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WOMEN AND AGEING

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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 patriach 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 161 women turn 65 as do about 140 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 threshhold - 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 114 women and 81 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.

Our population aged 65 and over consists of 911,000 women and 656,000 men - 39 per cent more women than men. Our population aged 80 and over comprises 192,000 women and 90,000 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

Australia's elderly population is not spread evenly throughout the country. In my own state of South Australia 1 in 15 people is a woman over the age of 65. In Western Australia the figure is one in 20 - a very substantial difference. This compares with a situation, Australia-wide where 1 in 24is a male over the age of 65.

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.

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. They occupy more institutional beds - and that too is differentiated by sex. 2.1 per cent of "young-old" men (aged 65-74) live in institutions compared with 17.2 per cent of old-old women (aged 75 and over).

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.

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.

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.

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.

Ageing is seen as an issue requiring policy attention because a situation of dependency can be identified. The dependencies of ageing and chronic not transitional, and are social, economic, physical and political.

Ageing can very easily be seen as a problem if it brings with it, or is structured to bring with it a situation of exclusion from the mainstream of life. To maintain high rates of inclusion requires substantial public intervention, and of course there is a price to be paid. When we look at the context of problems we can identify three parties whose situations are affected. This is not to say that ageing actually is a problem for all concerned. First of all there are the elderly people who are excluded from the mainstream of life by virtue of their depencencies; second there are the relatives who may find themselves in time consuming and expense producing caring arrangement; third there are taxpayers and politicians who maintain that elderly people cost too much.

What interventions are appropriate to deal with the situation? This is primarily a political question.

There has been no shortage of political controversy lately about the degree to which government should provide support to elderly people. Arguments about whether age pensions should be provided on a universal basis, whether elderly people should receive health care and housing support at less than market rates are perpetually in the political arena. Age pensions, for example, are paid to women over 60 and men over 65. The cash cost is high - approximately $6 billion per annum, yet most elderly people, especially women, refer frequently to financial limitations and difficulties.

As the rate of economic growth has slowed down, competition for resources has become more fierce and the legitimacy of the "non-productive" sector has increasingly been questioned. Accepted and potential interventions have come under greater scrutiny and the politics of backlash has been evident amidst arguments about "responsible government spending", "excessive taxation", "system overload", "family responsibility" and so on. One long running argument has been to suggest that government is replacing the family as a primary care agent. To rectify this situation and to save public funds, one solution offered is a diminution of public services and a thrusting upon the family of greater responsibility for a primary caring function. It can be argued that many of the "problems" associated with ageing are largely political. Although Australia is not a rapidly ageing society, ageing is big business and big politics.

I would argue that the big political issue relates to the claims that are made in our society and the response to those claims. All persons, elderly and non-elderly alike make claims for allocations, which affect their well being, on four institutions - the state, the family, employers and the local community. Elderly people make claims mostly for an adequate income, for appropriate living arrangements, for high quality services, for independence and dignity, and for institutional responsiveness and a sympathetic attitude towards ageing.

We live in interesting times because there are four major delivery systems which can act on these claims, and politically and socially we have not been able to determine authoritatively, how they should relate to elderly people.

First, there is the statutory system. This comprises government provided and operated services. They may be costly, but in their favour is the argument that they can provide on a universal basis - they are publicly supported by the majority of the population who are not in need, so that a minority of the population, who are in need, can receive services.

Second, there is the commercial system. Their services are bought and sold at a price that the market will bear. Apart from most housing, there are few pure commercial services - most medical and hospital services are subsidized, though at the top end, private nursing home and private nursing services have a commercial market.

Third, there is the non-government welfare sector - sometimes called the voluntary sector. This is a large and complex web of organizations varying in size, scope, activity and interest. It is too diffuse to be regarded as a unified sector. There are in the order of 40,000 NGWOs in Australia, of which

about 8,000 deal with older people. There are complex funding and service arrangements between NGWOs and government.

Fourth, there is the informal system of social care. The help and support that family, friends and neighbours give one another is so often just taken for granted that it seldom enters discussions of service provision. We have no way of estimating the full extent of informal help, but we know that much more support is given informally than formally. Informal supports include provision of care in the home of dependent and disabled people, young and old; transfers of material resources within families; provision of advice and psychological support in coping with difficult situations.

