

Ageing update

Looking back and moving forward? Ageing in Australia 2000

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It was timely that the 1999 International Year of Older Persons (IYOP) occurred in the last year of the century because the purpose of the year is to celebrate ageing achievements as well as to produce positive sustainable change for the future. Thus it affords an opportunity to assess the status of ageing in Australia as a result of developments up to that point, as well as providing an indication of where ageing research, policy and practice is headed in the new century. This paper examines the IYOP in Australia as a measure of achievements to date, and then focuses on its major output, the proposed National Strategy for an Ageing Australia, as a look ahead. This follows a brief review of some socio-demographic data on ageing in Australia at the end of the century, and a summary of research on ageing as recorded in the Australian Ageing Research Directory (Office for the Aged 1993, 1996).

Socio-demographics

Like most other developed Western economies, the double ageing process of an ageing population together with the ageing of the aged population is underway. The median age of the population has increased from 31.6 years in 1988 to 34.6 in just 10 years, with a median projection of 44.1 years by 2051, while the proportion of the population aged 80 years or more has increased to 2.8 per cent with a projected 8.4 per cent by 2051. The number of people aged 65 years or more at the turn of the century in Australia was 2.3 million people. This represented 12 per cent of the population, and is projected to increase to 24 per cent of the total population by 2051 (ABS 1999).

The older population, like people of all ages, comprises a diverse cultural mix with 32 per cent having been born overseas, and slightly

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more than half of that group from non-English speaking countries. There are relatively few Aboriginal and Torres Straight Islanders aged 65 years or more representing only 3 per cent of the indigenous population. Most older Australians (63 per cent) were living in family households, many with a partner, while 29 per cent lived alone, and seven per cent lived in cared-for accommodation. The older indigenous population however was less likely to be living with a partner and eight times more likely to be living in multi-family households, which may be a reflection not only of culture but also of lower income levels (ABS 1999).

Elderly people, as a group, however, have declined in terms of their share of people in (relative) poverty. In 1972/73, single aged females and single aged males represented 13 per cent and 4.6 per cent respectively of all those in poverty. In 1996, their share of poverty had declined to 3.6 per cent for females and 2.4 per cent for males (King 1998). This decline has been attributed in large part to the increase in non-cash benefits of the social wage over this period. In fact ageing research on income support has also declined in recent years, as discussed below, while research on areas such as health and wellbeing has increased.

