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Speech by Adam Graycar:

"Aged care: winners and losers"

presented at the University of Queensland,
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BRISBANE

21/4/88

"AGED CARE : WINNERS AND LOSERS"

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1. The Notion of Ageing and Old Age

During 1987 136,962 Australians turned 65 - that is 375 per day. Approximately 81,500 people over 65 died in the same period, that is 223 per day. Thus our 'aged' population increased by around 55,000 in the year or by 152 per day. ~~When translated into goods and services and social facilities and supports, this warrants careful policy attention. Elderly people, require a wide range of supports, especially income support, health services, housing support and social services.~~ Public resources which are allocated are substantial, yet the range of incomes, access to services and housing situation of elderly people is probably wider than for any other population category. Our elderly population comprises a group spread across thirty or more years of life.

Australians are in general producing fewer children and living longer than their parents did. These two demographic trends plus changes in our migration patterns are affecting the fundamental makeup of our society. In the years to come the effects of such population changes will be quite significant.

At the June 1986 Census there were in Australia 1,448,698 people in their fifties, 1,257,157 in their sixties, 780,916 in their seventies and 308,025 aged eighty or over. Almost one in four Australians is aged 50 or over.

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As we look to the future we will see more older people, and we will see more of our older people living longer. To some this is a potential calamity - to others a remarkable achievement.

While the advance of science has helped to push back the frontiers of longevity it would be a disaster if our civilization removes much of the will to live that would render the exercise worthwhile.

It is a sad commentary on our times that telecommunications have brought the world into our living-rooms but have rendered us blind to the misery next door. This situation must not be allowed to become self-perpetuating.

These two points - the will to live and live well, and responsiveness to the needs of those around us, particularly those of older people are ~~the main themes of this paper~~ *key issues in identifying winners & losers*

But first, I want to give you a quick thumbnail sketch of our older population.

* Over the next 25 years our population will increase by about 20 per cent, that aged 65 and over by about 48 per cent, 75 and over by about 118 per cent and 85 and over by about 150 per cent.

Fit old men
unfit old men
most paid careers men

- *Fit old men*
- *unfit old men*
most paid careers men
except *but not* *a prof. comp.*
- *most unpaid careers (of)*
except those who derive
great joy

- * Life expectancy at birth has increased dramatically over the past 100 years. (From 47 to 73 for males and 51 to 79 for females).
- * Life expectancy at 60 is now about 18 years for males and 23 years for females.
- * There has been a decline in age specific mortality at all ages over 75 (in the order of 20 to 30 per cent since 1971).
- * There is an increase in incidence of chronic conditions at older ages (77 per cent of people over 65 have a chronic condition).
- * 42 per cent of people aged 75+ are immobile compared with 18 per cent aged 65-69.
- * the incidence of dementia increases from about 1 per cent at ages 65-9 to over 20 per cent above age 85
- * about 800,000 Australians suffer from incontinence

- * 45 per cent of nursing home residents are 85 or over
- * Over 90 per cent of older people live in private dwellings and most older people with handicaps also live in private dwellings (82 per cent of those aged 65+ with handicaps live in private dwellings)
- * Half of all women over 75 in private residences live alone. Three quarters of all over 65 who live alone are women.

- * There are more women than men at all ages over 65 - over 80 there are twice as many women as men. Most old men have a spouse. Most old women do not have a spouse.
- * People aged 65 and over living alone have disposable incomes lower than those of any other household types in Australia. (\$122.23 per week - Household Expenditure Survey 1984. Those with pensions as the principal source of income had an average disposable income of \$104.79).

