way of addressing this issue is to gain some insight into the scale of any costs associated with extending these benefits to those over 65 and disabled prior to that age, and those who become disabled after 65 compared with the Government’s expenditure on NDIS, Aged Care (both home and residential) and Health Care.

It is important to note that:

1. Over time all those who were covered by NDIS and then age past 65 will continue to be able to access NDIS benefits and over the next 10-15 years will have essentially replaced those pre-existing disabled who were not eligible for NDIS coverage – that is increased expenditure is inevitable and built into the system.
2. Expenditure on the NDIS is substantially offset by reductions in expenditure on other Commonwealth and state-territory programs. Additional NDIS services are likely to be offset by reduced expenditure under the Commonwealth’s Aged Care, Continuity of Support and Health Care programs. “While the gross cost of the NDIS is estimated to be $22 billion in 2019-20, the scheme is expected to reduce the funding required for a range of government programs. A review by the Australian Government Actuary in 2011 estimated that these offsets were about $11 billion.” *Productivity Commission op cit p15.*

Bearing this in mind what is the likely cost of extending the NDIS, or providing NDIS like benefits to those who were disabled and over 65 at the time of the introduction of the legislation?

There are three categories of people who were disabled at the time of the introduction of NDIS and are now over 65. Those who:

1. were disabled but wealthy or independent enough to meet their own needs and were over 65 at the time of the introduction of the NDIS - this group receives no (worthwhile) support for assistive technology under CHSP and, for such support as is available from the states and territories, often requires a Pension or Pensioner Health Card. Obviously neither applies in my case.

2. met most or some of their needs, but received some support from a state/territory scheme  - this group has some support from CoS but this is not equivalent to the support they would have received under NDIS, and can also get some support under CHSP with the usual limitations of that program, including waiting times.

3. were disabled but under 65 when NDIS was introduced and had applied for the scheme - this group continues to be covered by NDIS

So, for those over 65 now, who were disabled before the introduction of NDIS, there are three levels of support from the Commonwealth from none to full NDIS - even if they have exactly the same level of disability. I have not included here the legally blind who are in yet another category.

Examining the Productivity Commission data (*Ibid p 15)* I have estimated the annualised costs of each of those who will retain their NDIS benefits but moved beyond age 65 by 2020 as $71,311. They comprise approximately 1.2% of their age cohort. This is more than double the cost of the average recipient of NDIS support and suggests that those meeting NDIS eligibility standards at that age require more, and more continuing, support than the younger cohorts.

This strongly suggests that they are far less likely to have accumulated assets and retirement income entitlements than their non-disabled age equivalents.

In addition it is more than fair to assume that of those who were disabled to an NDIS standard, with the disability acquired before the introduction of the scheme, most would qualify for Level 4 support under the CHSP – that is $52,250 per annum. The net incremental cost to the Commonwealth budget is therefore $71,311 - $52,250 = $19,061 per person per annum for those in home care or $71,311 - $65,700 = $5,611 per person per annum for those saved from residential aged care. Assuming the same 1.2% proportion of each age cohort of those over 65 (which in turn generously assumes that they have the same life expectancy as non-disabled older Australians) and not discounting for residential aged expenditure avoided we could estimate the total net cost of extending NDIS, or NDIS like, benefits to this cohort as approximately $701m.

This would be approximately 3% of the estimated NDIS spend of $21.84 billion in 2020 and less if it is done via a change to the CHSP with co-contributions. The Commonwealth’s 2020 expenditure on Aged Care is estimated to be $18 billion. So the cost of extending the benefit to those disabled before the introduction of the NDIS to the total disability and aged care budget is of the order of 2%. This cannot be said to threaten the current and future fiscal sustainability of either scheme.

Of course if NDIS like benefits were to be extended to those who acquire a significant disability after the age of 65, costs would be increased, but again the proportional order of magnitude in the context of the Government’s overall disability, aged care and health spend is not like to be such as to justify claims that it threatens fiscal viability.