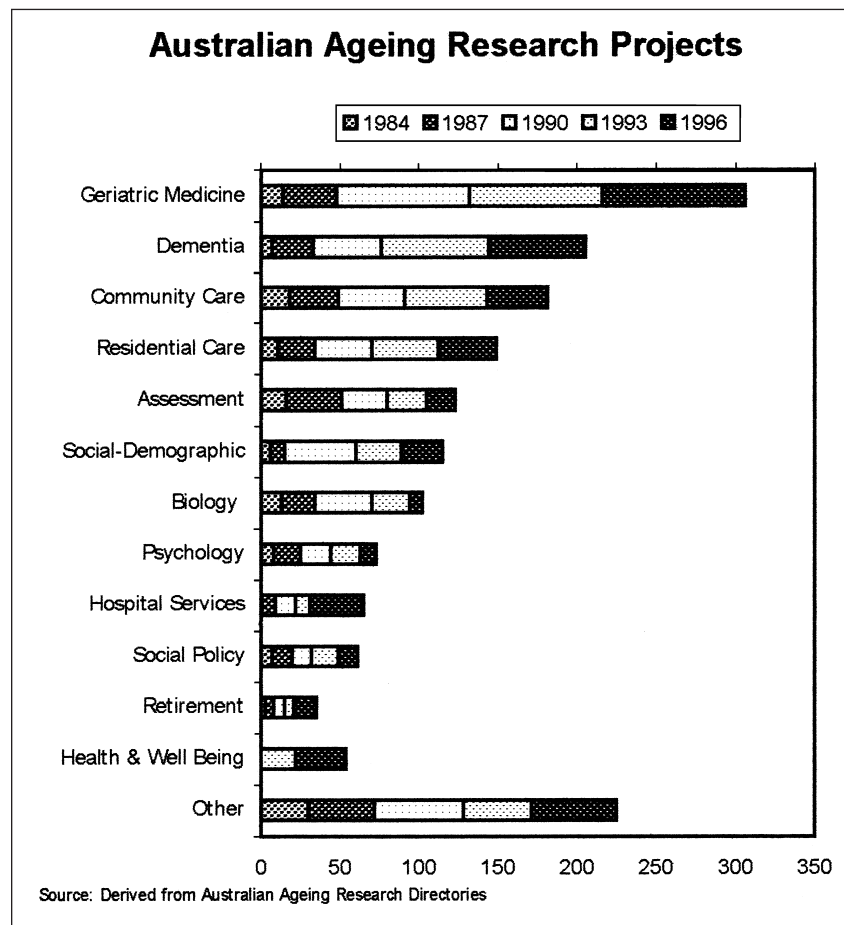
Australian Ageing Research Directory

This directory¹ has been published every three years since 1984 with the sixth edition in 2000 expecting to contain 700 projects. Initially published with the aim of informing individual researchers about the interests and activities of others involved in gerontological research, the Directory has continued to facilitate the exchange of information about, and promote opportunities for co-operation in, ageing research.

The Directory contains various cross-referenced indexes that categorise individual ageing research project entries by research field, specialist research unit, auspice organisation, individual researchers, and key words, as well as recording project publications and completion dates as a proxy indicator of knowledge accumulation. As might be expected, there have been various changes in categorisation since its inception, reflecting growth and specialisation in the field.

For the purposes of presentation, the chart provided here lists only the larger categories, with the remainder aggregated in the 'Other' category. This latter category thus includes research on many important areas such as nutrition, housing, law, education, ethnicity, income support, dentistry, feminism, information technology, carers/

caregiving, nursing, pharmacy, palliative care, transport, and so on. Additionally, the larger categories shown subsume other sub-specialties and key areas of interest such as mental health, and family research.



As can be seen from the chart, there has been considerable growth of research in many fields of ageing. During the 1980s, Geriatric Medicine recorded a threefold increase, and since 1990 has remained the largest contributor to ageing research in Australia. This category includes a large range of clinical areas such as cardiovascular disease, eye research, medication, osteoporosis, pain and so on. There have, consistently, also been relatively large numbers of research projects on dementia, and it too can be disaggregated to clinical studies, service studies, drug studies and so on. The biology of ageing on the other

hand, increased in the period up to the 1990s then declined. A similar pattern of rise and fall is shown for psychology and social policy. This, however, is believed to have increased considerably for psychology in the edition under preparation. Applied research has seen strong growth in the social-demographic, community care, residential care, assessment and more recently hospital-related projects. In the 1996 edition there is a renewed activity in retirement, and the emergence of a new category of health and well-being. Overall, the number of entries from 1984 to 1996 increased from 133 entries to 434, a 226 per cent increase.

Examining the introductions to the various editions reveals a range of factors contributing to this growth. These include the identification of ageing as a special field by major funding bodies like the National Health and Medical Research Council. Increasing recognition of the ageing field through the establishment of Chairs in Geriatric Medicine, and the move of Nursing into universities, is also cited. The funding of large scale projects and databases on Geriatric Assessment and Ageing and Families, as well as the National Action Plan for Dementia Care funded by the Federal Government are other major factors identified with the growth in research. Overall, these developments point to both a consolidation and a growth in ageing research in Australia.

1999 International Year of Older People (IYOP)

Australia's support for the IYOP can be seen to date from its endorsement of the 1978 United Nations (UN) recommendation to convene a World Assembly on Ageing. An Australian delegation attended that 1982 World Assembly in Vienna and delivered a comprehensive report on how the needs of older people were being addressed. Australia also supported the 1992 UN resolution to observe 1999 as the IYOP. However, preparation for the year, which can be seen as an important factor in commitment to the issue, did not formally begin until 1997 when the Prime Minister designated the then Minister for Family Services (now Minister for Aged Care) as the Minister responsible for the IYOP. The government allocated earmarked IYOP budget funds in that year to establish a Conference For Older Australians, and to fund a body known as the Australian Coalition, to identify needs that could be addressed through the IYOP. The Minister also announced in 1997 that the primary response of the Australian Government for the IYOP would be the development of a National Strategy for an Ageing Australia (NSAA). While there were

many other activities and events conducted in Australia's IYOP subsequent to these initial responses (see Department of Health and Aged Care 1999, *National IYOP Website*), only the latter are discussed here.

