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Speech by Adam Graycar:

"The challenge of ageing"

presented to the Queen Elizabeth II Silver Jubilee
Trust for Young Australians, Adelaide, 6th June 1988

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QUEEN ELIZABETH II SILVER JUBILEE

FOR YOUNG AUSTRALIANS

ADELAIDE

6TH JUNE 1988

THE CHALLENGE OF AGEING

ADAM GRAYCAR

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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.

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.

Over the next 25 years 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 148 per cent.

We are projecting around 14 or 15 per cent of our population to be aged 65 and over. This is no real cause for alarm because just about every country in Europe today has a population where 15 per cent or more of the population is aged 65 and over.

Of all the girls born 65 years ago, 87 per cent are still alive; of all the boys born 65 years ago 77 per cent are still alive today. Of those born 80 years ago 58 per cent of the girls and 36 per cent of the boys are still alive today.

The consequence of this is that whereas at the beginning of this century of all the people aged 65 and over one quarter were aged 75 and over; today of all the people 65 and over about one third are aged 75 and over but by the end of this century almost one half will be aged 75 and over. We are not seeing rapid ageing, but a shift in the age structure. The ramifications of this are significant and the challenges quite monumental.

Starts - multiple
Headache - one step ahead

All elderly people are not part of a single unified group.

We are dealing with a group of people spread across 30 or more years of life and they are as differentiated as any group of people. When we are talking of hundreds of thousands of people quite clearly we are talking of people who are fit and unfit, rich and poor, well housed and poorly housed and on and on. Our older population is very much differentiated by age as I have already pointed out, by sex, by class, by ethnicity, by spatial location, and by health status. At age 65 for every 100 men ~~there~~ ^{there} are 113 women; at age 75 for every 100 men there are 136 women; and once we get over the age of 80 there are 219 women for every 100 men. Most elderly men have a spouse and most elderly women don't have a spouse and having a spouse according to researchers working in the field is the greatest defence against social isolation, public dependency and poverty. We must also not lose sight of the fact that the fastest growing section of our elderly population are those born in non-English speaking countries.

Some people say that families have abandoned their elderly relatives and don't do nearly as much for their old folk as they used to generations ago. This simply is not so.

There never was a golden age when family did more for their elderly relatives than they do today. In the past people simply did not live long enough to be dependent. People usually worked till they dropped. We didn't have a situation where people would retire and then stay alive for twenty or thirty or forty years beyond retirement. Health care was much more primitive. People died in epidemics - people didn't survive massive strokes or heart attacks - one bout of pneumonia and poof you were gone - no antibiotics or anything like that! Now we have a situation where modern medicine can keep very sick people alive, yet our family structures are not always able to cope. What research there is shows that families do an enormous amount for their elderly relatives, but we have a situation where very interestingly over the last fifty years in Australia we have seen massive increases first of all in marriage rates and second in female labour force participation rates so that there are very few single women of middle age, unmarried and not in the labour force - the traditional so-called caring taskforce. Families do a lot and they certainly need a lot more support.

Many people think that most old people live in nursing homes or hostels.

The proportions of people in their 60s and early 70s who live in nursing homes are negligible. Whereas fewer than 4 per cent of people in their late 70s live in nursing homes, that proportion rises to under 10 per cent of those in their early 80s, under 20 per cent in their late 80s and just over 30 per cent in their

early 90s. So while fewer than 5 per cent of the elderly population as a whole ever lives in a nursing home about half of those who do live in nursing homes are aged 85 or over.

Over 90 per cent of elderly people live in ordinary private residences and will live out their days in ordinary private residences. Some will move to smaller units - some will move to retirement villages. Of significant note is that there are almost half a million people over 65 in Australia who live alone in private residences. Three quarters of those who live alone are women. It is important to grasp this fact when planning for their well being.

Not only do more than 80 per cent of people aged 75 and over live in private residences, the overwhelming majority of people aged 75+ with handicaps live in private residences. Almost three quarters of people aged 75+ with handicaps live in private residences.

You may be aware that we are seeing an early retirement boom in Australia. Lots of fit, middle aged people are being squeezed and pushed out of the workforce. Almost 2 million people in Australia have retired before the traditional 65 year age.

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 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 or thirty 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.

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.

diagnose problems — important to joints

One step ahead

tennis ball jobs apply a day
 As somebody involved in policy I can reel off a string of problems facing policy makers in ageing.

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 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.

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 work in it.

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.

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

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 $2\frac{1}{2}$ 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 go into age and veterans' pensions than into anything else. Our pension bill, at 9 billion dollars is $1\frac{1}{2}$ 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.

The four main issues for a person facing retirement are income - having enough and having it regularly; having adequate health care; having appropriate living and housing arrangements; and having interest and purpose in life. Old people are not at all different from their younger contemporaries in the requirement that life must have some meaning. We have made enormous advances in recent years in the first three of these areas, income, health, accommodation. The fourth issue, interest and purpose in life is often the least recognized and most neglected. Yet it is the heart of many of our difficulties in retirement.

Today there is a cruel and ironic contradiction in the fate of our older citizens. Never before have older people been able to look forward to so many years of vitality but never before have they been so firmly shouldered out of every significant role in life - in the family, in the world, at work and in the community.

To be needed is one of the richest forms of moral and spiritual nourishment and not to be needed is one of the most severe forms of psychic deprivation. When we look at young people who feel they are not needed and when we look at old people who think they have been placed on the scrapheap we see the basis for a massive disjunction in societal continuity and coherence.

*One step ahead
in a time of enormous change -
Concorde - Lippage - Churchill draft/robot*

We have a challenge before us now, and we have the skills to develop workable, equitable and humane policies. I am working on developing an agenda for ageing. 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.

As we look to the future in gerontological planning it will be necessary to develop the philosophical concepts, the framework for action, the process, and the product and to do that we have to work in conjunction with many organisations,

in collaboration and not in isolation.

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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 are on the verge of some monumental changes that will require skill, professionalism, caring, and empathy, but most of all a partnership. 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.



Office of the Commissioner for the Ageing

THUMBNAIL SKETCH

ADAM GRAYCAR

JUNE 1988

- * Over the next 25 years (1986 to 2011) our population will increase by about 30 per cent, that aged 65 and over by about 60 per cent, 75 and over by about 80 per cent and 85 and over by about 140 per cent
- * 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 65 is now about 14 years for males and 18 years for females
- * Of all the girls born 65 years ago, 87 per cent are still alive; of all the boys born 65 years ago 77 per cent are still alive today. Of those born 80 years ago 58 per cent of the girls and 36 per cent of the boys are still alive today
- * 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
- * At the 1986 Census there were 595 Aborigines over the age of 60 in South Australia. In Australia there were 9,524 Aborigines aged 60 and over
- * 47 per cent of females aged 75 and over and 32 per cent of males aged 75 and over are immobile compared with 18 per cent of people aged 65-69
- * the incidence of dementia increases from about 1 per cent at ages 65-69 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 and over with handicaps live in private dwellings)