

WHY PAY RISES MATTER TO YOU



THE CURRENT debate about wages growth may not seem to be that relevant to pensioners personally.

- How is the abolition of penalty rates relevant to you as a pensioner?
- How is the trend by employers to terminate enterprise agreements to force wage negotiations to start not from the previous agreement, but from the lower award rate?
- How does the trend to not employ people but use them as independent contractors

affect your pension?

The answer to the questions is that your pension is indexed based on what happens to wages. If wages go up more than inflation, your pension goes up by the same percentage as wages.

In normal economic times, wages go up by more than inflation, which means pensions go up by more than inflation.

Economic times haven't been normal for a number of years, but things are getting back to normal.

The likelihood of interest rates going up is increasing.

Business sentiment is improving.

However, wage growth is nowhere to be seen.

The Australian Government and Opposition are battling it out on wages.

The Opposition has promised action on penalty rates, labour hire, enterprise bargaining agreements and the gender pay gap.

The Australian Government's position is that wages should be left

to free markets. It has also said that corporate tax cuts for businesses from 30 to 25 per cent are likely to result in higher wages, because it will improve profitability, enabling employers to pay higher wages.

It is not for CPSA to pick a side in this debate, but it is for CPSA to point out how important it is for pensioners for wages to rise.

Otherwise, indexation of the pension will continue to produce small increases, just to keep up with inflation.

Letters

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(as at 1 November 2017)

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Gas rebate

I CALLED CPSA for some
information about pensions
and was informed I was
eligible to receive the \$110
gas rebate.

I promptly contacted my
retailer and they surprisingly
backdated my rebate. Now my
account is in credit. This was
wonderful news, however,
it begs the question how
many eligible pensioners are
not receiving this and other
rebates and concessions.

Awareness of these
concessions is low and
businesses are unlikely to
hand out money unless they
have to. With so many people
struggling to get by, the
responsibility should not be
on individuals to ensure they
are receiving the support they
are entitled to.

*Noel Leaudais
Kyeemagh, NSW*

Bridge too far for government

I HAVE become astounded
at the treatment of

pensioners by the Australian
Government, the greater
proportion of whom have an
amazing amount of expertise
and knowledge that the
Government is unwilling to
recognise let alone reward.

Let me explain with a
beautiful story. The story is
true because I witnessed it
unfold.

In a little remote fishing
village on the shores of the
Mexican Caribbean a 70
year old expat lady who was
purchasing drinking water
from the water filtration
plant, recognised a small boy
as being profoundly deaf.
The lady had a reasonable
history with deaf children
and possessed sign language
skills. Not knowing a single
word of Spanish, the lady
sought and found a Mexican
woman in the village who
spoke a little English. The
Mexican woman knew the
little boy and his father.

The two women
approached the water
filtration plant the next day

and the Mexican woman
explained in Spanish to the
plant owner that the expat
woman had recognised his
son as being deaf and that
she had a great knowledge
of 'hand language' that could
help the boy communicate.
The father was overwhelmed
with this 'Gringo' lady's
offer and delivered his son to
her home the next day.

To make a long story
short, the father and mother
also learned along with their
son to communicate in sign
language. This has led to
a whole classroom being
donated to this wonderful
expat lady who continues to
teach sign language to other
deaf children, their brothers,
sisters, mothers and fathers.
These children, their families
and friends have a whole new
life!

The village couldn't thank
this lady enough.

End of story - not quite.

Needless to say the
Australian Government has
cut off this lady's pension



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Please send to: CPSA, Level 3, 17-21 Macquarie St, Parramatta NSW 2150

Letters

because she has been out of Australia for a period of time that is longer than the 'permissible time' determined by the Government.

Surely the Australian Government would do well to seriously consider providing incentives for pensioners who are willing to live for a period of time in a country that would benefit from their knowledge, experience and expertise rather than penalising them for changing communities' lives for the better.

While pensioners are in another country assisting communities in serious need, they are not an encumbrance on health, transport or any other system.

The benefits far outway the costs.

*Ross McKinney
Eucumbene, NSW*

GST exemption for pensioners

FOR MANY years now, us older Australians have been experiencing a hard time.

I have received the latest edition of *THE VOICE*. I write to ask why us pensioner have to pay GST, isn't it a tax? Haven't we aged pensioners worked hard and paid enough taxes? I know I

have. Why do we have to pay GST now on food, services, medication, utilities such as electricity and phones, to name a few?

I object to having to pay GST as an old aged pensioner. What do others think?

*Edwina du Casse
Nambucca Heads, NSW*

Response to William Griffith # 1

IN REPLY to the letter from William Griffith from Colyton NSW (*THE VOICE* February) I would like to see him draft a statement containing all the relevant payments necessary to survive on a single pension of \$894.40 a fortnight with no back up reserves.

For instance, rent, food, insurances, car maintenance and petrol, or train, bus and taxi fares, clothing, recreation etc.

Maybe he can assist the unintelligent spendthrift pensioners who waste their money on overseas holidays, theatre, gambling, drink and fast cars.

God forbid they might waste their money on cat or dog food for a companion.

*Mavis Gunter
Lake Munmorah, NSW*

Response to William Griffith # 2

CALL me cynical but I cannot believe your correspondent William Griffith of Colyton (*THE VOICE* February) and his declarations of gratefulness to the Government.

