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Speech by Adam Graycar:

"Ageing : policy issues"

presented at the Social Welfare Research Centre
Seminar, University of NSW, Sydney, 10th April 1987

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SUMMARY"Ageing : Policy Issues"SWRC Seminar - 10/4/87

OASW Sydney

Adam Graycar

Adam Graycar's presentation was divided into four parts. First he dealt with general issues and outlined the demographic and policy issues that are part both of our reality of ageing and of the myths and stereotypes that creep into planning in aged care.

Second he dealt with the distinction between conditions and problems noting that conditions are general circumstances which are tangible, while problems are those situations or conditions that are brought for solution or help. A great deal of skill is required in understanding the transition from condition to problem. After listing a dozen of the major problems in ageing policy he then turned to the third part, namely how do problems in ageing get on to the policy agenda.

There is clearly an important political process involved in determining whether a condition is a problem, and he outlined the types of interest group activities that are most likely to thrust problems on to the policy agenda. He described three types of lobby groups and argued that group demands that transcend individual interests are the key to our welfare future.

The fourth part of the presentation dealt with the development of an agenda for ageing and here he listed specific issues: Income Support; Health Services; Accommodation; In-home Services; Services to facilitate access information and communication; Employment; Transport; Recreation; Education; Life Enrichment. He then focused on in-home services, highlighting Personal Care, Housekeeping, Linen/Laundry, Household Support, Social Support, Centre Based Food Services, Home Delivered Food Services, Home Nursing, and outlined the various provision auspices, and invited discussion on how these substantive issues might get on to the policy agenda and the strength of different interest group approaches to getting these on to the agenda.

16/4/87

NT04SWRC#

SWRC SEMINAR

SYDNEY

10 April, 1987

"AGEING : POLICY ISSUES"

ADAM GRAYCAR

1. General Issues

Geriatric tidal wave - swamped by decrepit and dependent humanity sapping up all our resources and GDP

- a) slow growth - Europe *
- b) Pensions - falling rate - 1 1/2 billion > deficit
- c) NH > Foreign Aff & O/S aid - growth control
- d) ^{monetary drop} changing pop structure 75+ - ^{NH residents} - ^{auxiliary} ^{care}
- e) 3 principle - growth control/assessment/HACC
- f) greater community pressure for care - reluctant on family care has demonstrated willingness but not capacity
- e) new balance of formal & informal care

in ~~must~~ ^{planning} ~~necessary~~

- * only a small proportion of elderly people ever live in nursing homes or hostels
- * considerably more elderly people live with adult children than in nursing homes or hostels (twice as many - many disabled)
- * that home care services are chronically under-resourced and even the extra HACC money can only be regarded as minimal
- * for the severely impaired elderly, home care may not be cheaper than institutional care

- * that families, not formal service systems, provide most of the care for elderly people

- * that families who provide care are under enormous pressures and that O/S research (not yet replicated in Australia) has found that care giving families are poorer and smaller than families at large in the population; that the more affluent are institutionalised less, and that the more affluent families are less likely than the poor to provide for ageing parents in their own homes
 - partially confirmed in Australia

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. 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.

What we are facing in dealing with developing suitable supports for our elderly population is a test of the capacities of, and conflicts within our welfare state. Any such capacities and conflicts are necessarily both socio-political and techno-methodological.

How do issues get onto
the policy agenda - how
are problems ~~confronted~~
identified and acted upon?

2. Conditions & Problems

What we know is 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. There are difficulties that individuals have, and there are difficulties that arise from poor policy response to observed needs, conditions and problems.

When we seek to develop policies, programs and services, it is important to distinguish conditions and problems. Conditions are human circumstances which are palpable and real, such as living alone, being widowed, disabled, isolated, having an income below a certain amount, but these are not necessarily problems. Problems have no objective unambiguous meaning or definition - they are matters of judgement. Problems are those situations or conditions that are brought for solution or help. As such the conditions are identified and interpreted by practitioners, professionals, and anyone else who might be called an expert, and of course their interpretation and judgement may be very different to that of the client or consumer. A great deal of skill is required in understanding the transition from condition to problem and in analysing the genesis, origin, basis and shared nature of problems. This understanding moves us from identification to the verge of policy intervention.

using
exploration,

Our research has identified numerous conditions. Our practice highlights a profusion of problems.

