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"Ageing in Australia: a pointer to political dilemmas"

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ANZ AAS CONGRESS

AGEING IN AUSTRALIA : A POINTER TO POLITICAL DILEMMAS

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ABSTRACT

The social consequence of ageing is cumulative exclusion of a significant number of people from income, jobs, and meaningful roles in society. The political consequence is determination of the legitimacy of claims made by those excluded, and the developing of policies to accommodate those whose claims are successfully presented.

Income: Males aged 65 and over have a mean income one half as high as younger males. Aged females have a mean income 28% lower than aged males. In 1969 only 6.6% of aged persons had incomes equal to Average Weekly Earnings. By 1974 this had dropped to 5.3%.

Jobs: Labour force participation rates among men aged 65 and over have dropped by 54% in the past 15 years.

Low income and exclusion from the labour force (together with poor health — not discussed in this paper) creates a state of dependency. Future prospects for the well-being of Australia's elderly population centre on political claims for adequate income together with a service structure which can provide high quality social services. The trend is to shift this latter task to the family, and because of demographic and labour force changes, this is likely to cause considerable tension. Few resources go into community care in Australia (for every Commonwealth dollar which goes into community care, ten go into institutional care) and if community care is to develop there is a great danger that the community may expect women to acquire a caretaking role which is at variance with the evolving role of women in Australia.

The scene is set for some major political debates about public and private provision of cash and services to Australia's elderly population.

INTRODUCTION

For conventional reasons those aged 65 or more are regarded as constituting our population of elderly persons. Slightly less than 10% of Australia's population is aged 65 or more. Most are not in the labour force and thus rely for their security on past investments; government pensions and benefits and services; and their families. Some are fortunate in having a combination of all three, others survive on one or two of these.

The population is ageing slowly and the implications of this for social security and service provision have caused alarm in some government circles. That Australia has been able to achieve, over the last 100 years, an increase in life expectancy at birth from 47 to 70 for males, and 51 to 77 for females, is an achievement rather than a calamity for society. As Victor George (1973, p.109) has pointed out, if there is a problem it is not the proportion of the elderly in the community but the lag in adapting social institutions to the needs of older people without disrupting the machinery of the whole society.

It is often suggested that old age is an issue area, not only from a personal point of view, but from a policy point of view, and in the long run an economic point of view. It has been argued elsewhere that the 1980's will see the "politics of exclusion" as fundamental in welfare politics, and a framework consisting of nature and direction of claims, coalition support, and types of group activity has been developed to analyse how target groups get their share of the pie and fight for inclusion and against exclusion. (Graycar 1981).

As the rate of economic growth slows down, competition for resources becomes more fierce and the legitimacy of the "non-productive" sector is increasingly questioned. The politics of backlash starts to play a role and arguments about "responsible government spending", "excessive taxation", "system overload", and so on, are increasingly heard.

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. One of the central issues in contemporary social policy is to determine the appropriateness of claims on each of these institutions. One long running argument for example suggests that the state 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.

What this signifies is that the nature of the claims made on the system cannot be taken for granted. What is deemed a legitimate claim is very much a value question. It is crucial for policy analysts to understand the nature of claiming and the structure of legitimacy. Who makes claims on the system? What sorts of claims are deemed legitimate? Who decides whether they are deemed legitimate or not?

This highlights a fundamental value - the relationship between public and private provision. It has long been part of Australian ideology that people be encouraged to provide for themselves, though policy incentives have not always matched rhetoric. Nevertheless the better off have naturally found it easier to "provide for themselves". Should they then be denied any form of public provision? It must be noted that public provision comes both through government allocations and also through the non-government welfare sector.

This debate is intimately connected with debates about whether allocations should be aimed at adequacy, equity or equality; whether benefits should come as an entitlement or the outcome of a political struggle; whether allocations should focus on self-reliance or dependency; whether orientations should be towards the individual, or towards the whole family. These and other value conflicts have been identified and form the basis of a lengthy report entitled American Values and the Elderly. (Institute of Gerontology, 1979). The value dilemmas outlined were posed as a number of continua:

private _____ public
 equity _____ adequacy
 self-reliance _____ dependency
 struggle _____ entitlement
 individual _____ family
 secular _____ religious
 work _____ leisure

These issues must be borne in mind as one accumulates and analyses data about aspirations, expectations, conditions and problems of Australia's elderly population.

PROFILE

At June 30, 1980, Australia's population was estimated at 14,615,887. Of these, 1,401,481 or 9.6% were over the age of 65. Since 1901 the percentage of the population over the age of 65 has grown from 4%. (see Table 1.). In 1901 43.5% of those over 65 were female and 56.5% male ; by 1980 the proportion was 42% male, 58% female — a total transposition. (see Table 2.).