However before this, a brief mention should also be made of the role of Australian journals in the Year. Two stand out for their dedication of a special edition in the IYOP. They were the *Australasian Journal on Ageing* (Jorm 1999) and *Australian Psychologist* (Browning and Stacey 1999). The first of these editions was funded specifically by the Federal Government as an initiative for IYOP, and launched at the Aged Care Australia/Australian Association of Gerontology conference in 1999. This conference was the largest aged care conference held in Australia, with over 1500 delegates attending. The second journal was an initiative of the Australian Psychological Society and indicates a re-emergence of ageing studies in that discipline. The *Medical Journal of Australia* (Helme 1997) had earlier dedicated a special edition to ageing. All editions contain a range of key papers on various aspects of ageing in Australia at the turn of the century, and are recommended in that respect.

Australian Coalition '99 (AC'99)

The coalition, auspiced by the Council on the Ageing (COTA Australia), and financially supported by the Federal Government, was the official non-government focal point for IYOP. Drawing on a partnership model developed by the American Association of Retired Persons, a small group of interested individuals first met at COTA in 1995. The aim of AC'99 was to create linkages between the media, business, arts, rural and community sectors with a view to working on a united front towards creating an age-friendly society. Through a network of agencies, the coalition was able over the Year to engage 1400 partners nationally who each carried out some activity in their locality to celebrate IYOP. This is indeed a significant achievement.

However, despite the large number of partners recruited to the cause, establishing partnerships with the business sector appears to have been the most difficult, yet it paradoxically provided one of the most fruitful outcomes for older people. For example, in partnership with the Commonwealth Bank, information sessions on electronic banking and actual Internet banking practice classes for older participants were developed and implemented. The Bank provided customised equipment, with large keypads and screens, and pur-

posefully selected older workers from the bank conducted the training sessions. In 1999, the bank conducted 800 sessions for older people, and is committed to continue with these courses. This service of course is in the bank's interest but undoubtedly benefits older people as well.

Other significant business partnerships, which produced positive outcomes, included partnering the national peak body for advertising to conduct a competition among members for advertising, using positive images of ageing. There was also a national competition for young people to encourage them to think about ageing by writing an essay on 'What I will be doing in the year 2050'. This competition produced copious responses from school children around the country. Another business partner, The Body Shop, ran a storewide competition for customers to complete the sentence 'Ageing is ...'. From the responses (see their website), the company produced a positive image billboard advertisement published nationally. Thus one might conclude that the non-government sector in the form of AC'99 achieved effective results for IYOP, not only in the areas of inter-generational relations and positive images of ageing, but also with the business sector becoming more sensitive to ageing issues.

Conference of Older Australians

The Commonwealth Department of Health and Family Services (1998) sponsored this event. It is a key source and indicator for assessing IYOP because it undertook a community consultation with a sample of older Australians from across the country, to determine what they saw as the needs of older people, and how these matters might be addressed in the IYOP and beyond. The conference carried out a two-stage process whereby expert panels met and agreed on some key areas for investigation, which were then used in the second stage as the basis for focus groups with 344 selected participants.

Examples of the main issues identified by the older participants were the need for more positive images of older people, and this included more positive attitudes from health professionals. The participants wanted greater acknowledgment of the contribution older people have made, including their role in bearing the problems of family breakdown and their supportive role of grandparents as carers. They perceived a lack of information on services useful to older people, and a want of assistance in the use of new technology. A need to reduce isolation and fear, as well as a reduction of environmental hazards, such as uneven footpaths, was identified, and this was seen as a way to providing more

services to the home rather than institutional care. Greater opportunities for extending paid and unpaid work, and a stronger safety net for those with little retirement income, as well as more community buses, and clothing and packaging that is age-friendly, were other needs identified.