As a single Age Pensioner with only the pension to support me it is a struggle to keep my head above water, always robbing Peter to pay Paul.

I am not a club goer so none of my pension goes into their pockets. I don't have a car, I rarely go out except to the local movies and the clothes I wear are mostly op-shop buys. So how does William Griffith manage to afford all the luxuries he espouses, holidays etc. and receive courteous service from Centrelink? Once in a blue moon maybe!

Show the rest of us how you do it William, share your knowledge so we can all get on your bandwagon.

*Llieda Wild
Eastwood, NSW*

Send a letter to THE VOICE

THE VOICE, CPSA
Level 3, 17-21 Macquarie Street, Parramatta NSW 2150

voice@cpsa.org.au



You must include your name and suburb/town for the letter to be published, though these may be omitted in publication if the letter contains personal information.

Letters may be edited for length and clarity.

Your central gateway to aged care services...



myagedcare



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FREE HEALTH TALKS

CPSA offers free health education sessions promoting healthy, active ageing to groups of older people. The sessions are delivered by trained volunteers and can be presented in English and a number of community languages.

Sessions are available across metropolitan Sydney, the lower Blue Mountains, Central Coast, the lower Hunter, Illawarra and Shoalhaven areas.

To book a free talk on:

- Diabetes Awareness
- Falls Injury Prevention
- Healthy Brain Ageing (Your Brain Matters)
- Medicine Management
- Oral Health Care
- Osteoporosis Awareness

Call Habib, HPSOP Coordinator on 1800 451 488 or email health@cpsa.org.au

HEALTH
PROMOTION
SERVICE FOR OLDER PEOPLE

CPSA News

Inflation and pension indexation

INFLATION during the December quarter was 0.6 per cent, which brings the annual inflation rate to 1.9 per cent. This is the Consumer Price Index, or CPI.

The Australian Bureau of Statistics also maintains a Pensioner and Beneficiary Living Cost Index (PBLCI). This showed an increase of 0.8 per cent. The annual rate is 2.3 per cent.

The Cost of Living Index for Pensioners showed the same increase as the CPI this time: 0.6 per cent. The annual rate is 2.1 per cent.

This means that in the next round of pension indexation on 20 March 2018, the pension will be indexed using the PBLCI of 0.8 per cent. This is the highest increase compared with wage increases and the CPI.

This means that the pension indexation will be indexed at a slightly higher rate than the CPI in March 2018.

Aged care waiting lists

LATE last year the Department of Health published the waiting list

for Home Care Packages (HCP). As at 30 September 2017, there were 101,508 people waiting for an HCP. Of those people 40,806 had an HCP but not at the level they required.

HCPs come at four levels. Level 1 covers domestic assistance and Level 4 covers assistance that used to be only provided in nursing homes.

The waiting list for HCP 3 and 4 had 78,466 people on it.

Assuming that included in that number are the 40,806 people who had an inadequate HCP, a minimum of 37,660 people were waiting for an HCP 3 or 4 but had little-to-no assistance at all in the meantime. For most, not even help with house cleaning.

To ease the problem, the Government made a further 6,000 HCPs 3 and 4 available in September last year.

A report published by Dementia Australia (formerly Alzheimers Australia) estimates that there are more than 200,000 Australians providing informal unpaid assistance to people with dementia.

The vast majority of

people with dementia living in the community (182,000) rely on an informal carer to support them. 45,500 people with dementia living in the community rely solely on informal care and do not access any formal care services.

The report makes the point that there is an urgent need for more respite places in residential aged care.

Another point that can be made is that those 45,500 people with dementia are most likely on the HCP 3 and 4 waiting lists. Their informal carers (spouses, friends, children) have virtually no prospect of any relief, to Australia's shame.

Centrelink wait times get even worse

CENTRELINK says callers wait on average 15 minutes and 44 seconds to speak to someone. That's 35 seconds longer than last year.

The average wait differs depending on the payment received by those calling. Those calling about disability, sickness or carer payments wait on average 28 minutes and 17 seconds.

That's three minutes longer than the previous year.

These figures seem pretty conservative compared to individuals' reports of listening to Centrelink's hold tone for an hour or more. In November 2017, about 47,000 calls took longer than one hour to answer.

The figures claiming that wait time is less than 16 minutes also fail to take into account that more than half of the 68 million attempted calls in 2017 either hit an engaged tone, and never made it through to the Centrelink line in the first place, or the call was abandoned whilst still on hold.

In an effort to sort it out, the Australian Government is giving over \$600,000 to an American consultancy firm from April 2017 to December 2018.

The company says that they can help their client, Centrelink, to improve customer relationship strategies, improve problem areas and establish the right objectives.