The age structure of those over 65 is altering and itself ageing. In 1901 three-quarters of those over 65 were under 75, and 10% were over 80. By 1980 less than two-thirds were under 75 and 17.5% were over 80. (see Table 3). Furthermore at higher age levels the percentage of women increases so that while approximately 53% of those aged 65-69 are women, of those over 85 approximately 70% are women. (see Table 2.).

TABLE 1

AGE STRUCTURE

	1901	1911	1921	1933	1947	1954	1961	1966	1971	1976	1980
% of population aged 65+	4.0	4.3	4.4	6.5	8.0	8.3	8.5	8.5	8.3	8.9	9.6
% of females aged 65+ in total population	1.7	2.0	2.1	3.2	4.3	4.6	4.9	5.0	4.8	5.2	5.6
% of males aged 65+ in total population	2.3	2.3	2.3	3.2	3.7	3.7	3.7	3.6	3.5	3.7	4.0
% of persons 65+ to persons 15-64	6.6	6.7	6.9	9.8	12.0	13.1	13.9	13.8	13.3	13.9	14.7

Source : Census : and A.B.S. Cat. No. 3201.0 (1981)

TABLE 2

FEMALES PER HUNDRED IN EACH AGE GROUPING 65+

Age group	1901	1911	1921	1933	1947	1954	1961	1966	1971	1976	1980
65 - 69	44.2	47.5	46.6	49.3	52.1	52.8	55.3	54.7	52.6	53.1	53.8
70 - 74	41.6	47.2	48.9	49.3	54.1	54.9	55.9	58.3	57.7	55.9	55.8
75 - 79	43.5	46.7	51.0	50.2	54.5	56.9	58.0	59.5	61.9	61.4	60.0
80 - 84	45.5	46.6	52.0	53.2	55.5	59.1	61.4	62.5	64.2	67.1	66.9
85+	48.1	51.0	53.9	57.7	58.8	60.9	65.7	67.4	68.7	70.6	71.2
Total	43.5	47.3	48.7	50.0	53.7	55.0	57.0	58.2	58.0	58.1	58.0

Source: Census and A.B.S. Cat. No. 3201.0 (1981)

TABLE 3

PERCENTAGE OF PERSONS 65+ IN EACH AGE GROUPING

Age group	1901	1911	1921	1933	1947	1954	1961	1966	1971	1976	1980
65 - 69	45.7	40.2	43.7	42.7	39.9	40.7	37.3	36.1	36.3	37.2	37.1
70 - 74	29.4	28.9	27.1	30.3	27.4	28.2	29.6	28.0	27.5	26.9	27.3
75 - 79	14.8	18.5	16.7	16.8	18.4	17.1	18.4	19.9	18.8	18.4	18.1
80 - 84	7.3	8.7	8.3	6.9	9.7	9.2	9.6	10.4	11.3	10.7	10.8
85+	2.8	3.7	4.2	3.3	4.7	4.8	5.0	5.6	6.2	6.8	6.7
Total	100	100	100	100	100	100	100	100	100	100	100

Source: Census and ABS Cat. No. 3201.0 (1981)

As the population is ageing, concern is frequently expressed about whether those in the work force in the future will be able to provide a sufficient tax base to provide for those excluded from the labour force primarily, but not only because of age. Will fewer taxpayers, in the future have to support more people? There are many assumptions about fertility, mortality and migration which can easily cast doubt on the predictive value of projections. Assumptions also about the labour force are crucial. Data used here concern the population aged 15-64 and no judgement is expressed about how many will be in work, nor about the productivity of their endeavour.

An examination of dependent age groups (Table 4.) shows that 80 years ago there were 64.5 people under 15 or over 65 for every 100 in the "working age" groups of 15-64. By 1981 this had fallen to 52.9%. By the year 2011 it is likely to fall to 48.8. (Beyond then there may well be a rise). The distribution in 1901 was heavily skewed in favour of children. For of these 64.5, 57.9 were children and 6.6 were elderly (8.7 children for each elderly person). Of the 48.8 in 2011, 34.4 will be children and 16.4 will be over 65 (1.97 children for every elderly person). This shift has profound consequences for service planning for the future.