- * Of older people living alone in 1983 10 per cent of females and 36 per cent of males did not have a telephone connected in their home.
- * At the 1981 Census there were 252 Aborigines over the age of 65 in South Australia. *losers*

- * People born in non-English speaking countries comprise the fastest growing component of our older population and in 2001 will comprise 22 per cent of those over 60. *(older / many)*
- * Labour force participation rates for males aged 65 and over have declined from 23.3% to 8.4% since 1966. *(older)*

winner

- people who provide nsi care for profit

- old people who get high quality care
- the building industry

losers

skilled nursing & other

home care providers

- * In 1986 there were 221,700 men aged 55-64 (too young for the age pension) in receipt of Commonwealth income support. Since 1975 numbers of men in that age group receiving unemployment benefit increased by 275%; sickness benefit by 217%; service pensions by 182%; and invalid pension by 116%.
- * *u, m, l / tax payers* The number of age pensioners per 1,000 population, per 1,000 labour force, and age pension outlays as a proportion of gross domestic product are all at the lowest points for over a decade.
- * Of those retired from full time work 8.9% have superannuation, life assurance or similar schemes, and 10.5% had investments as their main source of income (1983).
- * *Sydney* Three quarters of the 361,000 people included in the ABS Superannuation Australia Survey (1983) who had received lump sum payments had received less than \$20,000. 36% had received less than \$5,000; 20% between \$5,000 and \$10,000; and 18% between \$10,000 and \$20,000. Three quarters of the women had received less than \$10,000 and only 8.5% \$20,000 or more.
- * *Y. n. p. l. e. s* At the 1981 Census, 58.4 per cent of persons aged 65 and over reported that they left school before they were fifteen, compared with only 29.8 per cent of the adult population who did so. Older persons were also less likely to have obtained any formal qualifications.

In brief we have greater life expectancy at birth and at all advanced ages, substantial drops in age specific mortality rates at higher ages, high rates of chronicity, a surplus of women at higher age groups, most of whom have no spouse, nearly all older people living in private dwellings, nearly all older people with handicaps living in private dwellings, a nursing home population with a median age approaching 85 and a situation soon in which half of our over 65s will be over 75.

In essence we have and will continue to have two older populations each defined as old with very different and incompatible definitions. One population is deemed too old for the paid labour force, and one deemed too old to participate physically and emotionally in mainstream society. It is incumbent on us not to get our policy wires crossed.

We are facing two explosions - an explosion of perceived uselessness and an explosion of care.

In a nutshell, in giving people more time to live, science and medicine have also given them more time to die. We live amidst astounding technological sophistication. We can think the unthinkable and do the undoable, yet are we a lot better off? We can analyse the gases surrounding Jupiter, we can fire a probe into the nucleus of Halley's Comet and do other assorted magic. When we look at our present capacity to solve problems it is apparent that we do our best when the problems involve little or no social context. We can send people to the moon, yet we can't find jobs for our young people; we can keep people alive for twenty to twenty five years beyond retirement yet we can't ensure that they can live those years in dignity.

One view is that quitting work earlier makes you a winner. Another is that living longer makes you a winner. We can challenge both these propositions. But the extent to which one is a winner or loser depends on quality, and not quantity. Longer life, longer retirement are 4 tremendous ^{psychiatric} achievements. ~~Diagnosis~~ ^{Diagnosis} — OBSTACLES ^{TO LIFE}

handicaps living in private dwellings, a nursing home population with a median age approaching 85 and a situation soon in which half of our over 65s will be over 75.

However

When translated into goods and services and social facilities and supports our changing population structure warrants careful policy attention. Elderly people require a wide range of supports, mostly income support, but also health services. Who is going to respond? Who is going to be able to assess the needs and know what services are most appropriate? Who is going to deliver these services? Who is going to pay for them?

It seems crass perhaps to ask who's going to pay. It is an important question. Australia's 2½ million people aged 60 and over, including the million people over 70 and the 300,000 over 80, are part of our largest industry. More Commonwealth Government dollars to into age and veterans' pensions than into anything else. Our pension bill, at ^{around} 10 billion dollars is 1½ billion dollars greater than our whole defence budget. The amount we put into nursing homes and hostels exceeds our whole Foreign Affairs and Overseas Aid budgets.

Our older population is very much differentiated by age, by sex, by class, by ethnicity, by spatial location, and by health status.

It is important to remember that most older people are not sick, are not disabled, are not desperately poor, are reasonably well housed and like the locations they live in. There are

however significant numbers that do have difficulties in many areas. The message I keep stressing is that we must discard the totally inappropriate stereotype that older people are problems, and concentrate instead, on the problems they have. To do so requires good policy analysis, strong community responsiveness and very importantly, the elimination of unrealistic, patronising and unhelpful stereotypes.