During 2016-17, six new consultancy contracts were entered into adding up to a

Crossword by Hilda Thorburn

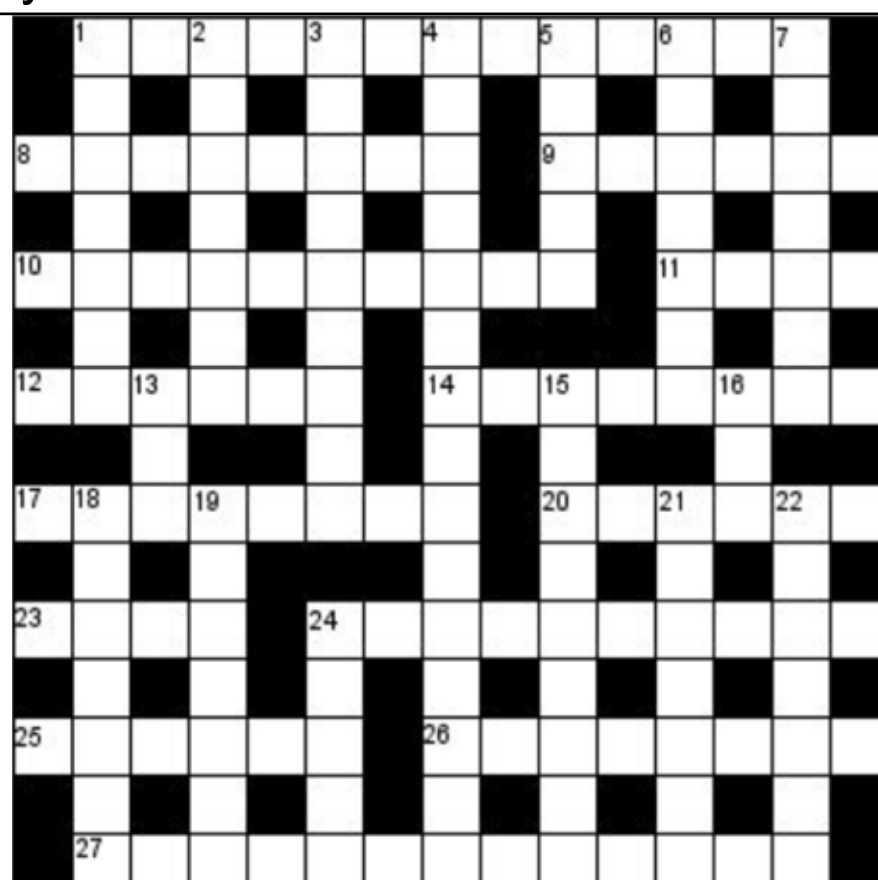
Across

1. Not purposeful
8. Missile, censure
9. Regard highly
10. Twice runaway to wed (5,5)
11. Necessity
12. Mark of disgrace
14. Maladies
17. Roller
20. Bulb flowers
23. Bridge part
24. Surgeon (Latin)
25. Burrowing rodent
26. Talkers
27. Four-weekly publications (7,6)

Answers on back page

Down

1. Vertical
2. Crawling stealthily
3. Plateau
4. A country's transport system (8,7)
5. Angry
6. Candidate
7. Biggest
13. Sick
15. Baltic state
16. Rapa ..., Easter Island
18. Spar (4-3)
19. Cruel
21. Readable
22. Cultivates
24. Entrap





total of \$989,366. This is up from \$543,534 in 2014-15. But is the money making much of a difference?

The Australian Government has announced it will add 250 full-time equivalent roles to the call centre. Will that be enough?

The energy supplement remains under fire

THE end of the Energy Supplement for many seems to be near. *The Social Services Legislation Amendment (Ending Carbon Tax Compensation) Bill 2017* is still being considered. The Senate referred the Bill to the Senate Community Affairs Legislation Committee in June 2017, which recommended that the Bill be passed.

If the Energy Supplement is removed, over two million recipients of income support payments will be affected over the next three years. Although anyone eligible for the Energy Supplement before 20 September 2016 will continue to get the Energy Supplement, new recipients of social security payments will not receive it.

The Energy Supplement cut was first proposed in the 2016 Budget with a commencement date of 20 September 2017. There has

not been a new start date proposed for the cut. If it goes ahead, the cut is expected to produce budget savings of \$933.4 million from 2016-17 to 2019-20.

The Energy Supplement was introduced in 2013 to compensate social security recipients for the increased cost of electricity due to the carbon tax.

Although the carbon tax has been repealed, the cost of electricity has risen significantly and is still rising. The average Australian's electricity bill increased by 65 per cent in real terms between 2006 and 2016.

Electricity is not a choice but a necessity. Many low-income households are already forced to compromise on medical treatment and medication, transport, heating and hot water to pay for electricity bills. If the Energy Supplement is removed it will create an additional burden on those already struggling to afford the rising cost of living.

Mind the gaps

THE National Disability Insurance Scheme (NDIS) is one of the biggest social reforms in recent decades. But as the roll out of this landmark reform nears completion, gaps are emerging.

At its core, the NDIS changes the way disability services are funded across the country. Governments will no longer be funding disability service providers, instead allocating funding packages to individuals to purchase the services they need. Consequently, federal, state and territory government funding to disability services is slowly being withdrawn on the assumption that this income will be replaced by funding from NDIS participants.

Although it is early days still, it is already clear that there are a number of people and organisations who will be worse off under this new system.

Not everyone who was accessing disability support services before the NDIS are eligible for them now, owing to their age, residency or because they do not meet disability requirements. For example, *The Guardian* reported that individuals with severe mental illness have been routinely denied funding support under the NDIS.

Another demographic left out is over 65s. People over the age of 65 can access home care support services via My Aged Care through individualised funding packages, similar to the NDIS.

However, these funding packages are considerably smaller. A funding package for someone with high level needs can only access, at

most \$49,500 via My Aged Care, whereas, there is no upper limit for someone covered by the NDIS and the average is \$36,049 whilst the average for those covered via My Aged Care is significantly lower.