We have problems in trying to alter the balance between the proportion of resources going into home care compared with that going to institutional accommodation.

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

We have problems with a nursing home system which ~~has~~ ^{and is searching for a new direction} had lost its way as rising expectations of nursing home care have created a larger than warranted population anticipating ultimate nursing home admission. The Commonwealth ~~will~~ ^{and} spend \$1 billion this year on a system ^{which in the past was} ~~rapidly~~ [?] moving out of control and rapidly straining basic concepts of equity.

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 ~~10~~ years and which is not sure how to handle the ballooning costs, the changing technologies and 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.

We have problems devising a set of home care services that are efficient, flexible, accountable, comprehensive, acceptable, 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.

and other consumers
↑

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.

who determines whether a condition is a problem?

When a condition is seen as needing 'rectifying' it is likely to be seen as a problem and on the way to getting onto the policy agenda.

Just because it is seen as a problem doesn't mean that there is necessarily any agreement as to why it is a problem or whether anything much can be done about it. There are at least 3 common perspectives on social problems, and I am sure you can all recognize people in each of these categories.

1. There are those who believe society can understand the way it functions or malfunctions and thus problems or disorders can be corrected because people are essentially malleable and thus adaptable. Technology, or goodwill, or social engineering will fix our problems.
2. A second perspective is rather downcast concerning contemporary problem-ridden society, which is more or less congenitally distorted and distorting and unable truly to resolve its problems until its basic structure is radically recast. Such recasting, though, is optimistically assumed to be followed by a more or less problem-free society.
3. A third perspective sees both individuals and society as quite intractable and unmalleable; hence, it is to some extent doomed to live with a fair measure of social problems. At the same time, they see fewer real problems than do other schools because they suggest that part of the problems experienced are drummed up by agitated minds, and when these rest, the problems will subside quickly. Also, whereas others see problems in inequality and the exercise of power, neoconservatives see them in the disintegration of authority and the excessive striving toward egalitarianism.

S. Policy Agenda

Items get onto the policy agenda because somebody makes a fuss or takes some action. Public distributive systems allocate resources on the basis of need, contribution, and citizenship. Each of these is highly political and each could be the subject of major debate, especially if we get into motives for allocation or distribution. Whether we develop provisions to respond to need, contribution, or citizenship, policies themselves become manifest as a result sometimes of planning, sometimes of negotiation, sometimes just incrementally. ~~Again~~ Each of these, planning, negotiation, incremental development, have within them value positions, political preferences, political tactics, and complex interconnections. What I would want to argue is that success in getting something onto the policy agenda lies not in blind adherence to a particular method, but in knowing where to break in - knowing when planning is more important than negotiation, or vice versa - knowing what is worth negotiating on and what is not, knowing what knowledge base to plan from, and knowing when to let things ride and take their course.

Welfare politics is the conflict between citizen and group demands for inclusion in the face of institutional and group policies which promote exclusion. Who goes on the scrap-heap and who doesn't? Many elderly people find themselves in situations of actual and potential exclusion from a broad range of social allocations.

Individuals and groups make claims for well being on the state, on their families, on employers, on their communities, and the future well being of the elderly population depends on how these claims are presented, and on the capacity and willingness to respond, by those upon whom the claims are made.

In the ageing area we are seeing a substantial restructuring of the nature, direction and impact of claims 6

related, while those on families open up a whole Pandora's box of family policy and informal care issues.

