Policy costing request—during the caretaker period for a general election

Name of policy:	Helping Older Australians	
Person requesting costing:	Senator Richard di Natale	
Parliamentary party:	Australian Greens	
Date of request to cost the policy:	29 June 2016	
Note: This policy costing request and the response to this request will be made publicly available.		
Has a costing of this policy been requested under Section 29 of the Charter of Budget Honesty (ie from the Treasury or the Department of Finance)?	No	
Details of the public release of this policy (Date, by whom and a reference to that release):	Announced by Australian Greens Senator Rachel Siewert, 21 June 2016: http://greens.org.au/olderaustralians ; http://greens.org.au/olderaustralians . Palliative care component announced 27 May 2016: http://greens.org.au/palliative-care ; http://rachel-siewert.greensmps.org.au/content/media-releases/greens-launch-palliative-care-package-ensure-support-when-it-matters-most .	

Description of policy

The policy includes commitments to:

- Provide \$5m over three years for a national mature age worker strategy (2017-18 to 2019-20).
- From 1 July 2017, allow individuals aged 45 and older who are currently eligible for lower levels of jobactive support to volunteer for Stream B.
- Working across jurisdictions through the Council of Australian Governments to remove any remaining legal barriers to mature age workers.
- \$4m over two years (2016-17 and 2017-18) for a national aged care workforce strategy, building on the work currently underway in the Senate Community Affairs inquiry into the aged care workforce.
- Additional funding and support for dementia recommended by Alzheimer's Australia, from 1 September 2016:
 - \$4m over four years for a national dementia strategy
 - \$5.2m to support Dementia Friendly Communities
 - \$8m for Dementia Risk Reduction program
 - o \$6m over four years for the Timely Diagnostic Initiative
 - \$20m over four years for Post Diagnostic Dementia Services and Supports
 - \$64m over four years for High Quality Ongoing Care and Support
 - o \$8.8m for End-of-Life Care
 - o \$20.8m for research
- Developing a national plan to work towards full consumer directed care as recommended by the Productivity Commission. This will involve work by existing public service agencies, in consultation with peak bodies and sector stakeholders. Work on this is to start from 1 September 2016.
- The Palliative Care component includes
 - o An increase in funding for palliative care by \$15m annually, to go to states and territories
 - Working through COAG to develop nationally consistent model legislation for advance care planning
 - Capped funding of \$5m to Palliative Care Australia (including departmental costs), to develop a model for a National Cooperative for Palliative and End of Life Care.
 - Provide \$10m in capped funding (including departmental costs) for a national awareness campaign, and
 - \$1m in capped funding (including departmental costs) for research projects.

Summary of policy (as applicable, please attach copies of relevant policy documents):

What is the purpose or intention of the policy?	To provide increased support for older Australians, including through strategies to improve mature age participation, and measures to improve aged care. To improve palliative care in Australia, including funding for state and territory services, as set out above.
What are the key assumptions that have	e been made in the policy, including:
Is the policy part of a package? If yes, list the components and interactions with proposed or existing policies.	-
Where relevant, is funding for the policy to be demand driven or a capped amount? If a capped amount, are the costs of administering the policy to be included within the capped amount or additional to the capped amount?	 The following components are capped amounts: National mature age worker strategy National aged care workforce strategy Funding for dementia projects All palliative care components except for work on model legislation Enabling individuals to volunteer for stream B jobactive services is demand driven. Work on model legislation under the palliative care component is as required to advance work through the Council of Australian Governments.
Will third parties (for instance the States/Territories) have a role in funding or delivering the policy? If yes, is the Australian Government contribution capped, with additional costs to be met by third parties, or is another funding formula envisaged?	A range of community organisations will be involved in implementing particular aspects, particularly where recommended by Alzheimer's Australia. \$15m will be provided annually to state and territory governments under the palliative care component.
Are there associated savings, offsets or expenses? If yes, please provide details. Does the policy relate to a previous	-
budget measure? If yes, which measure?	
If the proposal would change an existing measure, are savings expected from the departmental costs of implementing the program?	-
Will the funding/program cost require indexation? If yes, list factors to be used.	-

Expected impacts of the proposal

If applicable, what are the estimated costs each year? If available, please provide details in the table below. Are these provided on an underlying cash balance or fiscal balance basis?

Estimated financial implications (outturn prices)^(a)

	2016–17	2017–18	2018–19	2019–20
Underlying cash balance (\$m)	-60.6	-112.5	-148.5	-169.1
Fiscal balance (\$m)	-60.6	-112.5	-148.5	-169.1

(a) A positive number for the fiscal balance indicates an increase in revenue or a decrease in expenses or net capital investment in accrual terms. A positive number in the underlying cash balance indicates an increase in revenue or a decrease in expenses or net capital investment in cash terms.

What assumptions have been made in deriving the expected financial impact in the party costing (please provide information on the data sources used to develop the policy)?	-
Has the policy been costed by a third party? If yes, can you provide a copy of this costing and its assumptions?	-
What is the expected community impact of the policy?	Improved aged care workforce planning, aged care and dementia care.
How many people will be affected by the policy?	
What is the likely take up?	
What is the basis for these impact assessments/assumptions?	

Administration of policy:

Who will administer the policy (for example, Australian Government entity, the States, non-government organisation, etc)?	Commonwealth responsible unless otherwise specified.
Please specify whether any special administrative arrangements are proposed for the policy and whether these are expected to involve additional transactions/processing (by service delivery agencies).	
Intended date of implementation:	2016-17 financial year unless otherwise specified.
Intended duration of policy:	Forward estimates
Are there transitional arrangements associated with policy implementation?	-

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List major data sources utilised to develop policy (for example, ABS catalogue number 3201.0).	Alzheimer's Australia pre-budget submission
Are there any other assumptions that need to be considered?	-

NOTE:

Please note that:

The costing will be on the basis of information provided in this costing request.

The PBO is not bound to accept the assumptions provided by the requestor. If there is a material difference in the assumptions used by the PBO, the PBO will consult with the requestor in advance of the costing being completed.