This is all well and good for people over 65 who need help around the house, but what about people over 65 who live with a disability and need assistive technology, such as a wheelchair? They have the option of using all their aged care funding to buy a wheelchair and go without the support services they need or go without a wheelchair and receive support to stay at home. What kind of choice is that?

Another causality of funding changes under the NDIS are state based disability advocacy services.

From July 2018, the NSW Government is withdrawing funding for NSW advocacy organisations, despite the Productivity Commission's recommendation for state governments to maintain their funding to advocacy groups.

Without this funding many advocacy organisations will be forced to close, which will leave significant gaps in representation for people with a disability. This funding cut also comes at a pivotal period of disruption in the roll out of the NDIS when people are in need of more information and advocacy to help them transition to this new scheme.

ndis National Disability Insurance Scheme

Hospital privatisations dead and buried

CAST your mind back to September 2016, when the NSW Minister for Health announced plans to privatise five major hospitals, including Wyong, Goulbourn, Shellharbour, Bowral and Maitland. Since then, following community backlash, the NSW Government has decided to back down on its project to sell off regional hospitals.

Maitland was the fifth and final hospital on the privatisation list. On January 26, the Minister for Health announced that the NSW Government has instead decided on a public-health-led approach for the Maitland Hospital upgrade.

These victories have come off the backs of thousands of hard working local community members and hospital staff who have fought tooth and nail for 18 months to protect the public hospital sector.

NSW health care too costly for some

IN A recent survey comparing health care for older patients in eleven countries around the world, NSW has been ranked worst for affordability.

The international survey asked more than 24,000 people from Canada, France, Germany, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the UK, US and Australia, aged 65+ about their views and experiences of their health care system. 1,175 of these survey respondents were from NSW.

Although the report shows mixed results, a couple of trends stand out. A huge 71 per cent of respondents in NSW were happy with the health care they received, however this result was lower than eight of the other countries surveyed. This suggests that while the state's health system is generally performing well, there are barriers to accessing health care, which require attention.

Unaffordability was a running theme for NSW's elderly with 14 per cent of people reporting they skipped medication and consultations for financial reasons. Particularly worrying is the 21 per cent who said that they did not visit a dentist when they need to because of the cost.

High out-of-pocket costs associated with health care in Australia also act to bar

people from the treatment they need. More than one in five (22 per cent) reported spending \$1,000 or more in out of pocket health care costs, well behind the top performer France with only 3 per cent.

But it's not all bad news.

NSW was the best performer when it came to co-ordinating care between services, including arrangements for after hospital, treatment plans for chronic conditions and timely medical results.

What is clear is that NSW, a state that is home to more than 1.2 million people over the age of 65 will need to step up its game.

The public dental debacle

IT IS no secret that dental care is one of the greatest areas of health inequality within Australia. Public dental care is woefully underfunded and private dental is unaffordable for most people living on low fixed incomes.

Consequently, in NSW alone, over 73,000 adults are awaiting treatment on the public dental list and over 25,000 are waiting to be assessed. But the system is only funded to provide treatment to those on the top

of the priority list.

COAG Health Council estimated that dental health funding only allows for treatment of about 20 per cent of eligible patients, leaving 80 per cent without public treatment.

Some scrounge for money to seek care in the private sector, generally to get relief from pain and others are forced to wait while their condition worsens.

In fact, untreated dental issues are one of the leading causes of potentially avoidable hospital admissions in NSW.

But doesn't it cost governments more to provide expensive emergency dental treatment to those with serious long-term issues than it would cost to provide treatment at the first sign of trouble?

Yes it does, not to mention the impact on individuals who suffer immense pain and diminished quality of life while they wait.

This situation is compounded for older Australians living on low incomes experiencing age related deterioration of their dental health.

A recent survey found that 21 per cent of respondents over the age of 65 skipped dentist visits when they need to because of the cost.

So, while the conditions in the public dental system worsen, what could the NSW Government be doing?

Schemes like The Child Dental Benefits Schedule, which provides Medicare funded dental care to children, could be extended to people on low incomes with a Health Care Card or equivalent.

Firstly, this would reduce pressure on the public dental waiting list. But it would also go some way to addressing





the two tiered dental system in which pensioners and other low income Australians miss out on vital health care services.

CPSA would like to see the federal, state and territory governments make improving public dental care an election promise.

My Health Record Expansion

THE AUSTRALIAN Government is expanding the My Health Record system. Over the next two years \$374.2 million will be invested to expand the system.

My Health Record was launched in 2016, replacing its predecessor that was rolled out in 2012. By December 2018 every Australian will have a My Health Record, unless they opt out. The opt-out period will begin in mid-2018.

The benefits of My Health Record are that it summarises your healthcare information in one place online that can be accessed by yourself, your doctors, specialists and hospitals. It does not replace the records that GPs hold or the way they communicate with their patients. You can also upload your advance care planning documents. Centralising personal health records in this way obviously

exposes patients to risks. Records being hacked or other forms of unauthorised access present a clear privacy concern.

Seeking a second opinion and keeping that secret from the medical professional who gave the first opinion might also no longer be possible.

From a practical point of view, My Health Record might not be as user friendly for people without internet access. My Health Record has two components, clinical and personal, the personal component calls for people to enter their own medical information. You can also hide documents and change access online.

