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Speech by Adam Graycar:

"Ageing and society"

presented at the Rotary conference, Renmark, 21 March 1987

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ROTARY CONFERENCE

RENMARK

21 March 1987

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Grand Canyon

The 'graying' of Australia's population has been a regular topic of discussion in government, demographic, health and social service circles in recent years. It has been noted carefully because shifts in population structure, particularly increases in the so-called 'dependent' populations have serious implications for resource allocation in areas of income support and service provision.

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.

There are, in Australia today, 1¼ million people in their sixties, 3/4 million people in their seventies, and over ¼ million in their eighties and over, that is about 2¼ million people over 60. That makes 14.7 per cent of the population, or over 1 in 7 of all Australians.

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. Every day in Australia our elderly population increases by 104.

When translated into goods and services and social facilities and supports, this warrants careful policy attention. Elderly people require a wide range of supports, mostly income support, but also health services, housing support, and social and community services. Public resources which are allocated are substantial, yet the range of incomes, housing situations and access to services of elderly people is probably wider than for any other population category.

The diversity of the elderly population is enormous. About two thirds of those over 65 are under 75, that is most elderly people 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.

For them, income maintenance and preventive health services are of great importance. About one third of people over 65 are over 75, and thus 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 are great users of health services for example. Whereas one third of people over 65 today are over 75, by the end of this century almost one half of our older population will be over 75, and that is an unprecedented phenomenon in our society.

In our society, as ages go up, so too does the proportion of women. At age 65, for every 100 men there are 113 women; at age 75 there are 136 women for every 100 men, and among the over 80s

there are more than twice as many women - 219 women for every 100 men. Most elderly men have a spouse, but most elderly women do not have a spouse, and having a spouse, according to researchers working in the field is the greatest defence against social isolation, public dependence and poverty.

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. Stats (ABS) triplets – 20,000 stamps – philately

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.

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.

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 those years in dignity.

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.

For a long time policy makers, researchers and community service people seemed to regard all elderly people as a homogenous group and used terms like "the aged" to describe an enormously varied and highly differentiated population. 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 <u>are</u> problems, and concentrate instead, on the problems they <u>have</u>. To do so requires good policy analysis, strong community responsiveness and very importantly, the elimination or unrealistic, patronising and unhelpful stereotypes.

stereotypes & misconceptions
- (2) jokes
- (1) obstetrician - apple a day
- (3) condom machine

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?

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.

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 compansionship - 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 kindship 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 <u>capacity</u> and <u>willingness</u> 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.

Sara Adler

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.

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Rural

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. Its all go for them. Older people are a tremendous resource in network building and in organisational activities - ~~and you will recall~~ as you know, it is the informal networks and the voluntary agencies which are the backbone of community strength. In local organisations elderly people have <u>skills</u> - they bring years of experience and a wide range of knowledge and insight into community activities; they have high <u>motivation</u> - 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 <u>consciousness</u> and <u>dependability</u> - a healthy work ethic, attention to detail and reliability and steady performance;

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 resevoir of talent, experience and skill. As I ~~look around me~~ travel around 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. Stay ahead one step in front Gotcha

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. - it affects everybody

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.

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.