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Speech by Adam Graycar:

"Women and ageing"

presented to the South Australian Country Women's Association "Women and Ageing" Conference, 13th April 1987, Adelaide

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S.A. COUNTRY WOMENS ASSOCIATION

"WOMEN AND AGEING" CONFERENCE

13th April 1987

Adelaide

ADAM GRAYCAR

Don't photo

STD

~~Grand Canyon~~

Sam Adler

1.

In describing the characteristics of our elderly population, Bruce Ford wrote:

"The elderly Australian may be sixty or a hundred years old. A whole generation may separate people expected to share common problems and ideals. He will be of any socio-economic group or political persuasion. He may be bedridden and incontinent or taking another wife. He may be lonely and isolated, or a patriarch surrounded by his extended family. He may be Greek, Polish, Russian, Irish or German, Dutch or Indian.

He is more likely to be a woman".

Every day in Australia about **173** women turn 65 as do about **155** men. I have no great attraction for 65 as the magic number, but for a host of conventional and socio-political reasons, 65 represents some sort of threshold - and whether it is reasonable or not is not what I want to talk about today. What is interesting is that 15 per cent more women than men turn 65 each day. When we look at our 75 year olds we find **116** women and **83** men turning 75 each day - 40 per cent more women than men. As we go up the age scale the difference grows wider so that 112 per cent more women than men turn 85 each day.

3
100 years ago life expectancy at birth was 47 years for males and 51 years for females. Today it is around 70 for males and 77 for females. At age 65 life expectancy for a male was 14.5 and for a female 18.5 years. These of course are only averages. In some circles this increase in life expectancy is seen as a calamity for society - but I think it would be more reasonable to regard it as a major achievement.

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There are, in Australia today, $1\frac{1}{4}$ million people in their sixties, $\frac{3}{4}$ million people in their seventies, and over $\frac{1}{4}$ million in their eighties and over, that is about $2\frac{1}{2}$ million people over 60. That makes 14.7 per cent of the population, or over 1 in 7 of all Australians.

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As we look to the future here in S.A., over the next 25 years South Australia's population will increase by 20 per cent; the population aged 65 and over by 48 per cent; the population aged 75 and over by 118 per cent and the over 85s by 147 per cent.

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Our population aged 65 and over consists of ~~1 million women and 750,000 men~~ - 39 per cent more women than men. Our population aged 80 and over comprises ~~215,000 women and 100,000 men~~ - more than twice as many women than men. Mortality rates of the sexes differ dramatically too. Mortality per 100,000 for 75 year old men is 6,600 while for 75 year old women it is 3,500, men having an 88 per cent higher mortality rate at age 75. It doesn't take a lot of figuring out to realise that women are the overwhelming majority of our elderly population

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For a long time policy makers, researchers and community service people seemed to regard all elderly people as a homogenous group and use terms like "the aged" to describe an enormously varied and highly differentiated population. Our older population is very much differentiated by age, by sex and by class.

8 Most of the "young-old", that is those aged 65-74, are of an age where people are usually physically healthy and mentally alert. Their main problems relate to adjusting to retirement, and in most cases the associated income reduction. Income maintenance and preventive health services are of great importance. One third of people over 65 are over 75, the "old-old", and thus are of an age where most people need more than average levels of support from the community. In addition to economic and social dependencies, physical limitations and disabilities become part of the lives of many people. "Old-old" people use more health services because they experience more illness.

- 7 stages of manhood -

spills
 pills
 bills
 - ~~chill~~ chill
 - pills
 - pills
 - wills

more women than men in all beds

9 The rate of institutionalisation of "old-old" women is twice that of "old-old" men - 17.2 per cent compared with 8.1 per cent. When translated into actual numbers (remember there are twice as many "old-old" women as men) we have four women for every man in an institution. If we diverge for a moment and focus on institutions we find that most of the residents as well as most of the staff are women. This holds true also of non-institutional services where most formal service providers and most informal supports are women. The ageing industry, one of the largest industries in our society is very much a women's industry and that has not been recognised sufficiently by our policy makers - or perhaps it has been recognised only too well and left to take a secondary role. I say this because there is a mantle of

disadvantage which envelops elderly women, and the formal support system is most vulnerable and susceptible to funding cuts.