Additionally, healthcare providers can choose not to sign up.

All these factors could create fragmentation of information and undermine how useful the system is.

The Mobility Scooter Inquiry

THE FEDERAL inquiry into 'The need for regulation of mobility scooters, also known as motorised wheelchairs' is accepting submissions until 13 March 2018. The inquiry will report on 20 September 2018.

The inquiry was brought about because a senator's wife was hit by a mobility

scooter and needed a hip replacement.

The inquiry will investigate the regulation of mobility scooters, including the number of deaths and the causes of these accidents. It will also look at the current regulation on mobility scooters and how it compares with international standards.

Currently, people who use mobility scooters do not need a license, insurance or ongoing eyesight and health checks. However, mobility scooters are required to not be able to go faster than 10km/h hour and must obey pedestrian road rules.

The submissions so far bring up a range of interesting points. Some argue that as mobility scooters are walking replacements, there is no need for them to go faster than walking speed. They also suggest there should be a general protocol for if people are hit, similar to what happens after accidents with cars, to reduce the rate of mobility scooter hit and runs. Others argue that all modes of transport cause accidents from time to time and that mobility scooters are no different.

While others, such as the Youth Disability Advocacy Network argue that as people can run to escape danger, people using mobility scooters should be able to speed up as well for safety reasons. They oppose the proposed weight restrictions to under 150kg on the grounds

that it will limit the battery power of mobility scooters and impact of people's ability to travel around.

People with Multiple Sclerosis Vic Inc propose that Australia copies the UK and has a two level speed limit. The lower level of 6km/h for areas such as shopping centres, on retail area footpaths and in public buildings and a 10km/h upper limit for use on roadways. They also suggest that retailers should have to give people purchasing a mobility scooter basic training before they get behind the wheel.

Silent Line Fees Scrapped

ON 18 February 2018 Telstra stopped charging silent line fees. A silent line ensures a customer's details are kept out of the White Pages and online directories and removes the caller ID. A silent line is requested for reasons including privacy and personal safety.

The Australian Communications Consumer Action Network (ACCAN) said that 'consumers should never be charged to protect their privacy'.

The monthly fee of \$2.93 for a silent line earned Telstra an estimated \$30 million a year. Other providers such as Optus stopped charging the fee many years ago.

Self-managed super continues to perform

THE AUSTRALIAN Tax Office (ATO) has released its latest statistics on the self-managed super fund (SMSF) sector.

In the five years to 2016-17, the number of SMSFs grew by 26 per cent to 597,000 funds, with total assets worth \$697 billion, or 30 per cent of the \$2.3 trillion in total superannuation assets in Australia.



In 2015-16, SMSFs also had a positive return on assets of 2.9%. SMSFs have experienced annual positive growth for the five years to 2016 and are in line with the return on investment (before fees) achieved by industry and retail funds.

The ATO data show some interesting trends in relation to SMSF member demographics and borrowings.

While there's continuing strong growth in average member balances overall at 26 per cent over the last five years, female members have grown their balances at a higher rate (30 per cent) than their male counterparts (22 per cent) over the last five years.

There is also a continuing decrease in the median age of new members in newly established funds. In 2016 the median age was 47 years compared with 50 years in 2012. This means that more trustees are entering the SMSF sector at an earlier stage in their working life than in previous years.

Employer super fraud curbed

UNDER proposed new laws, employers who fail to follow the Tax Office's direction to pay super entitlements to their employees will be subject

to court-ordered financial penalties as well as up to 12 months' imprisonment.

This is the type of regulatory action CPSA has been calling for for a long time.

Directors of companies that don't pay super will come in for special attention with a "director identification number" to help the Tax Office identify those directors who are ripping off their employees.

Employers are legally required to pay 9.5 per cent in superannuation to every employee, including part time and casual employees, over the age of 18 earning more than \$450 gross a month.

The Tax Office estimated that in 2014-15 there was a whopping \$2.85 billion-a-year shortfall, or a 5.2 per cent gap, in what employers should be paying their employees in super and what was paid.

Banking Royal Commission

THE ROYAL Commission into Misconduct in the Banking, Superannuation and Financial Services Industry held a public hearing on 12 February 2018. A transcript of the hearing is available online. The Commission will deliver a final report in February 2019.

The Commission is inviting

submissions from the public. Submissions can be made through an online form on the Royal Commission's website. If you have difficulty using the form you can email the Commission at FSRCenquiries@royalcommission.gov.au or phone on 1800 909 826.

Financial advisers

SOME conflicts of interest which financial planners had have been addressed in regulation, but one remains.

Well over 80 per cent of financial planners/advisers work for places that manufacture their own investment products. Guess what the consumer who consults these advisers/planners mostly ends up putting their money into?

It's like walking into a Ford dealership to buy a car. You're most likely to drive out in a Ford.

So do you stay clear of a financial adviser whose company manufactures the investment product they recommend to you?

In a perfect world you *would* stay clear. But what if you live somewhere where the only financial advisers are financial advisers who recommend products their company manufactures?

Perhaps you should still use them.

Think of the process of finding a financial adviser, as having to find a plumber to fix a bad leak.

A good plumber is hard to find. But you are not going to put up with a bad leak. You are going to find a plumber who can do the job. If that plumber charges like a bull, you'll cop that as well, because that leak must be fixed.