There are two types of difficulties that I am confronted with: difficulties that individuals have, and difficulties that arise from poor policy response to observed needs, conditions and problems. As a person involved in problem seeking as much as problem solving { as somebody involved in policy I can reel off a string of problems facing policy makers in ageing.

* 45 not
hard to
sort out
under *
105ms

We have problems working out equitably and efficiently how to convert 40 years of earnings into over 70 to 80 years of life. We have problems with concepts like "double dipping", "tax treatments", "income and assets", "taxpayers' capacity", and so on.

We have problems restructuring a nursing home system which seems to have lost its way as rising expectations of nursing home care have created a larger than warranted population anticipating ultimate nursing home admission. This is a billion dollar Government financed industry which strains basic concepts of equity, and leaves many people grossly unsatisfied.

6.

We have problems with our transport systems which cannot cope with elderly people both with and without mobility limitations and thus confine too many people to home, magnifying their exclusion from fruitful community integration.

We have problems expecting families to play roles that are considerably in excess of their capacity to support older people, particularly those who are severely physically disabled or the burgeoning number suffering from some of the dementias.

We have problems with a health care system which has been in the political spotlight for most of the last 15 years and which is not sure how to handle the ballooning costs, the changing technologies nor how to treat with appropriate respect, not only the clientele, but the many professionals ~~who have always taken a back seat to and been patronised by doctors.~~ ^{with}

We have problems devising a set of home care services that are efficient, flexible, accountable, acceptable, comprehensive, accessible, co-ordinated and equitably allocated.

We have problems ensuring that those who choose to enter resident funded retirement villages have the appropriate legal protections and that those retirement villages meet suitable standards of design and accessibility.

7.

We have problems providing suitable accommodation for the most severely disadvantaged - those 50,000 elderly people, three quarters of whom are women, who rent in the private market.

We in South Australia have problems of relativity in that on ABS projections, S.A. will have notably higher proportions of older people than every other State in every age cohort and on each projection series right through to the year 2021. This poses long term planning challenges and will require special negotiations with the Commonwealth.

Service policies for elderly people in Australia are splattered across an expansive canvas and the major players pop up all over the place with policies and regulations, constraints and limitations, aspirations and hopes. Service policies for elderly people involve activity by all three levels of government, non-government welfare organisations (of whom about 6,000 in Australia are involved with the welfare of elderly people), private entrepreneurs, developers, and professionals, to name a few. At the Commonwealth Government level we have at least ^{far} ~~five~~ main departments deeply concerned with policies for elderly people - Community Services, ^{x 14,} Social Security, ^{DILG EA} ~~Health,~~ ~~Housing and Construction~~ and Veterans Affairs. Several others are marginally concerned with these issues. It would be trite of me to list the various roles of the numerous State and local government involvements.

Noting that our elderly pop is
widely differentiated I want to
focus on winners and losers in
2 areas only - at ~~the~~
either end of the old age
spectrum namely a) retirement
and b) the very old old - &
leave the in between out
but first, not context

Sandwich

Square bread
round ham
rect cheese
sliced tomato
long thin pickles
chopped onion
flat lettuce

- cut diagonally

& put anything which
falls on
floor

~~Govt Demand~~

Allocation -

post
office,

-

-

families,

transferable as
eff. sum
class comp

-

cap
will

hierarchy

Government is not going to be able to meet all of the demands from the community or even deal with all of the legitimate claims placed on it. The non-government sector likewise is under pressure, as too is the family as a major care provider. What is very obvious is that no one sector alone can provide all that has to be provided. Certainly not government - certainly not voluntary agencies - certainly not families. Different needs are met by different support systems.

The conundrum of federal/state relations confounds us all. All Australian States provide roughly similar services to their elderly populations. In drawing up a catalogue of services we were able, in South Australia, to identify 30 statutory services for older people, of which 7 are Commonwealth funded, 15 are State funded and 8 receive a combination of Commonwealth and State funding. The list is long and sometimes defies logic, but each part contributes to the well being of the whole and thus a shortfall in one area can have effects across a wide front. Developing such a catalogue identifies bizarre irregularities.

