PART ONE

What's the Problem?

CHAPTER 1

The Issues

Introduction

The distinction between personal troubles and public issues, first articulated by C. Wright Mills in 1959, is a familiar one within sociology. It usefully identifies fit subject matter for a discipline which is inherently disorderly and resistant to definitional encapsulation. But that distinction has never been a particularly clear one. Furthermore, we need to direct at least as much attention to the process by which personal problems come to be recast as public issues.

In many ways, that too has long been clear. From the difficulties confronting bored and lonely suburban housewives, Betty Friedan (1963) drew the 'problem which had no name'. She, in conjunction with writers such as Gloria Steinem, Germaine Greer and Shulamith Firestone, provided the literary basis for the second wave of the feminist movement. In the 1980s there came gay liberation and in the 1990s the disability rights movement. While each of these political movements has close connections to and interactions with academic programs (women's studies, disability studies, queer theory), in all those cases it has typically been political action rather than sociological thought which allowed areas of human life previously deemed to be 'personal troubles' to re-emerge as 'public issues'.

The process of getting a particular personal trouble recognised as a public issue can be a difficult one, particularly for those groups lacking resources and status. Michael Oliver (1990) makes this argument cogently with regard to disability and the disability movement. The challenge here is to have disability recognised as a problem for society because of the way in which society is structured, rather than a problem of the individual because of a perceived personal failing, whether physical or intellectual.

If that proposition is not immediately apparent to those not touched by disability or the disability movement, consider feminists' analogous claim that 'traditional' structures – traditional marital sex roles, workplace norms, lack of relevant leave provisions and so on – discriminated both overtly and covertly against women. Recall the similar difficulties which feminists encountered in convincing a disbelieving society of those propositions. Recall, too, how various shifts in our understanding of the way in which society works have contributed to making such claims broadly accepted today. The journey from 'the problem which had no name' to affirmative action legislation was a long one, underpinned by significant social change. The parallel example of evolving thought about the appropriate social place of blacks in the American deep south (Myrdal 1944) may provide the necessary intellectual leverage for those who still remain unconvinced of the malleability of personal troubles into social issues.

It is my contention, then, that what constitutes a public issue rather than a personal trouble is not intellectually stable ground. Examples such as women's liberation, black rights, gay rights and disability rights all point to the importance of political movements in successfully establishing an oppositional discourse: one which locates a particular kind of disadvantage as socially structured, rather than as an individual trait. This in turn emerges as a fit area for sociological study. This process in its turn serves as a useful reminder that 'oppositional discourses' are required because the existing perception is the perception of a dominant group: male, white, heterosexual, able-bodied, or – in the case which forms the basis for this book – non-aged.

Yet the emergence of ageing as a public issue rather than a personal trouble does not fall neatly within the political-activist tradition described above. True, in the USA there is the example of the Grey Panthers and other such political pressure groups. In other countries, however – including Australia, the United Kingdom and much of mainland Europe – such an argument is much less compelling. There the emergence of ageing as a social problem seems to have occurred, not at the urging of older people themselves, but rather from that sector of society which is charged with providing their care. It gained centre stage, not as an oppositional discourse built by the aged in reaction to dominant societal norms failing to take account of their particular and peculiar circumstances in contemporary society, but rather by that dominant group itself.

Concern has escalated as the numbers of people reaching old age have increased. The yet-to-occur movement of the baby boom generation into old age appears to arouse particular excitement in popularised versions of analyses of population ageing. It is, of course, by

and large the baby boom generation itself which is undertaking these analyses. These baby boomers are seemingly preoccupied with the twin problems of how to pay for the support of burgeoning numbers of older people in the present and yet have sufficient resources available to ensure that they are themselves appropriately cared for in the future.

Several points of relevance to this book emerge from this. First, ageing may have emerged as a public issue rather than a personal trouble. But it has done so in the hands not of the disadvantaged group themselves but rather in that section of society on which they are likely to be reliant for care; that is, as a dominant rather than oppositional discourse. Second, this construction of ageing as a public issue or social problem has an intrinsic component: a concern with how such a level of need can be met – the fear of a future society burdened by the weight of 'elder care'. This is quite a different preoccupation, for example, from that evident in the demands of the disability rights movement to gain recognition for disability as a public issue and one deserving of a fair share of societal resources. Third, much of the work done in aged care research and policy development is premised on the knowledge and understanding developed within that dominant social paradigm. Consequently, problems and their solutions are cast in ways consistent with the views and interests of middle-aged, mid-career social scientists and policy-makers. It is this latter observation which underlies many of the theoretical reflections which comprise the third part of this book.

In any case, regardless of how it was achieved, ageing has attained the status of a public issue rather than merely a private trouble. It is, moreover, a public issue with a remarkably consistent international face. A number of recurrent themes reverberate throughout the international literature on aged care. These are central both to the policy analysis work in Part II of this book and to the conceptual analyses in Part III.