It's the same with a financial adviser. Having your money in term deposits these days means you have a bad leak. It's not water that's escaping, but money. The interest on your term deposit barely covers inflation.

Generally speaking even a financial adviser who picks investment products manufactured by their own company can fix your leak.

The Passenger Service Levy and the TTSS

HAVE you noticed an increase in your taxi fare? From 1 February 2018, taxi service providers and booking service providers have paid a temporary levy of \$1 per trip.

The levy is funding a \$250 million adjustment assistance package. The package is designed to help taxi and hire car license holders adjust to industry changes, including the rise of 'ride sharing' services like Uber. The levy will be in place until the \$250 million is reached or for five years, whichever occurs sooner.

The service provider can choose to absorb the cost themselves, or to pass it onto their customers. If they choose to pass it onto customers, the levy will also be subject to GST. This means customers will pay \$1.10.

The levy applies to everyone, including taxis

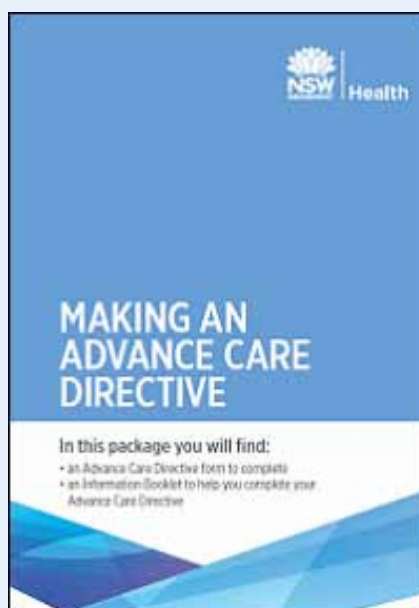
Advanced Care Directives

NSW Health is currently trialling a 'Making an Advanced Care Directive' package. The package includes

- an Advance Care Directive form to complete
- an Information Booklet to help you complete your Advance Care Directive.

The form and booklet can be downloaded from www.health.nsw.gov.au/patients/acp/Pages/acd-form-info-book.aspx

If you do not have access to the internet and wish to have a copy of the booklet and form, contact CPSA on 1800 451 488 and a member of the Policy Team will send out a copy to you.



CPSA News

servicing the Taxi Subsidy Transport Scheme (TTSS).

If the service provider chooses to pass the levy onto customers, the TTSS will cover half. So users of the TTSS will pay 55 cents of the levy.

Some remote and very remote areas, broadly west of the Newell highway, are exempt from the levy.

Taxi Transport Subsidy Scheme and SwiftFare Trials

THE Taxi Transport Subsidy Scheme (TTSS) provides support for NSW residents who are unable to use public transport because of a disability.

The TTSS provides a 50% discount on taxi fares up to the value of \$60. Up until recently, the only way to claim the TTSS is to use paper travel dockets.

SwiftFare is trialling a digital solution to the TTSS. The trial will involve a smartphone app and smartcards. You can also

approve the fare by giving the driver a code provided by SMS or by answering 'yes' to the automated call. This means that people accessing TTSS won't need to fill out the paper dockets. However, you can still use the paper dockets if you want to.

The trial will take place in the Shoalhaven, Illawarra, South Sydney and Central Coast regions. To begin with, the Central Coast and Illawarra won't support

smartcards.

However, private drivers in these areas who are set up with SwiftFare can.

The SwiftFare devices in participating taxis in Shoalhaven and South Sydney can say the fare out loud at the end of the trip.

This is all the information we have at the moment. SwiftFare isn't sure yet how they will distribute the smartcards.

It is also unclear what taxi

companies in these areas are participating. However, we do know that St George Cabs in South Sydney are.

The trial will run for six months. It is planned to commence in the Shoalhaven in one month's time and in South Sydney in two months.

If you have a regular driver you can contact SwiftFare to get set up or just get some more information at info@swiftfare.com or 1800 861 314.



HEALTH PROMOTION SERVICE FOR OLDER PEOPLE

Volunteers Wanted!

HPSOP volunteer peer educators present free health education sessions to groups of older people in the community.

HPSOP is now looking for new volunteers (50yrs+) who speak, read and write English well to undertake training to become a volunteer peer educator. Applicants who also speak a community language/s are welcomed.

Training will be held at CPSA Head Office, Parramatta on 18 and 19 June 2018 from 10 am - 4 pm and on 26 June from 10 am - 12.30 pm.

Applications close on Monday 5 June 2018. Call: Habib/ Estelle: 8836 2146/00 or 1800 451 488 or email: health@cpsa.org.au

CPSA aged care prize competition!

Three \$50 gift vouchers to be won!

Answer the following question and send your answer to CPSA for a chance to win:

What is the name and phone number of the Government service for aged care information?

Answer:

Competition closes on Monday 13 March 2018. Winners will be notified and results published in THE VOICE

Email your answer to voice@cpsa.org.au
Fax your answer to (02) 8836 2101
Mail your answer to CPSA, Level 3, 17-21 Macquarie Street Parramatta NSW 2150.

CPSA Updates

CPSA Funding

CPSA receives funding to support CPSA's programs and activities from the NSW Government Departments of Family, Community Services and Health (per Western Sydney Local Health District) and the Australian Government Department of Social Services.