10 Older women have less income, on average than any other group. According to the latest ABS Income and Housing Survey people over 65 have incomes of less than half that of people in their 30s and 40s. When we look at the sexes we find that women over the age of 65 have incomes only three quarters as great as men over the age of 65. Again it is the older woman living alone who has the lowest income. And older women do live alone. Most older men have a spouse and most older women have no spouse. 65 per cent of men over 70 have a spouse but only 27 per cent of women over 70 do. Most old-old men in private residences live with their spouse (about 60 per cent) and roughly equal numbers (about 20 per cent each) live alone, or with other relatives. With regard to old-old women in private residences the picture is exactly the reverse. Very few live with a spouse (about 16 per cent), and roughly equal numbers, (about 42 per cent each) live alone or with other relatives. In fact considerably more older people in Australia live with their adult children than live in institutions and while that is another story, it is important for women, because they perform most of the caring tasks, and often this is a matter causing great stress.

11 Another notable difference is in housing tenure. Whereas 78 per cent of male household heads over the age of 65 are home

owners, only 69 per cent of female household heads over 65 are home owners. Whereas about 12 per cent of older males heads are renters, 20 per cent of female heads are renters. The poorest and most vulnerable elderly people are those who rent in the private market and in Australia about 36,000 women over the age of 65 and 12,000 men rent in the private market, a ratio of three to one.

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With that very rough snapshot I think you can get the picture, in aggregate, of our older female population. 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 trying to get across 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.

clear understanding
① pol - fence
② spade
doctor - joints
- apple a d
- not

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The overwhelming majority of elderly people live in private households. Around 93 per cent of people over 65 live in private dwellings, and the remainder live in nursing homes, hostels or other forms of supported accommodation. Not only do nearly all elderly people live in private households, the overwhelming majority of elderly people with handicaps live in private dwellings.

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stats - ABS - 20,000 stamps, philatelic

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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.

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While life expectancies have increased, the associated dependencies are more chronic than transitional, and families are less able to provide the supports required, and less able to cope.

Family and

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In a nutshell, in giving people more time to live, science and medicine have also given them more time to die. We have all seen technical changes of astounding, stunning and overwhelming consequence. We can find technical solutions to many of our problems. We can think the unthinkable and do the undoable - yet are we a lot better off? We can do magic on our computers, land a person on the moon, analyse the gases surrounding Jupiter, fire a probe into the nucleus of Halley's Comet. We have learned brilliantly the means of accomplishing scientific and technical advance. 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're skilled in coping with problems with no human ingredient at all, as in the physical sciences or in the technologies. We can send people to the moon, yet we can't find jobs for our young people; or appropriate accommodation for all our older people; we can build in our big cities, gleaming skyscrapers with computer controlled talking elevators, yet we can't make traffic flow; we can keep people alive for twenty to twenty five years beyond retirement yet we can't ensure that they can live them.

(7)

To take an extreme example, when we compare the tasks involved with having landed a man on the moon with that of developing an equitable income security system or an effective nursing home system, was the technology of landing someone on the moon more simple, was the political commitment more easily realisable, was the management task easier? Absurd as it may seem, the answer to these questions is yes.

Change - Romeo + Juliette
 - Digital
 - Churchill

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. * Young House

(8)

There are important value questions about where the responsibility lies. Should individuals be responsible for their own health and welfare? How far must a situation deteriorate before government should step in? Should the state be primarily responsible for all risks? Should older people buy services in the private market? Should families care for their dependent members? What if elderly people have no family, or if their family does not have the willingness or the resources to play the caring role?

19 These are the sorts of issues and questions I deal with on a day to day basis. Developing policies for older people - those who are dependent and those not so dependent - sorting through the absurd networks of Commonwealth and State departmental structures looking for everyone's interest, trying to work towards a suitable supportive environment.

20 In order to create the necessary environment and the appropriate outputs three main actors - governments, voluntary agencies, and families and informal support systems each play significant roles. These actors are able to generate three types of outputs - tangible resources, effective services, and close companionship. It is the combination of these three things - tangible resources, effective services, and close companionship - to which our future activities must increasingly be geared.