The 'ageing of the population' – under which I include actual, projected and perceived population ageing – has brought with it a number of changes in aged care and in the ways that we think about aged care issues, not all of which are immediately apparent. The most commonly discussed issues include the increased numbers of highly dependent aged persons, the increased demand for aged care services, the associated escalating cost to the public sector, and the likely consequences for the existing system of financing both income support and long-term care.

Less overtly discussed as a consequence of the ageing of the population, but none the less associated with it, are the shifts which are

occurring in the way in which aged care services are provided, with implications for both the formal and the informal sectors. These include:

- a probable increasing demand for and reliance on family care;
- the progressive deinstitutionalisation of aged care services;
- closer targeting and rationing of services;
- greater concern with quality of care and regulatory issues; and
- an emphasis on consumer and user rights.

There has also been a growing awareness, at least among a minority of analysts, that the preponderance of old women is more than a demographic oddity and has significant social and policy implications.

Not all of these trends and shifts in emphasis have been equally manifest in developed nations. But interestingly it is consistency rather than difference which appears to dominate the international literature. It is more in the implementation and the structure of existing systems, rather than at the level of explicit or even implicit policy aims and trends, where cross-national variations are evident.

There are also other broader trends at work throughout national health and welfare systems which are not specific responses to population ageing, but nonetheless impact on the ways in which aged care services are provided. While they are neither specifically ageing-related nor quite so consistently evident in an international context, they constitute a salient counterpoint in a number of countries and thereby modify the delivery and funding of aged care services. These include:

- a focus on equity and access;
- moves to better define appropriate outcomes for services; and
- the privatisation of service delivery systems.

This book explores the changing face of aged care in Australia, but it does so with an eye to this international context. It is not a comparative volume, as such. Rather it is one which takes the Australian aged care system as an object of study in its own right, but which also locates it as a social laboratory for ageing policies – an instance where the ageing of the population occurred later than in Europe, but with considerable rapidity. The Australian policy response could thus be informed by experience elsewhere, but at the same time the modifications to that received wisdom put in place in Australia have often been at the forefront of international developments. The remainder of this introductory chapter is devoted to outlining the commonalities in contemporary aged care policy at the international level.

Growing demand

Population ageing is a defining characteristic of all developed and many developing nations in the latter part of the twentieth century, and one which will continue into the twenty-first. In 1950 between 8 and 9 per cent of the population in North America, Europe, Australia and New Zealand were aged 65 and over. Today that figure has increased substantially everywhere. However, regional variation in the rates of increase over that period has resulted in a situation where, by 1990, 13.4 per cent of Europeans were 65 or older, compared to 12.5 per cent in North America and 10.9 per cent in Australia and New Zealand (United Nations 1993b: 25).

My concern here, however, is with the more recent demographic trends which are of relevance to the shape of current and emerging aged care policies. While the magnitude of percentage increases over five- to ten-year periods may lack the drama of a 40-year series, they have the advantage of immediacy, capturing more accurately the changing levels of demand with which public policy is actually confronted.

The Australian population is relatively young among developed nations. The 14-country comparison in Table 1.1 reveals three tiers in terms of population structure. The oldest tier includes most of the European countries, with between 14.5 per cent (France) and 17.7 per cent (Sweden) aged 65 and over. The second tier is a more eclectic cultural mix, but comprises a recognisably 'younger' set of countries, with between 11.5 per cent (New Zealand) and 13.1 per cent (Japan) aged 65 and over. Australia ranks close to the bottom of this group, with 11.7 per cent of its population aged 65 and over. The third comprises a single example, China, representing the so-called 'late initiation' countries, in which the decline in fertility which precedes population ageing did not occur until much later than in the developed nations (United Nations 1993b: 9–11, 20).

The proportion of the population aged 65 and over, while a useful indicator with regard to income support, is a relatively poor measure of the likely need for care among frail and disabled aged persons. While disability levels are the most direct measure, they are not readily available for the purposes of international comparisons. A useful surrogate measure may be found in the proportion of people aged 80 and over, as it is among this group that service use tends to be most heavily concentrated. Hence, it is this segment of the aged population which most directly drives the need for aged care services.

In general, those countries with the largest proportions of people aged 65 and over also have higher proportions of persons aged 80 and

Table 1.1 Aged population in 14 countries (1992 and 1993)

Per cent 65+ in the population		Per cent 80+ in the population		Per cent aged+ in the 65+ population	
Sweden	17.7	Sweden	4.5	France	27.2
Norway	16.2	France	4.0	Sweden	25.4
United Kingdom	15.8	Austria	3.9	Austria	25.3
Denmark	15.6	Norway	3.9	Germany	25.1
Austria	15.2	Denmark	3.8	Denmark	24.6
Germany	15.0	United Kingdom	3.8	United Kingdom	24.3
France	14.5	Germany	3.8	Norway	23.7
Japan	13.1	Netherlands	3.0	United States	23.3
Netherlands	13.0	United States	3.0	Netherlands	22.8
United States	12.7	Japan	2.7	Canada	21.3
Canada	11.8	Canada	2.5	New Zealand	21.1
Australia	11.7	Australia	2.4	Australia	20.7
New Zealand	11.5	New Zealand	2.4	Japan	20.5
China	5.6	China	0.7	China	12.2