Quality Aged Care Action Group (QACAG)

QACAG is a community group fighting for high quality care for older people in nursing homes and community aged care services. Members include people receiving aged care services, their partners, family and friends, nurses and retired nurses, people working in aged care, and other people committed to aged care.

The group meets every two months, usually in a Sydney CBD location and a focus of the group is to help educate and empower the community to demand high quality aged care. For more information, or to become a member, contact the NSW Nurses and Midwives Association on (02) 8595 1234 and ask to speak to someone about QACAG or email qacag@nswnma.asn.au.

Speakers for Branch or Affiliate meetings

Seniors Rights Service is a community legal centre specialising in the rights of older people. Contact the Seniors Rights Service on 1800 424 079 to arrange a speaker for your Branch meeting to talk and answer questions about:

- Retirement Villages
- Nursing home contracts
- Strata Collective Services
- Planning for later life
- Consumer rights
- Human rights / Elder abuse
- Financial exploitation

Strata Collective Sales Advocacy Services

Marrickville Legal Centre - 02 9559 2899
338 Illawarra Road, Marrickville 2204

Seniors Rights Service - 1800 424 079
418A Elizabeth St, Surry Hills 2010

Setting up a CPSA Branch or Affiliate

If you are interested in setting up your own CPSA Branch, affiliating an organisation with CPSA, or would like to find out more about the benefits available to CPSA Branches and Affiliates, please call CPSA Head Office on 1800 451 488.

CPSA Constitution and Annual Report

Please ring Head Office on 1800 451 488 if you would like a copy of the CPSA Constitution or CPSA's 2016/17 Annual Report to be posted to you. Alternatively, copies can be obtained online at: <http://www.cpsa.org.au/about-us/annual-reports> and www.cpsa.org.au/about-us/constitution

Head Office News for CPSA Branches

CPSA Head Office News is a publication sent to the President and Secretary of all CPSA Branches.

However, it is possible for CPSA members to receive a personal copy. If you are interested, contact Luke Koller on 1800 451 488 or email cpsa@cpsa.org.au

Financial Information Service

13 63 57

Free information about pensions, superannuation and other retirement funding issues.

Donations

CPSA is grateful for all donations and publishes donations of \$35 and above. Lower donations are appreciated just as much, but not published due to space constraints.

Griffith CPSA	\$50
Gunnedah CPSA	\$50
Robert Heard	\$45
Tim Hunter	\$50
Annette Kiernan	\$50
Dr Max Littlefield	\$35
Mona Price	\$35



10 Questions to ask about residential aged care

10 Questions is a series of leaflets written by nurses, doctors and experts with experience in aged care. They are designed to help in the search for residential aged care. There are nine leaflets currently available:

- Staffing
- GP services
- Cultural needs
- Palliative care
- Fees and contracts
- Facilities and lifestyle
- LGBTI needs
- Aboriginal and Torres Strait Islanders
- Dental and Oral Health needs

If you would like any of the leaflets mailed to you, call Head Office on 1800 451 488.

Calling CPSA

CPSA office hours are
9am – 4pm Monday – Friday

Outside of these hours, and when all lines are busy, calls are answered by our answering machine. If you reach the answering machine, please leave a clear message including your phone number and we will get back to you.

Pension rates per fortnight

Single - \$894.40
Couple (combined) - \$1,348.40

Pension asset limits

Single – full pension up to \$253,750
Single pension cuts out at \$552,000
Couple (combined) – full pension up to \$380,500
Couple's pension cuts out at \$830,000

Newstart rates per fortnight

Single – \$538.80
Single over 60 - \$582.80
Couple (combined) - \$973

CPSA Information Directory

INCOME SECURITY

Centrelink
Age Pension 13 23 00
DSP/Carer benefits 13 27 17
Family Assistance 13 61 50

Welfare Rights Centre
Info on Government pensions
and other benefits
(02) 9211 5300
1800 226 028

**Financial Ombudsman
Service**
Complaints about banking,
insurance, super, financial
planning
1300 780 808

**Do Not Call
Register**
1300 792 958

Australian Taxation Office
Super/Lost super 13 10 20
Personal tax 13 28 61

**British Pensions in
Australia**
Assistance in claiming the
British Pension
1300 308 353

RIGHTS

**Australian Human Rights
Commission**
Complaints about discrimination
and harassment
1300 369 711

Commonwealth Ombudsman
Complaints about Australian
Government departments and
agencies
1300 362 072

NSW Ombudsman's Office
Complaints about NSW
Government agencies
1800 451 524

NSW Trustee and Guardian
1300 360 466

SCAM Watch
1300 795 995

Guardianship Tribunal
Financial management orders
for people with decision-making
disabilities
1800 463 928

**Australian Competition and
Consumer Commission
(ACCC)**
1300 302 502

**Energy & Water Ombudsman
(EWON)**
Complaints about all NSW
electricity/gas retailers and
Sydney and Hunter Water
1800 246 545

**Telecommunications
Industry Ombudsman**
Phone and internet complaints
1800 062 058

GOODS & SERVICES

NSW Seniors Card
Discounts on goods and
services
1300 364 758

No Interest Loans Scheme
Loans to purchase essential
household items
1800 509 994

NSW Companion Card
Free event admission for
companions of eligible people
with a disability 1800 893 044