Fertility rates (that is numbers of births per 1000 women aged 15-44) have declined during this century. While in the late nineteenth century women on average were having six children, this dropped during the depression

of the 1930's to a low of 2.2. It picked up in the following years and peaked in 1961 at 3.5. The years of high fertility, 1946-61 will yield populations which turn 65 in the years 2011-2026. Since 1961 the birth rate has been in steady decline so that at the 1976 census a new record low of 2.1 was reached. The National Population Inquiry commented "annual marital fertility rates, which have been declining since 1961, are now, age for age, lower by a considerable margin than they have been". (1975, p.41). This signifies a major shift in Australia's age structure as Table 4 shows.

TABLE 4
DEPENDENT AGE GROUPS

Year	MALES			FEMALES			PERSONS		
	$\frac{0-14}{15-64}$	$\frac{65+}{15-64}$	$\frac{0-14 \& 65+}{15-64}$	$\frac{0-14}{15-64}$	$\frac{65+}{15-64}$	$\frac{0-14 \& 65+}{15-64}$	$\frac{0-14}{15-64}$	$\frac{65+}{15-64}$	$\frac{0-14 \& 65+}{15-64}$
1901	55.1	7.1	62.2	61.1	6.1	67.2	57.9	6.6	64.5
1911	47.9	6.7	54.6	51.1	6.6	57.7	49.5	6.7	56.2
1921	49.8	7.0	56.8	50.0	6.9	56.9	49.9	6.9	56.8
1933	41.8	9.6	51.4	41.5	9.9	51.4	41.7	9.8	51.5
1947	38.3	11.1	49.4	37.2	13.0	50.2	37.6	12.0	49.6
1954	45.1	11.6	56.7	45.2	14.8	60.0	32.1	12.3	41.4
1961	49.3	11.6	60.9	49.5	16.3	65.8	49.4	13.9	63.3
1966	47.4	11.3	58.7	47.2	16.4	63.6	47.3	13.8	61.1
1971	46.0	10.9	56.9	45.5	15.7	61.2	45.8	13.3	59.1
1976	43.2	11.6	54.8	42.1	16.4	58.5	42.7	14.0	56.7
1979	39.9	12.0	51.9	39.1	17.1	56.2	39.5	14.5	54.0
1981	38.8	12.1	50.9	37.8	17.4	55.2	38.2	14.7	52.9
1986	36.5	12.4	48.9	35.6	17.8	53.4	36.0	15.1	51.1
1991	35.7	13.1	48.8	34.7	18.7	53.4	35.4	15.9	51.3
1996	36.7	13.3	50.0	35.5	19.0	54.5	36.1	16.1	52.2
2001	35.7	12.9	49.6	34.4	18.5	52.9	35.0	15.7	50.7
2006	34.1	12.8	46.9	32.6	18.4	51.0	33.3	15.6	48.9
2011	33.0	13.5	46.5	31.7	19.2	50.9	32.4	16.4	48.8

SOURCE: Census Data

A.B.S. Cat. No. 3214.0 Projections of the population of the States & Territories of Australia

A.B.S. Cat. No. 3201.0 Estimated Age Distribution of the population of the States & Territories of Australia

Over the last 100 years Australia's mortality pattern has changed. In the 1980's according to calculations made by Rowland (1981, pp.5-6), only 26% of males and 35% of females could expect to celebrate their 70th birthdays. The respective proportions to-day are 55% and 73%. Over the century, life expectancy at birth has increased from 47 for males and 51 for females to 70 for males and 77 for females. Over the same period, life expectancy at 65 has increased from 11 to 13 years for males, and from 12 to 17 years for females. (see Table 5.)

TABLE 5
Expectation of Life at Selected Ages in Australia (Years)

Age	Males			Females		
	1881-90	1970-72	1978	1881-90	1970-72	1978
0	47	68	70	51	74	77
10	49	60	62	52	66	68
20	40	50	52	43	56	58
30	34	41	43	36	47	49
40	26	32	33	29	37	39
50	20	23	24	22	28	30
60	14	15	17	15	20	21
65	11	12	13	12	16	17
70	9	10	10	10	12	14
75	7	7	8	7	9	10
80	5	6	6	5	7	8

Sources: 1881-90: 1911 Census, Vol.3, pp.1209-11
 1970-72: A.B.S. Australian Life Tables 1970-72
 Ref. No.4.31.
 1978: A.B.S. Deaths, 1978, Cat. No. 3302.0, pp. 24-25.

Reproduced from D. Rowland (1981) P.6.

The Australian Bureau of Statistics issues population projections in four different series. (Cat. No. 3214.0) Series A, B, and C vary slightly in their fertility assumptions, but all share the same migration assumptions (net overseas migration of 50,000 per year), and the same mortality assumptions (slight decline in infant mortality). The series D projections share fertility and migration assumptions with series A, but assume a decline in mortality rates of 1.5% per year. This mortality assumption produces a much larger "old old" population in the future.