These four systems, the statutory, the commercial, the non-government agencies, and the informal, intervene to provide supports, primarily to limit dependency. There are, of course, 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 families care for their dependent members? What if elderly people have no family, or if their family does not have the resources to play the caring role?

There are, however, important points to note in that

different support systems are appropriate for different sectors of the population. Very few elderly people can afford to buy in the commercial sector; voluntary agencies cannot meet the full range of needs; family structure is such that informal support cannot be relied upon for too much; and statutory services are costly, but the cost is shared within the community. The key issue in planning for services for elderly people is to find an effective and workable balance among these - a balance which minimise the disadvantages and problems and maximises the benefits.

The major thrust in my Office is to focus on the minimisation of dependency. That is important as a policy objective and important, of course, as a fundamental value in human well being and in the structuring of human relationships. Unfortunately the creation of and legitimation of dependency seems part of the social conditioning of our older population and particularly of our older female population.

As life expectancy at higher ages increases and as people live longer there is an accompanying increase in the incidence and extent of chronic and degenerative conditions. When we combine this with income limitations and housing problems, we see a series of cumulative deficits that envelop elderly people. As a significant majority of elderly people are women what we have is a distinct and pervading mantle of disadvantage that covers elderly women.

Since for all causes of death, men are likely to die at a younger age than women, and since widowed men both die or remarry faster than widowed women, aloneness, which sometimes manifests itelf as a lonliness, is a powerful force in the lives of many older women. When we combine that with the conditions and problems of ageing we find ourselves with a whole series of issues that require very careful and very detailed policy attention. The deficits of ageing which are chronic rather than transitional - disability, dependency, isolation, increased incidence of poor health, low income, inappropriate housing, family isolation, can at times be added to those problems that have been identified with the onset of widowhood - social isolation, financial difficulties, planning for the future, loneliness and grief. In order to provide effectively, need identification is important and the full spectrum of formal and informal services are required to be thrown into action. The formal system can provide income support, housing assistance, high quality professional services - the informal system can provide the personal care that can never be formalised - the emotional aspect of the caring relationship.

We have a good understanding of the needs of older women - they have been documented in the research literature and in the National Women's Advisory Council study written up by Alice Day and published in 1984. It is hard to know which is the most pressing need - and which is the most realistically attainable.

A good, equitable, humane and relevant service system - in-home services, family support services, respite services, transport services etc. would go a long way towards limiting dependency. Let me say, however, that even a first class service system can never be seen as a substitute for cold, hard cash in hand for older women. There have been significant moves recently for developing a more comprehensive and relevant service system and that seems more politically attainable than increasing the pension for older women. Service items seem to be easier to get onto the 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. 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 now, knowing what knowledge base to plan from, and knowing when to let things ride and take their course.

It is important that the position of older women be placed firmly on the policy agenda, that their needs and dependencies are recognised and accorded a legitimacy which invites authoritative action. Wishful thinking can.be turned into positive outcomes by starting with distinguishing problems that older women have vis a vis the rest of the community.

Once problems have been identified, the big question, of course, is what to do about them. They have to be placed on the policy agenda; those concerned with them must acquire knowledge about the specific and environmental conditions; develop strategies for effective goal setting and organization; provide for a power base and try to gather support, if not a broader consensus. One must not be fooled however by thinking that knowledge alone, or goal setting alone will be very helpful.

I would like to spend time talking about developing an action framework in which causes are identified, change agents noted, change targets established, channels of action located and change strategies developed - the five Cs - cause, change agent, change target, channels, change strategies. But all I have had time for is to have given a bit of data on older women and hinted at some of the issues facing them. The task confronting those of us in this field is to find the way in which tangible resources, effective services and close companionship can be guaranteed for older women (and older men of course).

Working to get things on a better, more effective and more relevant footing will require exceptional perception, astuteness, and empathy in the ability to identify problems, relate them to intervention systems, and work towards linking the appropriate balance of statutory, voluntary, and informal services. The future direction of support of older women in Australia will depend on the right mix in this delicate balance.