Thus, the work carried out by the non-government sector through AC'99, as described above, certainly addresses some of these identified needs such as positive images, and use of technology, to assist access to important services such as banking. Other projects conducted by the 1400 coalition partners may have contributed to celebrating the achievements of older people, but more detail is required on this. The Federal Government's response, the National Strategy for an Ageing Australia (NSAA), however appears far more wide-ranging. Indeed, it directly addresses such matters as family solidarity and care, greater work continuation, especially to strengthen retirement income, and so on. However, the motivation behind the government's response seems more related to concerns about a looming fiscal burden, rather than responding to the needs of older people as expressed through the conference.

National Strategy for an Ageing Australia

A fundamental aim of the IYOP was not only to celebrate the achievements and contributions of older Australians, but also to develop policy and programmes that would enhance the well being of older people. As stated, the NSAA is the Federal Government's key policy response to the 1999 IYOP, and thus one presumes it is primarily about enhancing the well being of older people. The Strategy has four themes: Independence and Self-Provision, Healthy Ageing, World Class Care, and Attitude, Lifestyle and Community Support. A background paper plus a major discussion paper on the first three themes have been released to date, plus a specific issues paper on Mature Age Employment, which is part of the Independence and Self-Provision theme (Bishop 1999).

While these papers contain a wealth of information on ageing in Australia, the context they are presented in appears more reflective of a conservative ideology based on self-reliance and reciprocal responsibility to government for services provided. The Independence and Self-Provision paper's title is explicit in its intentions of arguing that older people should make greater efforts to be financially responsible for themselves in old age. Similarly, the specific issues paper

on Mature Age Employment suggests, among other things, that this can be achieved through working more years rather than taking early or even standard retirement. The World Class Care paper argues for more care in the home but advises that '... as the wealth of older Australians increases, older people will have an increasing ability to make a contribution towards these costs, either directly or through insurance'. The Healthy Ageing paper is certainly about improving quality of life for older people but again there is a strong underlying message that healthy ageing will reduce government costs.

These papers indicate that the Federal government has indeed embraced the IYOP as an important issue, which normally would be seen as a positive aspect for evaluating the success of the year, and an indication that beneficial change for ageing will be enhanced in the future. However, because this 'ownership' by the government can be seen as a top-down policy initiative, where there is opportunity to transfer future aged expenditure back to the community and the market, one might question the desirability of government's interest in this case. The discussion papers clearly identify the key policy areas for change – health, income, employment, independence – and the clarity of issues usually enhances the likelihood of change. The fact that these areas have been so clearly targeted indicates the serious preparation the government has afforded this IYOP response. Further, from an evaluation perspective, an effective communication mechanism, such as the NSAA, is again usually seen as essential for achieving change. Indeed the concept of a strategy initially received wide support from ageing interest groups, which is yet another dimension of possible success. We have the paradoxical situation, however, of an IYOP response which has all the hallmarks of success, yet possibly contains a new ageing regime which may be anathema to the people it is aimed at.

On the other hand, this may be an overly pessimistic interpretation of the NSAA. Older people, and ageing interest groups, have stated they want to be able to work, to remain healthy and have better retirement income. Hopefully, the final strategy will offer incentives to achieve this rather than an underlying coercive threat. Ageing research and practice in Australia has achieved much over the last century and many aspects of IYOP were a reflection of that success. It may be, however, that the new century is the break point for a paradigm shift toward reducing the role of government in aged care. Of course these are only discussion papers, put out for comment. The government has already backtracked on introducing accommodation bonds for nursing home entry, and it may be that these discussion papers are testing the

electoral waters. We will have to wait and see. The UN will formally evaluate the IYOP in 2001, and it will be interesting to see whether Australia has finalised the Strategy by then, and we are seen as moving forward on ageing.

NOTE

- ¹ This triennial publication has changed authorship over time from the National Research Institute of Gerontology and Geriatric Medicine to the Office for the Aged.

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