In absolute numbers the thirty years from 1981 will see a rise in the population of those aged 65 and over, from 1.41 million to approximately

2.14 million — a rise of 52% (Series A, B and C.). If one uses the series D projections the rise will be from 1.41 million to 2.64 million, a rise of 87%.

Demographers do not agree on these data. George Myers, a consultant to the Social Welfare Policy Secretariat, uses Series D projections. He claims (1981 p4) that official projections over the past twenty years have tended consistently to underestimate the number of older persons enumerated in censuses. He suggests (1981 p.1) that there has existed a preoccupation with the measurement of the proportion of the total population that is aged, and that less attention is given to the growth in the numbers of older persons. While proportional estimates are sensitive to changes in fertility, numbers of older people are more sensitive to changes in mortality, and the reality in Australia, he argues in his paper, is that mortality rates are declining.

This means that there will be more "old old", and therefore profound consequences for income maintenance and caring arrangements. Rowland (1981 p.11) acknowledges the decline in mortality rates but suggests it is impossible to predict for how long these improvements will continue, and he questions whether the series D mortality rates are realistic in the long term.

On the other hand Borrie predicts only a slight increase in "old old" (those over 75) as a proportion of all persons aged 65+. He estimates (1979, p.18) that in the year 2031 the ratio of "young old" to "old old" will be 64:36, a negligible change from the ratio to-day (65:35).

Notwithstanding these arguments among the demographers these data can be seen as constituting the possible range of population. Over the next 30 years there will be between 7000,000 and 1.2 million additional elderly persons in Australia, most of whom will require the outputs of public policy decisions in health care, income support, and social services.

109,287 people turned 65 last year — that is 300 people per day. 70,978 people over 65 died last year — that is 194 per day. Our aged population increased by around 38,000 in the year or 106 per day.

When translated into, goods, services and supports this is quite substantial — but not overwhelming.

In assessing the size of Australia's elderly population it is interesting to note international comparisons. The United Nations Demographic Yearbook, 1972 (using 1971 data when Australia's 65 + population comprised 8.3% of the population) listed 27 countries as having a greater proportion of elderly people than Australia. Heading the field 10 years ago were the German Democratic Republic (15.6% aged 65+); Austria (14.2%); Sweden (13.7%); France (13.4%); Federal Republic of Germany (13.4%); Belgium (13.3%), U.K. (13.1%); Norway (12.9%). The remaining 20 countries with elderly populations greater than that in Australia were all (with the exception of the U.S.A. and New Zealand) in Europe. The "top ten" have a proportion of elderly people today, roughly equal to that which Australia will have in 50 years time. They manage today, yet the pessimists say Australia will be in dire straits in the future.

Borrie has summarised the position by saying that the ageing process in Australia is gradual and will be slight until the end of the century (though he does estimate that in about 2030 those aged 65 and over would comprise 14% of the total population — see National Population Inquiry 1978 p. 105); that ageing in Australia is the product of declining fertility rather than of improvements in life expectancies after middle age; that there will be no quantitative increase in the total burden of dependency; that the proportion of the population of working age will tend to rise, not to fall. (Borrie 1979, p.19). Between 2011 and 2031 the rate of ageing may be greater than in preceding decades due to post World War II "baby boomers" reaching old age.

INCOME

The Commonwealth Government in 1980 provided income support for 1,352,769 aged persons (this included 156,200 women aged between 60 and 64 and 30,800 wives of male pensioners). People in receipt of the age pension constitute 78% of those of pensionable age and 9.0% of the total population. Depending on what one includes, the Commonwealth Government spends between 4.2 and 5.2 billion dollars (1978/9) on elderly persons. This is between 14.6% and 18% of total Commonwealth outlays and between 4.2% and 5.2% of Gross Domestic Product (1978/9).

Data on income used here are calculated from ABS Income Distribution 1968/69, 1973/74 and 1978/79. (Respectively Catalogue Nos. 6504.0, 6502.0, 6501.0). In 1968/69 10.1% of persons 65 and over had wages or salaries as their principal source of income while 65% had government social security benefits. By 1978/79 this had changed to 3.8% and 79.5% respectively.