Very crudely, the first is best delivered by government because only government really has the resources to meet the income maintenance needs evident in modern societies. The second comes largely but not exclusively through non-government welfare organisations (NGWOs). The third, companionship and family support, cannot be delivered bureaucratically, and analysis here gets us into the realm of informal services, family care systems, informal supports, and all the things that come with kinship and friendship networks.

Each of these three, governments, NGWOs, and families are under great pressure and one way of sorting out our service systems might be to examine issues of capacity and willingness of the various major actors and delivery systems.

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 voluntary 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.

~~S. A. L. S.~~
Govt can't do all - Grand Canyon


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Acting as a buffer against stress, as networks do, ageing in country towns can be a positive experience for more people than in the city. In country areas many elderly people have a strong sense of belonging, they have stable social relationships, they have an opportunity to pursue personal interests in the company of long-term neighbours and friends. This is the recipe for a happier, richer old age, one which is perhaps not always possible for city counterparts. In the city elderly people have less sense of identity and often may not have vital roles to play in their community.

out

A colleague of mine in Victoria, Ken Dempsey, did a study focusing on the positive aspects of ageing in rural Australia. While most studies try to identify those most at risk, Ken drew up a list of the factors which might help us identify those least at risk. His list includes:

- the young-old (65-74)
- living with a spouse
- born locally
- has children living locally
- has or had an occupation with recognised status
(or is the spouse of such a person)
- has a well-established friendship or neighbourhood
network
- is active in local organisations

 The sense of community in the city is far less tangible than in the country - one's sense of identity is not nearly so strong.

In non-metropolitan areas elderly people find no reason to withdraw from community activities, or limit their active participation in community affairs. It's all go for them. Older people are a tremendous resource in network building and in organisational activities - and you will recall, it is the informal networks and the voluntary agencies which are the backbone of community strength. In local organisations elderly people have skills - they bring years of experience and a wide range of knowledge and insight into community activities; they have high motivation - because when they get involved it is because they want to, because they believe in helping others, and at the same time can see they are helping themselves, and laying a basis for future support; older people are regarded as bringing consciousness and dependability - a healthy work ethic, attention to detail and reliability and steady performance;

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older people in local communities bring influence - they've been around, know a lot of people, and have built up a track record over time. Who can deny the tremendous role to be played by ageing people in the areas of community support and network construction. Community cohesion, tangible support, and network activity are the building blocks and they cement, the bricks and mortar of the framework, the structure, and the edifice of community concern and quality of life.

My statutory task is to enhance the quality of life of older people, to blaze a trail for the future - a future in which our older people are respected, highly regarded, and encouraged to contribute from their enormous reservoir of talent, experience and skill. As I look around me I am filled with optimism. I do not regard older people as a problem, not do I capitulate to a scenario of impending and monumental social dependency. I reject the pessimism of the harbingers of doom and gloom who say all is lost as we become engulfed in a geriatric tidal wave. Our elderly population is increasing slowly and we do have the time to plan - we do know how many older people we have today and will have in 10, 20, 30, 40 years from now.

As planners we have a challenge before us now, but we certainly have the skills to develop workable, equitable and humane policies. I am working on developing an agenda for ageing. In your activities you too, might like to think of what such an agenda might constitute.

The items that stand out to me include suitable income security, efficient, effective and equitable health care, accessible social services, life enrichment and life enhancement, suitable housing and accommodation, policies on work and leisure, communications and transport, issues of safety and consumer protection.

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With the commitment, the enthusiasm and the vigor I see around me, with the interest and the thirst for knowledge of older people I think we are on the way to developing a society in which the skills of older people are not lost and their ability and integrity is very highly regarded. We have a mix of wonderful individual and group innovations with organisations such as yours showing great initiative, supported by the broad community and able to tap into government outfits such as mine - and I'm proud to be part of this important and pathbreaking social partnership, though the ball is as much in your hands as it is in mine.

Your invitation to me today to talk about ageing attests to your committed awareness, and I am proud to have had the privilege to address you.