Note: This table gives population data for either 1992 or 1993, with the exception of China where the data are for 1990.
Source: Calculated from United Nations (1995) and ABS (1993a).

over. Thus, the countries in the second tier of the table (Japan, Netherlands, USA, Canada, Australia and New Zealand) also have somewhat lower proportions of people aged 80 and over than do those in the first tier. Nonetheless, the two measures do not exactly track each other, owing to variations in both cohort size and longevity patterns. The third column in Table 1.1 (the percentage of people aged over 80 in the 65+ population) illustrates the degree of variation. Thus, when this aspect of the age structure of the older population in the United Kingdom is examined, it is closer to the Unites States than it is, for example, to France, despite the greater similarity of the United Kingdom and France on the other two measures. The Australian population, on the other hand, retains its position as a comparatively young country, regardless of the section of the population examined.

The Australian population has, however, been ageing comparatively quickly in recent years, and the rate of increase is strongest among the very old. Table 1.2 ranks the 14 countries according to the recent annual growth rates of their aged populations, showing a roughly inverse picture to that presented in the preceding table. Here, Japan and China lead the field, followed by Australia, Canada and New Zealand – regardless of whether one examines the rate of growth in the over 65 or the over 80 population. In recent years, all of the countries

Table 1.2 Recent annual growth rates (1985 to 1995)

Annual % increase 65 and over		Annual % increase 80 and over	
Japan	4.4	Japan	7.3
China	3.5	China	6.5
Canada	3.3	Australia	5.0
Australia	3.1	Canada	4.6
New Zealand	2.5	New Zealand	4.5
France	2.2	Germany	3.9
Netherlands	1.7	Austria	3.7
United States	1.7	France	3.4
Austria	1.6	United Kingdom	3.4
Germany	0.9	United States	3.3
United Kingdom	0.9	Denmark	2.7
Norway	0.8	Netherlands	2.7
Denmark	0.5	Norway	2.6
Sweden	0.1	Sweden	2.0

Source: Calculated from United Nations (1993a).

in this table have experienced a rate of growth in their 80 and over population between one and a half times and twice that for the aged population as a whole.

The rate of growth among the very old has been particularly high in the countries with a younger demographic profile. Australia, New Zealand, Canada and Japan all have comparatively young demographic profiles, but have experienced a recent, rapid increase in the size of their very old populations. The United States and the Netherlands, who also have somewhat younger demographic profiles than most of Europe, have experienced more modest rates of growth in their very old populations. Most European countries, although characterised by a larger proportion of very old people, have had comparatively slow rates of growth in the 80 and over population in recent years.

The next decade will, in broad terms, see a continuation of these trends. Australia, like Canada, will experience quite high rates of growth in the very old population, around 3 to 4 per cent per year. Japan (4.3 per cent) and China (4.9 per cent) will experience the most rapid increases in the proportion of very old people over this period, while many of the European countries have projected rates of increase for the 80 and over population of less than 1 per cent.

The high rates of growth in the very old population over the decade just past and the decade to come have placed the Australian aged care

Table 1.3 Projected annual growth rates (1995 to 2005)

Annual % increase 65 and over		Annual % increase 80 and over	
Japan	3.4	China	4.9
China	3.1	Japan	4.3
Germany	1.9	Canada	3.6
Canada	1.8	Australia	3.3
Australia	1.4	New Zealand	2.3
Netherlands	1.2	United States	2.2
France	1.0	Netherlands	2.1
New Zealand	0.9	Norway	1.8
United States	0.6	Sweden	1.3
Austria	0.6	France	1.0
Denmark	0.1	Denmark	0.9
United Kingdom	0.1	United Kingdom	0.8
Sweden	–0.2	Austria	0.6
Norway	–0.5	Germany	–0.1

Source: Calculated from United Nations (1993a).

system under particular stress as it attempts to respond to a rapid change in the demand for aged care services. While the proportion of the population likely to be in need of such assistance remains smaller than in most European countries, the rate of adjustment required of the Australian system has been more dramatic, and will continue to be so. It is thus not surprising that the Australian aged care system has been so thoroughly overhauled during this period, although students of social policy know that changing social circumstances are not in themselves sufficient to ensure commensurate changes in policy systems.

Deinstitutionalisation

Although varying definitions of institutional care can make international comparisons somewhat difficult, available evidence suggests significant cross-national diversity in the proportion of the aged population who are accommodated in nursing homes, aged care homes, or long-stay geriatric institutions, and in the proportion who are accessing home-based care. Nonetheless, in broad terms, it is possible to observe an increasing co-incidence of policy directions towards home-based care, and away from systems heavily reliant on institutional provision.

Table 1.4 gives the percentage of the aged population who were receiving home help services or who were in residential care in the