TABLE 6
PRINCIPAL SOURCE OF INCOME: PERSONS 65 YEARS OF AGE AND OVER

	1968/9			1973/4			1978/9		
	Males	Females	Persons	Males	Females	Persons	Males	Females	Persons
Wages or salary	19.0	3.2	10.1	14.9	2.4	7.8	6.8	1.4	3.8
G.S.S.B.*	51.8	75.1	65.0	63.3	85.1	75.6	71.3	85.9	79.5
Superannuation	8.8	3.5	5.8	6.6	1.8	3.9	7.9	1.7	4.4
Other	20.4	18.2	19.1	15.2	10.7	12.7	14.0	11.0	12.3
Total	100	100	100	100	100	100	100	100	100

*Government Social Security Benefits.

As males get older their reliance increases on social security benefits. In 1973, for males aged 65-69, 27% had wages or salaries as their principal source of income and 49% had social security benefits. The corresponding figures for those 70 and over were 5.9% and 74%.

It is of interest to note that the aged receive considerably less income than the population as a whole. Aged males received a mean income which was 59% of that of all males in 1968/69, and by 1978/79 this had deteriorated to 49%. Aged females receive less than all females, but in both cases they receive considerably less income than their male counterparts. Aged females are severely disadvantaged in that their mean income, when compared to mean income of aged males, was 49% in 1968/69, though this has risen to 72% of that of aged males. While this latter figure is higher than any other comparable figure, when linked with other demographic factors it shows the mantle of disadvantage that covers elderly women.

TABLE 7

REAL MEAN TOTAL INCOME IN DOLLARS BY SEX
(inflated to 1978 dollar value)

	1968/9		1973/4		1978/9	
	All	Aged	All	Aged	All	Aged
Male	8281	4886	10196	5018	10170	5010
Aged mean income as percentage of mean income for all		59		49		49
Female	2882	2394	3857	2893	4720	3630
Aged mean income as percentage of mean income for all		83		75		77
Female incomes as percentage of male incomes	35	49	38	58	46	72

Source: Calculated from Table 21 Part 3 Income Distribution 1968-69
Table 12 Part 1 Income Distribution 1973-74
Table 3 Income Distribution (Individuals) 1978-79

When median incomes are taken the figures show yet a different pattern.

TABLE 8

MEDIAN INCOMES (\$) 1973 DOLLARS

	1968-9			1973-4		
	Male	Female	Total	Male	Female	Total
(1) 65 years & older	1423	998	1012	1500	1300	1340
(2) All	4172	1012	2613	5380	1370	3430
Percentage (1) of (2)	34	99	39	28	95	39

Source: 1968-69 Income Distribution Part 3 Table 20
1973-74 Income Distribution Part 1 Table 11

In comparison with the rest of the population the incomes of elderly people are very low indeed. Taking Average Weekly Earnings (A.W.E.), a commonly used indicator, as a base, it is of interest to note that in 1968/9 only 6.6% of elderly persons earned A.W.E. or above. By 1973/4 this had fallen to 5.3%. (Data for later years are not presently available). By comparison in 1968/9 22% of non-aged persons earned A.W.E. or more and by 1973/4 this had risen to 26.4%. Income distribution statistics show that in 1968/9 63.8% of aged males received less than half of A.W.E., and by 1973/4 this had risen to 72.1%. Aged females fared much worse. Figures remained constant over the period with 92.2% of aged females receiving less than half A.W.E. Non-aged females also fare very poorly when comparing income distribution with A.W.E.

Information obtained from the 1974-5 Household Expenditure Survey shows that the worst off and best off aged persons receive incomes about half as high as the worst off and best off in the total population, but those in the middle receive incomes only one-third as high.

TABLE 9

HOUSEHOLD INCOME

1974/5 \$ PER WEEK

(1) Head 65 yrs or older	31.55	61.50	192.03
(2) All ages	56.38	187.00	361.09
(1) as percentage of (2)	56	33	53

Source: Household Expenditure Survey, 1974/5.

Although current income is very low there are qualifications which must be made. It must be noted that one's well-being depends not only on current income and expenditure but on both current and past income and expenditure. As many elderly people own their own homes (approximately 70%) and as many have in the past, acquired consumer and capital goods, current expenditure patterns will vary from those of younger persons and families. Many elderly people are asset rich, but income poor.

This is starkly illustrated by the Commission of Inquiry into Poverty. It found (1975 p.241) that before housing costs were taken into account, 171,000 income units (23.8% of aged income units) were "very poor". After housing costs, the figure diminished to 55,000 units (or 7.6% of aged income units). This still represents a very considerable number of people falling below Henderson's very stringent line. For those who have no assets the position is serious. For those who do have assets, mechanisms need to be found to convert them into current income if necessary, while still providing long-term security. Schemes such as re-mortgaging homes to receive annual income while running down ownership equity are frequently proposed. Perhaps it is simplistic to examine income without at the same time examining wealth.