For example, the State Government, through the Pensioner Dental Scheme and the S.A. Spectacles Scheme looked after pensioners' teeth and eyes, while the National Acoustic Laboratory tested hearing and provided hearing aids. We often contemplate the logic of eyes and teeth being a State responsibility, and ears being a Commonwealth one!

What this quaint example highlights is the expediency and the opportunism that characterises the service structure. Given limited resources it is always worth trying to get somebody else to fill the gap. There are never enough dollars, never the right planning and co-ordinating mechanisms, and one can describe federalism, originally a means of controlling power by dividing it, as the bane of planners, the euphoria of procrastinators and the indulgence of buck passers. Nowhere is this more obvious than planning for our older population - securing the right mix of services and the right funding arrangements.

As most older people with handicaps live in the community we often hear the call for families to play a greater role in care. Oh for the golden age, people often lament, when families did more for their older relatives than they do today! In reality there never was such a golden age when family care was more forthcoming than it is today. In general, people did not live long enough to become dependent, and work patterns in pre-industrial societies usually meant that one worked until one died.

Retirement

A 50 year old has an expectation of life of around 30 years, though an expectation of considerably fewer years in the labour force. In most cases retirement will hit the individual suddenly and leave them stunned.

There are three factors that need to be considered when talking about retirement, and each of these factors represents a stage in the retirement process that requires adjustment. The first factor is the retirement "event" - that point in time when a person leaves his workplace forever. The second factor is referred to as the "process" of retirement which simply means the process of adjustment to the retirement state. Finally, the "period" of retirement refers to that phase in a life career after the person, or the head of a spouse's household permanently ceases full-time work.

of Australia, 4.5 million
aged 45 & over
2.4 million or 53% had
retired from F/T work
and a further 10% had now
worked F/T

10.
constructive experience, but how could it be otherwise when many of them have spent the preceding years in circumstances that foster passivity?

We work on a fixed chronological age for retirement - sometimes we see early retirement as a form of retrenchment. In many cases we are saying to people - you failed the test of productive life. We've given you a certified assurance of uselessness.

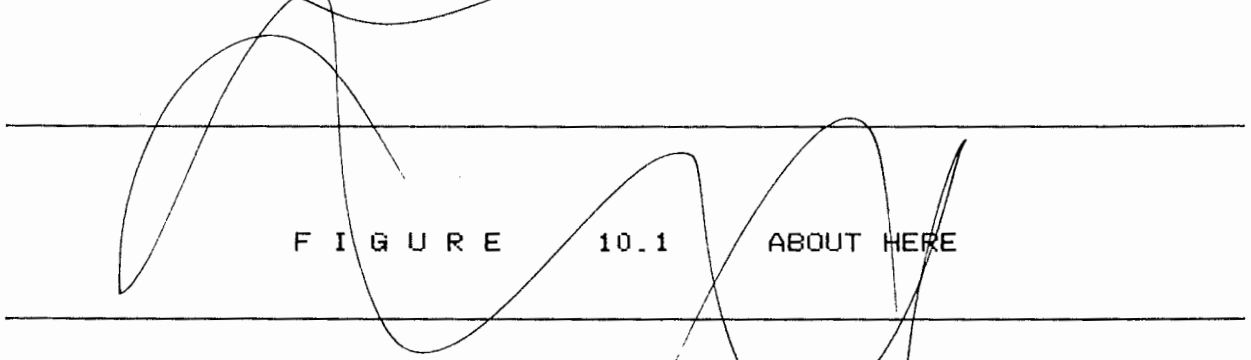
One of the most useful things a society could do to help people adapt to retirement would be to give all its members in their early and middle years the kind of experience that will build a capacity for self-renewal. Perhaps they simply need a challenge and change, perhaps they are ready for a second career, perhaps they have grown tired, perhaps they have been trapped by circumstances, or perhaps they were defeated by self-doubt or fear or cynicism or self indulgence. We all know people who at advanced ages retain an incredible freshness, curiosity, awareness and enthusiasm.