Claims on the community and on the state can be examined by noting three sorts of lobbies as part of the claim structure. First, there is the "direct interest" type. Claims are made by those who are the potential recipients and who thus have a direct interest. The "direct interest" lobby can be divided into two parts - a recipient section, the old people themselves, and a provider section. "Direct interest - recipient" groups include major organisations like the Australian Pensioners' Federation and the Australian Council on the Ageing, as well as many smaller organisations with limited interests. Activities include developing campaigns and pursuing them with varying degrees of intensity, deputations to Ministers and other political figures, and publicity dissemination through community radio and newspapers. "Direct interest - providers" include lobby groups such as the Private ~~Hospitals~~ and Nursing Homes Association in Australia, the ^{VCA, RANF} Australian Medical Association, groups within the pharmaceutical, health insurance, and medical and hospital equipment industries. This is what has been called the "social industrial complex" - a service industry born of the merging of private enterprise and public capital. Industry lobbies have helped shape medical care and housing allocations directed towards elderly persons.

SA
super skull
Cunt
Zuma
VOTE
ALPA
APFA
mp10am

Second, there is an "executive initiative" approach, where expansion and increases in benefits come from, the authorities (for whatever reason). The "executive lobby" covers politicians and bureaucrats, and the policies they propose and support vary with dominant political agendas. In Australia the executive lobby played a large part in the introduction of the age pension and now that the tide is turning they play a role in moves that they hope will lead to greater efficiency, better evaluation, and cost-cutting.

The big thrust today is in NHS

Bureaucratic politics is often noted for its empire building tendencies and in some ways certain bureaucrats develop the utility of ageing to expand areas over which they preside.

This provides a nice opening for direct interest lobbies ^{Flavour 9} ~~and~~
~~the month~~ ~~can be a good example of the executive lobby really~~

~~delivering~~. One must not lose sight of the fact that many bureaucrats have a strong commitment to the groups with which they work and continually support that groups' interest. Other bureaucrats are more detached.

While the political utility of the aged can be used for the advantage of politicians and bureaucrats, it may not always be to the advantage of aged persons themselves. An election agenda may ensure that programmes with vote catching appeal and visible effects are implemented, but this is not always in the best interests of the target group

~~as observed by Jan Carter in an SWRC report. She cites as~~
~~an illustration~~ of election oriented policies, ^{such} the rush
 towards institutional care rather than the slower
 development of community care ^{over the years} ~~for the confused elderly.~~ In
 the implementation of the Aged Persons Homes Act in
 Australia it has been demonstrated by Stephen Duckett that
 the distribution of facilities ^{has} ~~does~~ not provided
 satisfactorily for elderly people of low socio-economic
 status. This could be cited as an example of divergence
 between the interests of the executive lobby and the "direct
 interest-provider" lobby on the one hand, and the consumers
 on the other.

Third, there is the lobby of "conscience", comprising
 persons and groups acting out of a sense of noblesse oblige
 - those who have nothing to gain directly, other than the
 satisfaction of their humanitarian aspirations by positive
 social pay-off. ^{- do gooder} This lobby includes individuals in the
 churches, voluntary organisations, professions and academics
 who possess a sense of social justice, a belief in a
 reduction of inequality, and a hope for a better social
 future. This forms the basis of their activism.

It can be argued that direct interest lobbies will be the
 most likely to set social directions and press claims.
 Coalition formation will be important and the degree to
 which an activist coalition will acquire support will depend

on the legitimacy of the claimant group, the legitimacy of the claims made, the resources the group has to trade and the consequences of exclusion. When looking at the elderly their political resources are fairly limited, though their legitimacy is high ^{notwithstanding K. is old} The "conscience lobby" has an opportunity to express viewpoints on their interpretations of need, and on policy proposals in general. Their influence depends on their general standing in the political climate as much as on the quality of the evidence they put forward and the strength of their arguments. Very often, groups in the conscience lobby can identify a crisis situation and, with a concerted media campaign, attempt to place it on the political agenda.

94s all about 94
relative power of 94
various groups

Power relations determine the eventual allocation of income and services. The power of the various protagonist groups will determine the way in which priorities in social policy are set and acted upon. Power, of course, is very unevenly distributed in any society and it is limited to talk about a vote once every three years as a real example of the ability to alter the course of events as they relate to allocations to the elderly.