Those with assets can (unless they wish to leave a large inheritance) run down their wealth and thus have regular expenditure in excess of their income.

Low income is a feature of life of most elderly people. For some, there are assets which make their situation tolerable. For many, however, lack of income severely affects their welfare.

Labour Force Participation

The occupational profile of older workers is reasonably similar to that of the population as a whole except that more of the elderly than the population as a whole, can be found in managerial and executive categories; agriculture; and the service industries, while fewer are in categories listed as professional and technical; clerical; and the armed forces. This somewhat reflects those industries least and most affected by retirement policies.

There has been a slight decline in the last 15 years in the proportion of the work force aged over 65 from 2.1% to 1.2% for males. Participation rates among older persons have declined dramatically. In 1966, 23.1% of males 65 and over were in the labour force ; by 1980 this had fallen to 11.0% (a decline of 52.4%). For females over 60 the decline was 23% but on a much smaller base (7.4% to 5.7%).

Part-time work has traditionally been a source of income for older people. There has been a boom in part-time work in Australia, but participation rates (both full-time and part-time), among the elderly have declined.

TABLE 10

EMPLOYMENT STATUS, MALE, FEMALE, AGED, ALL. (Percentages)

	Males 65+		All Males		Females 60+		All Females	
	Employed F/T	Employed P/T	Employed F/T	Employed P/T	Employed F/T	Employed P/T	Employed F/T	Employed P/T
1966	16.5	6.6	79.9	3.1	4.4	3.0	26.9	8.5
1980	7.6	3.4	70.1	3.9	2.8	2.9	26.6	14.8
% change	-53.9	-48.5	-12.3	+25.8	-36.4	-3.4	-1.1	+74.1

Source: A.B.S. The Labour Force Australia, Cat. No. 6204.O. Tables 12,13,16,18 and The Labour Force Australia 1980, Cat. No. 6203.O.

Employment patterns and economic conditions rather than personal capacities or individual deficiencies can be suggested as explanations for the great decline. It is estimated (Covick 1979) that 150,000 people aged 55 and over wish to work but can find no job.

Older workers (45 and over) make up 14% of those receiving unemployment benefit from the Department of Social Security, yet they make up 30% of those who have been receiving the benefit for 24 months or more (Department of Social Security Quarterly Survey of Unemployment Benefit Recipients 28/11/1980 p.10). Given that job prospects are negligible many older men have been placed on invalid pensions. The number of men aged 50-59 in receipt of invalid pensions rose by 153% between 1970 and 1980 (from 20,380 to 51,480), while for those aged 60-64 it rose by 103% (from 20,590 to 41,930).

These data indicate a distinct pattern of labour force exclusion is in operation. As the social relationship between age and the labour market needs careful consideration, these data are most significant.

PROVISION

Both income and human service allocations are made by the state. These have been discussed in general (Graycar 1979), and in respect of elderly people (Graycar and Kinnear 1981). The debates on cash allocations focus on adequacy and equity ; the debates on service allocations focus on access, cost, responsibility, need, reciprocity and dependency. One significant feature of the services debate is the split between institutional and community care options. The institutional sector provides residential accommodation while the community sector includes non-residential provision within the community, such as day care, domiciliary services, home help etc. These operate in the formal system and must be contrasted with the informal system of care and assistance provided by relatives, friends and neighbours. (In 1978/9 the Commonwealth Government allocated \$34 million in the formal community care sector and \$334 million in the institutional care sector).

Although community care is normally posed as an alternative to "institutionalization", as Anna Howe (1981, p.179) points out, the reality is that "community care is an alternative to neglect". It is a false dichotomy to assume that community care is being proposed as an alternative to institutional care. Suggestions for a programme of this type have contained statements which warn that community care services should have primacy in their own right. (Kristin and Morris, 1972). Community care is not an alternative but a structure of services complementary to institutional forms of care. A "community" care concept raises the issue of what is the relationship between the state/family/public/private in providing care for the elderly.

Success in retaining the elderly in the community for as long as possible is determined by the broad development of a combination of health and social services. Both the Seaman and Holmes Reports have emphasised the importance of developing a comprehensive community care programme to lessen the incidence of inappropriate institutional placements.

Care is delivered through both formal and informal systems. Informal systems operate strongly. Families do more for their elderly relatives than they are given credit for and it has been shown that the family, rather than the formal system, provides most of the home health services for incapacitated or housebound relatives. But, as the researchers

have pointed out, the capacity of the family to provide care — particularly of seriously impaired older people — may be over estimated. (Monk and Dobrof, 1980, pp. 146-148).