"Retirement" the French gerontologist, Anne-Marie Guillemard noted "is the real cause of ageing". Removal from the workforce and depositing a person in front of a television set, away from active recreation, social life and cultural or political activities is a particular form of idleness which spells social death. The work role has been stressed so heavily that when it is abandoned, willingly or not, the individual is devalued. If it is done abruptly the individual faces "retirement shock". Clearly retirement preparation and preparation for ageing are intertwined, and lay the basis for a workable future.

25.

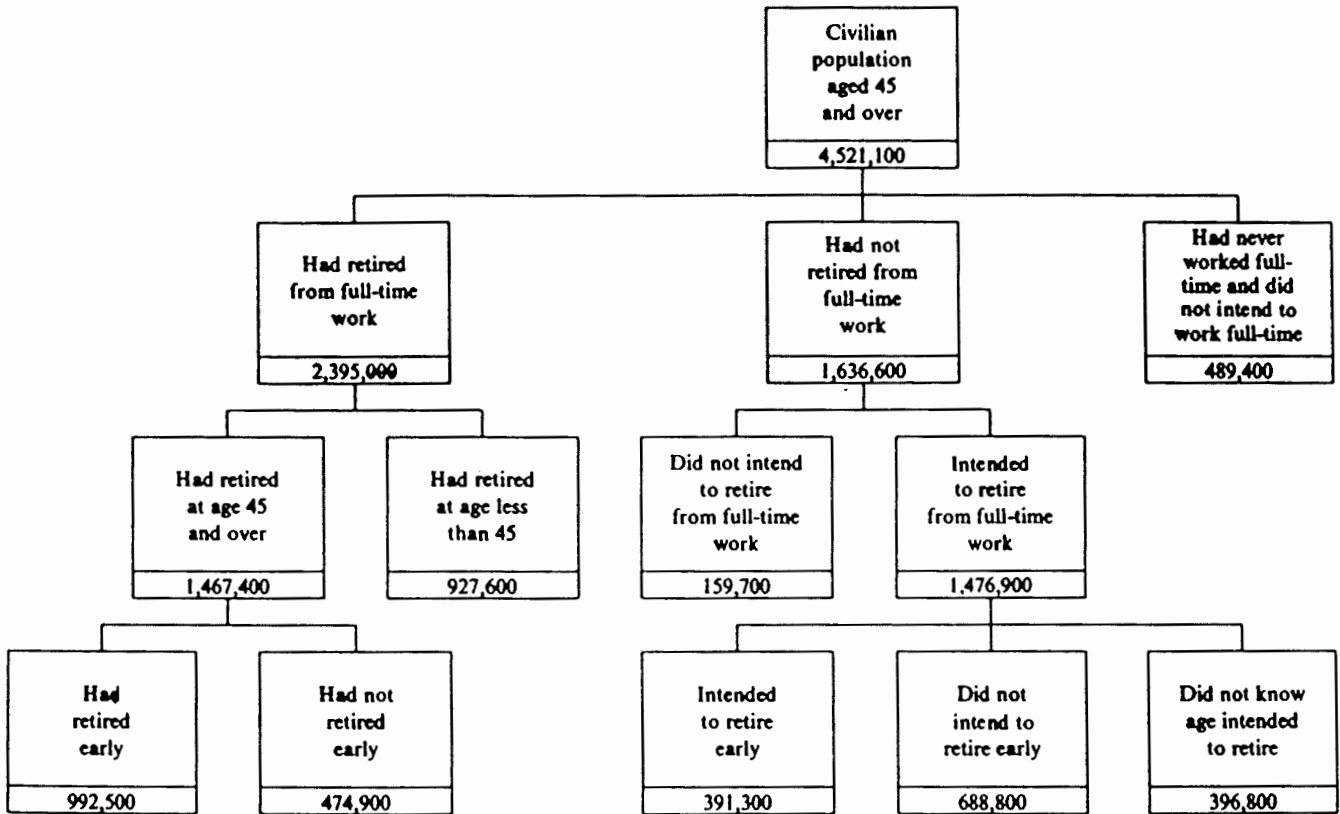
In November 1986 Australia's civilian population included an estimated 4,521,000 persons aged 45 and over. Of these persons, 2,395,000 (53.0 per cent) had retired from full-time work; 1,476,900 (32.7 per cent) intended to retire from full-time work at some time; 489,400 (10.8 per cent) had never had a full-time job and did not intend to ever work full-time; and 159,700 (3.5 per cent) did not intend to retire from full-time work. Of the estimated 2,395,000 persons who had retired from full-time work, 936,600 (39.1 per cent) were males and 1,458,400 (60.9 per cent) were females.