There are options to lower costs further by requiring some form of co-contribution. This could be done in a number of ways including **requiring those ageing with or into disability to contribute to their costs of care, assistive technologies and ablement support (with a maximum lifetime limit on the required contributions) and to meet their own accommodation and living expenses (with safety nets for those of limited means). There is the further option of providing access to a government-sponsored line of credit (the Australian Aged Care Home Credit**[[7]](#footnote-7) **scheme recoverable only from the estate), to help meet their care and accommodation expenses.**

**If a co-contribution is required from the aged disabled not eligible for the NDIS, this effectively becomes a tax on their eventual estate – either as a result of the cumulative expenditure required or more explicitly to repay from the estate any line of credit provided. While there are arguments to be made for an inheritance tax in terms of equity and efficiency, there is no moral justification for one focused primarily on the disabled.**

# Conclusions and Recommendations

The Government has acknowledged that it amended the Age Discrimination Act of 2004 to enable it to discriminate against people over 65 by denying them access to the NDIS. This means that assistive technologies and support services that it provides to younger disabled Australians to meet its obligations under the Convention on the Rights of Persons with Disabilities are not available to those over 65, with only limited exceptions.

This has led to people entering residential Aged Care who would have preferred to remain in their own homes and exposed them to well documented risks of COVID infection, violence and neglect. It has left many more people deeply anxious that they would be forced to enter residential aged care should their partner/carer pass away or become incapacitated.

It is plainly obvious that the Australian Government has neglected the needs of those over 65 ageing with or into disability, and has as a result not promoted a more inclusive society and the independence of people with disability.

Australia is in breach of it obligations under the Convention on the Rights of Persons with Disabilities. The only defence of any limitation of human rights is that it must be "reasonable, necessary and proportionate". For a wealthy country like Australia, even one recovering from COVID, the costs of correcting this breach falls very far short of constituting a disproportionate or undue

burden. There is no valid reason, under international law, for Australia to violate the rights of disabled persons over the age of 65.

## Recommendations

The Review is asked to recommend to the Government that it:

1. **Improve the level of access to assistive technologies and support services to those who had acquired disabilities *prior to the age of 65, but who were over the age of 65* at the time of the introduction of the NDIS to the level provided by the NDIS.**
2. **Improve the level of access to assistive technologies and support services to those who acquire disabilities *after the age of 65* to the level provided by the NDIS.**
3. **Consider whether this should be done:** 
   1. **by an extension of the NDIS in the manner already provided for in the case of those currently in receipt of NDIS support but ageing past 65, or alternatively,**
   2. **by an improvement to Commonwealth/state-territory aged care programs to enable timely access to the same range of assistive technologies and support services as is available under the NDIS, but retaining the requirement for some level of co-contribution for those who can afford it for example by:**
      1. **contributing to their costs of care, assistive technologies and ablement support (with a maximum lifetime limit on the required contributions) and meeting their own accommodation and living expenses (with safety nets for those of limited means)**
      2. **having access to a government-sponsored line of credit (the Australian Aged Care Home Credit scheme recoverable only from the estate), to help meet their care and accommodation expenses.**
4. **Note and acknowledge that option 3 (b) above is tantamount to a selective inheritance tax on the estate of those who are disabled.**

1. Reasons could include unrealistic caps on the value of items such as orthoses, prostheses, and wheelchairs, waiting times or restrictions on who provides the services. [↑](#footnote-ref-1)
2. But note that in the ACT (at least) these services are only available to those with are pensioners or holders of a pensioner health care card [↑](#footnote-ref-2)
3. PM Transcripts 30 January 2004 [↑](#footnote-ref-3)
4. Admittedly in my case to a very high standard widening all doorways, reconfiguring rooms to allow full wheelchair access, two accessible bathrooms and a kitchen that is practical for someone in a wheelchair. [↑](#footnote-ref-4)
5. I acknowledge I am one of those people [↑](#footnote-ref-5)
6. Both my wife, who is 73, and I continue to work – my wife as an archivist in the National Archives while I work as a professional artist. [↑](#footnote-ref-6)
7. See the Productivity Commission Report *Caring for Older Australians* 8 August 2011 [↑](#footnote-ref-7)