Living arrangements structure the delivery of care through the informal system. Having a spouse or another relative in the household affects care patterns. Marital status data show that most elderly males have a spouse, but considerably fewer elderly females have a spouse. The 1976 Census showed that 79% of males aged 65-69 were currently married as were 65% of males 70 and over. Corresponding figures for females were 53% and 27%. Widowhood and living alone are of greater significance for the more numerous female population.

The 1976 Census showed that living arrangements differ markedly for males and females over the age of 75. Of those living in private dwellings (85.4% of males and 76.6% of females), 57% of males lived with a spouse while only 16.5% of females lived with a spouse. 19% of males lived alone but for females the proportion was 42.3%. 41.2% of females and 20.4% of males lived with adult children or other family. (Rowland, D. — Unpublished).

Having family contacts provides a support base of great importance. Anna Howe (1979) reviews the Australian literature and data and concludes that lack of family support places older persons at risk of admission to institutional ^{care} and that this is as much a reflection of social conditions as it is of medical ones. The barrier against social isolation is not solid. The bifurcation into "alone" and "not alone" is more marked among women (42% to 58%) than among men (19% to 81%).

Care is greatly needed and policy decisions of great difficulty have to be made in respect of the "old old". Family care can be seen as a cheap alternative, a means by which families can provide (at little or no cost to the state) services otherwise financed by the taxpayer. This leads to the point that family care cuts across any element of equality between the sexes. Noting that the distinction between community care and family care is more apparent than real, Finch and Groves write that in practice, "community care equals care by the family, and in practice care by the family equals care by women". (1980, p.494). In a strong critique of

of the suggestion that the enthusiasm for community care has not always been matched by clear thinking about its likely consequences, they see an increase in overall dependency. Hence the idea that in the future women can provide care for their relatives because they will in any case be at home, financially dependent on a man, seems a very shaky basis on which to plan the expansion of community care". (Finch and Groves, 1980, p.506). A most unsatisfactory situation could exist if community care options are developed in which women may be expected to acquire a caretaking role which is at variance with the evolving role of women in Australia.

What evidence there is suggests that while there is no doubt about the willingness of the family to provide supports, there is some doubt about capacity. Demographic and social changes have altered the capacity of the family, particularly women caretakers, to provide supportive services. The pool of potential caretakers is diminishing :

1. Of those forming families in the mid-19th century, 80% had four or more children. Of those presently in their seventies, approximately 25% have had four or more children. Furthermore about 30% have no children or only one child.
2. Traditionally a pool of middle-aged unmarried women not in the labour force could be counted upon to provide care. Today there are fewer "never marrieds" in Australia than ever before. Of women aged 45 to 59, 22% in 1901 were never married. Today the proportion is 4.8%. for every 100 elderly persons, there were, in 1901, 8.7 unmarried women aged 45-59. Today there are 4.1.
3. Labour force participation rates for women have increased in the past decade from 39% to 45%. For married women aged 45-54 the 1980 labour force participation rate was 44.4% (50.7% for unmarried women). For those aged 55-59 the rate was 27% (and 34.4% for unmarried women).

Regardless of age, people to-day have more living parents, grandparents and great-grandparents than ever before. The combination of people living longer and increased labour force participation rates among women has produced a phenomenon characterized by Elaine Brody as the "women in the middle". Such women "are in middle age, in the middle from a generational

standpoint, and in the middle in that the demands of their various roles compete for their time and energy. To an extent unprecedented in history, roles as paid workers and as caregiving daughters and daughters-in-law to dependent older people have been added to their traditional roles as wives, homemakers, mothers and grandmothers. We conjecture that many of them are also in the middle in that they experience pressure from two potentially competing values — that is the traditional value that care of the elderly is a family responsibility vis-a-vis the new value that women should be free to work outside the home if they wish". (Brody, 1980 p.2-3). Family care, in reality, is care by women. When developed through the informal system this is the cheapest form of care. The social ramifications, however, are likely to generate tension, and in the long run, may be counter-productive.

A terribly important distinction, that between care in the community, and care by the community, is pointed out by Finch and Groves (1980, p.490). The whole area of community care, family care, the demography and social functions of caretaking, multi-generational families, family policy and its implications, dependency and powerlessness in the family, all cover fertile grounds for extended research, some of which is already proceeding in The Social Welfare Research Centre.