Energy Made Easy
Price comparisons
1300 585 165
energymadeeasy.gov.au

Opal Customer Care
13 67 25

HEALTH & CARE

Medicare
132 011

My Aged Care
1800 200 422
www.myagedcare.gov.au

Office of Hearing Services
Subsidised hearing aids
1800 500 726

Dementia Helpline
1800 100 500

**Private Health Insurance
Ombudsman**
Complaints and information
1800 640 695

VisionCare
Subsidised spectacles
1300 847 466

NSW Elder Abuse Helpline
1800 628 221

**Taxi Transport Subsidy
Scheme**
Subsidised travel for people with
disabilities
transport.nsw.gov.au/tss
1800 623 724

National Continence Helpline
1800 330 066

Rape Crisis Centre
24hours/7days
1800 424 017

**National Domestic Violence
hotline**
Case work, legal advice,
advocacy
1800 200 526

**Health Care Complaints
Commission**
NSW only
(02) 9219 7444
1800 043 159

Carers NSW
Information, support
1800 242 636
Emergency respite
1800 059 059

**Aged Care Complaints
Commissioner**
Complaints about residential and
community aged care
1800 550 552

Lifeline
Mental health support,
suicide prevention
13 11 14

**Australian Men's Shed
Association**
1300 550 009

Public Dental Health Services
Call NSW Health for details
(02) 9391 9000
1800 639 398

People with Disabilities
Advice for people with a disability
(02) 9370 3100
1800 422 016

Cancer Council NSW
Cancer information and support
13 11 20

Dying with Dignity NSW
Law reform for assisted dying
(02) 9212 4782
dwdnsw.org.au

Exit International
Information about euthanasia
1300 103 948

**NSW Death & Bereavement
Service**
13 77 88

HOUSING

Housing NSW
Info and applications for public
and community housing
1300 468 746

Tenants' Union Advice Line
Mondays 10-1pm, 2-5pm
1800 251 101

**Tenancy Advice & Advocacy
Service**
Find your local service
tenants.org.au

Fair Trading
Rental bond and tenancy info
13 32 20

LEGAL

**Seniors Rights Service
(formerly The Aged-care
Rights Service or TARS)**
Aged care & retirement village
advocacy, information & legal
advice for older people.
1800 424 079

Law Access
Referrals for legal help
1300 888 529

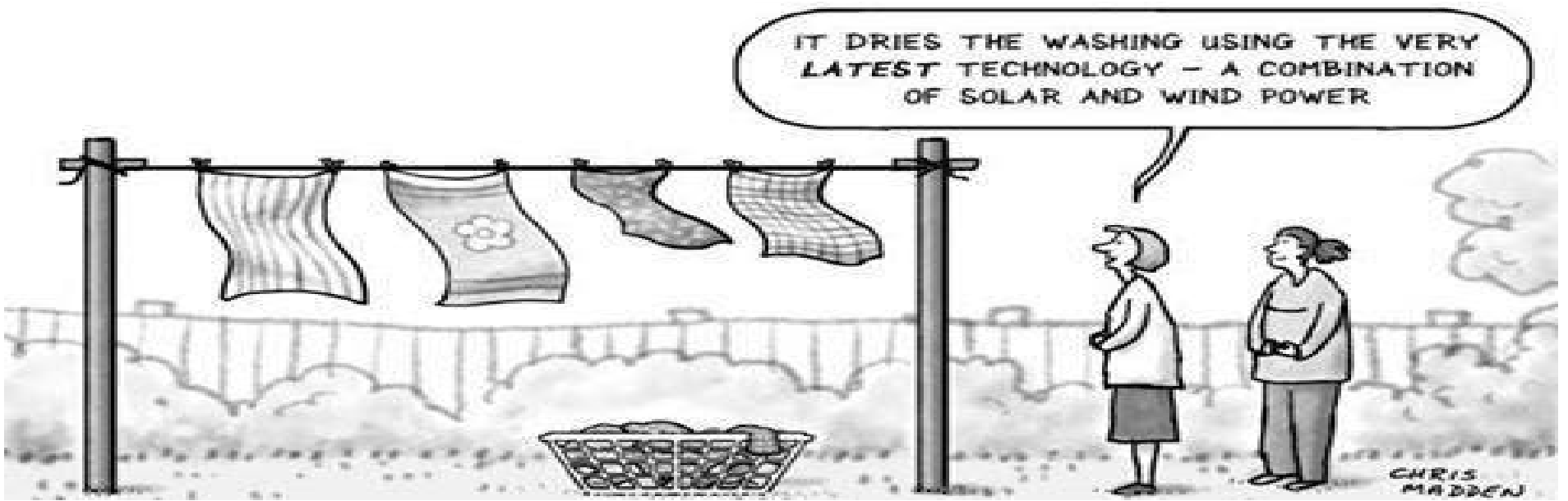
Insurance Law Service
Legal assistance and advice on
insurance law and disputes
1300 663 464

Community Justice Centres
Dispute resolution services for
minor matters
1800 990 777

Women's Legal Services NSW
Legal information, advice &
referrals for women in NSW with
a focus on family law, domestic
violence, sexual assault &
discrimination
1800 801 501

**Office of the Legal Services
Commissioner**
Complaints about lawyers &
conveyancers
1800 242 958

Giggle Page



Crossword Solutions

Crossword on Page 4