✓
✓
The broadening of life chances essentially entails a group approach to politics. Group demands which transcend individual interests are the key to our welfare future. Our individualist orientation often casts suspicion on the

claim by lobbies for benefits which are not obviously individually correlated. The aggregate nature of social policy outputs is often difficult to relate to pressure group politics.

It is very ^{clear} likely that the most severely disadvantaged among the elderly are not part of the direct interest lobby, and that the goals articulated by the various organisations vary so greatly that any single focus is severely blunted. To test this would require profiles of the most severely disadvantaged as well as profiles of the organisations in question. It is most likely that fragmentation of interests will occur unless there is an active search for a consensus which ensures the protection of the weak, the vulnerable and the disadvantaged.

There is clearly a role here for researchers, though identifying the contribution of research to policy is a particularly difficult task.

Another Seminar

~~As a researcher I am continually faced with all sorts of questions, first there is knowing what sort of research to do, second there is the question of how to do it, third there is the issue of how best to communicate research findings and fourth the jackpot question, how to ensure that research has bearing on policy. If we look at each of these briefly in turn, the first issue of knowing what research to do highlights the importance of applied researchers such as myself working in conjunction~~

Identifying need is a complex activity, and interest groups work hard at demonstrating need on behalf of their members. An enormous literature has developed which derives, describes, defines and dissects the concept of social "need". ~~One must always be clear on the distinction between a need, a condition, and a problem, for~~

~~conventionally policy prescriptions are aimed at need, sometimes at problems and less frequently at conditions.~~

Need is a relative concept, placed on the political agenda by lobby groups, and reacted to on the basis of some exchange system. The currency of that exchange may be expressed in political, economic or behavioural terms. In contemporary politics the welfare of elderly people is one type of poker stake, as massive questions of entitlement to state provided allocations, the relationship between public and private provision, the relationship between equity and adequacy, the relationship between entitlement and tax burdens are regularly debated and tested.

DEFICITS IN BASIC MAINTENCE & SUPPORT. SEF

REGION _____

| SERVICE TYPE | ACTIVITY | LEVEL OF EXISTING SERVICE |
|------------------------------|---|---------------------------|
| PERSONAL CARE | <ul style="list-style-type: none"> : Bathing : Toileting : Dressing : Feeding : Personal washing : Grooming : Mobility & Transport : Management of incontinence | |
| HOUSEKEEPING | <ul style="list-style-type: none"> : Regular house cleaning : Spring cleaning : Dish washing : Washing & ironing : Cooking/meal preparation | |
| LINEN/LAUNDRY | : Provision of full linen service | |
| HOUSEHOLD SUPPORT | <ul style="list-style-type: none"> : Shopping : Banking : Paying bills/accounts : Telephone calls : Writing letters | |
| SOCIAL SUPPORT | <ul style="list-style-type: none"> : Home visiting : Telephone reassurance : Emergency call system : Companionship | |
| CENTRE BASED FOOD SERVICES | : Provision of communal meals | |
| HOME DELIVERED FOOD SERVICES | <ul style="list-style-type: none"> : Home delivered meals : Information on food storage or processing : Instruction & training | |
| HOME NURSING | : Provision of care, control & relief of an illness or medical condition; medication | |

Development of Agency Agenda

5/1/21

- a) identify issues (below)
- b) identify condition & problem
- c) identify dynamics — lobbyists & supporters
- d) identify provision auspices — ^{Stakeholders from} federal/state formal inf.
- e) let's go to in-home only

PROVISION AUSPICES

| | Statutory | | | Commercial | Voluntary | Inform |
|---|-----------|-------|-------|------------|-----------|--------|
| | C>Wealth | State | Local | | | |
| Income Support | | | | | | |
| Health Services | | | | | | |
| Accommodation | | | | | | |
| In-home Services | | | | | | |
| Services to facilitate access information and communication | | | | | | |
| Employment | | | | | | |
| Transport / Public | | | | | | |
| Recreation | | | | | | |
| Education ^{Life Enrichment} | | | | | | |

~~Education~~