CONCLUSION

The data show that the number and proportion of older persons have risen significantly, as has life expectancy. Associated socio-economic conditions highlight considerable need among the elderly. How ought society to respond to this need? In earlier times, when life expectancy was lower and the proportion of older people smaller it was regarded as quite an achievement to have survived to old age, and status and prestige were accordingly granted. Today with one in ten over sixty five, and the prospect of one in seven over sixty five within two generations, prestige is diminished and novelty value disappears. The older person's reputation as a repository of knowledge and fount of wisdom has been eroded by modern education and technology. These people, with no mystique, excluded from the labour force, and suffering economic and social dependency do not together produce a vision of a target group which will instinctively receive outputs from the political system.

Perhaps there is political strength in numbers alone. The evidence suggest not ! The divisions among elderly people reflect those in the population as a whole. It is not likely that the wealthy aged would identify with the poor aged, urban aged with rural aged, healthy with unhealthy, physically independent with physically dependent and all the combinations of these and many more characteristics.

Voting patterns do not indicate a volatile aged electorate. Using public opinion poll data between 1972 and 1976, an analysis of 98 polls showed an amazing constancy in support for the Australian Labor Party. Among voters aged 70 and over, support for the A.L.P. varied from 37.6% to 39.9% — a range of 2.3 points. In the same polls support for the A.L.P. from the population at large varied from 38.2% to 44.7% — a range of 6.5 points. (Duckett, 1979, p.39). These data show that elderly people are both more conservative and more stable in their voting habits than the population at large.

The structure of voter support is such that it would be quite unrealistic to imagine a major defection from the Liberal Party or a major swing to the A.L.P. There have, of course, been attempts to run candidates who profess to represent "the aged", though in the party system their chances of success are very slim. The most that can be hoped for is that their preferences might determine the outcome in a Senate vote or in a tight lower house seat, but obtaining the balance of the vote and the discipline of tight preferences is most unlikely.

While voting power can be seen as neither a threat nor a promise which can be delivered to the major parties, political power among the aged cannot be dismissed. Their concerns have a political legitimacy and the allocations directed towards elderly persons account for between 15 and 18 percent of the Commonwealth Budget. Traditionally there has been no doubt about the legitimacy of political activity in the field of ageing. Ageing is a process beyond individual control and it happens to all people. Legitimacy is based on its universal nature and general citizenship concepts. Furthermore history shows that some politicians have championed causes relating to the elderly, sometimes from a standpoint of genuine concern and sometimes from a standpoint of political expediency or opportunism.

There are lobby groups which represent and promote interests of elderly persons. The more vocal interests however seldom take up the concerns of the less vocal. Activist groups agitate on issues as diverse as better income maintenance policies, and provision of benches at bus stops. Success is often locality based but what one group may achieve in one locality does not necessarily become standard in other areas. Often what is fought for at the local level is an area specific facility, or removal of some local obstacle. This may seem a world away from demographic change, labour force exclusion and national health care systems.

One reason why local successes are more easily noted than national successes reflects the fragmentation of policies and services that exist haphazardly in a federal system. First of all there is the indeterminable confusion about the appropriate welfare functions carried out by each politico-administrative level. Second, changes in funding, and devolution of responsibility for planning and delivery services, occur without warning. Funding changes ensure a high level of tension among the three levels of government and between each of them and the large range of non-government welfare organizations.

Political tension exists then, because the size of the aged population has been growing faster than resources available for that group; because there has been a questioning of legitimacy; because there has been a burgeoning of self-help ideology; because of the grossly uneven levels of activity among lobby groups representing the aged; and because of the tensions inherent in state-federal relations and the instability of funding arrangements.

All of the activity is related to improving standards of well being and a reduction in dependency. It is not altogether clear, however, that political moves aimed at the reduction of dependency should be aimed only at government. Certainly the currently popular "family policy" thrust does not see it this way. Dependency, which it can be argued is socially and not individually created and structured, involves the making of claims by elderly people on the state, the family, employers and the local community. Claims for income are made on the state and on employers, though

it has been shown that very few elderly persons have employers. Claims for services are in a state of flux as the "family policy" debate attempts to move the target of claims from the state the family. Further research is being undertaken to assess the capacity of the family to meet those claims. Research is also being undertaken on the capacity and role of the "local community" (through non-statutory welfare organisations) to fulfil a caring role in respect of elderly people.

Provision to limit dependency and meet normative and expressed needs of elderly people is an important issue for our political agenda and great gaps exist, not only in the co-ordination of state and non-state provisions, but in developing a philosophy which can respond to the mantle of disadvantage and dependency which could envelope Australia's elderly population.

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