Figure 10.1 shows the details



Many, though by no means all feel excluded from productive work. Spending fewer years in the paid labour force than out of it (late entry, early retirement and perhaps living to age 80 or beyond) creates historical precedents and policy options of considerable magnitude. It could be argued that as a society we are on the verge of an explosion of perceived uselessness unless worthwhile and productive roles are found for this significant sector of our population.

FIGURE 10.1



SOURCE: Retirement and Retirement Intentions, Australia, Nov. 1986, ABS Cat. No. 6238.0

~~_____~~
~~_____~~

you hate, it
we make.

Resi care esp NH. - $\frac{1}{2}$ 85+

- notable changes
- growth control &
- decline in bed ratios from 70 to 80
- Assessment x NACC

no place for those not assessed & fair

- Multiple chronic diseases - greater pain
- Massively changing profile but changing emphasis to downgraded level of care

- less professionalism
- fewer qualified staff & ^{more} unqualified
- ~~→ patient from quality~~

Emphasis on normalisation, which instead of recognising deficits and disabilities - hides behind incomprehensible jargon to merely veil away deficiencies and threaten the quality of care of our oldest, most neglected, most impoverished and most powerless residents.

Those sucked in seem to ignore the conservatism, rigidity, and ignorance

underpinning the "theory"

- As our NHS need strong leadership and high quality care to reflect their objectives and are weakening this knowledge and practice base by not matching policies with resources
 - outcome standards
 - ancillary health profits
 - rehab.
 - insisting on architecture which makes it hard
 - inappropriate training & education
 - poor enforcement of care protocols

The industry doesn't know why it is getting pushed so savagely

There are no winners (perhaps the taxpayer in the long run) & plenty of losers

- residents
- families
- VCA - firms
- qualified profits - business exit
- unqualified

the

end

11.

v.

All the evidence points to formidable planning problems ahead in developing a society that integrates its older people and fosters equity and harmony.

I reject the predictions of those who say we will be swamped by an uncontrollable geriatric tidal wave. I don't for a moment suggest that the planning issues are simple. I haven't touched on two of the biggest planning issues - assuring adequate income and adequate community services for older people, ~~as two of the sessions later today focus on these very issues.~~

As we look to an ageing future the policy agenda is crowded - income, health, housing, leisure - how to pay for all of these - issues of relationships with family and community, optimal utilization of human resources, suitable preparation for and support in retirement, education for the community at large, and in particular for young people.

~~We must also take note of the distribution of older people. The two States with the smallest populations, the two poorest States are also the two "oldest" States and the two which will have the highest proportions of people over 65, over 75 and over 85 on all the ABS projection series through to the year 2021. South Australia and Tasmania will find it harder to respond to their older populations than will the other States unless the Commonwealth Government recognises their needs and conditions. The politics of federal/state relations will always be a large part of planning for our ageing futures.~~

Many of the problems faced by older people in Australia are ones that are socially constructed as a result of the dominant societal conception of ageing and the aged. This conception emerges within, reflects and bolsters the economic and political structure of the society.

We live in a society that remorselessly casts off those who are too weak, mentally or physically or economically to cling to the dizzy wheel of existence - a society that worships the idols of beauty, youth, and wealth whilst ruthlessly rejecting those who fall outside its narrow standards of acceptability, or exploitability.

We also have the technology and the skills to identify and address the concerns and problems. We have a debate about the resources that are available but the real debate is about our social orientation, or social responsibility and our social willingness to face the future, maximising involvement and inclusion and minimising rejection and exclusion.