

The Aged and the State: A Working Paper

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Social Welfare Research Centre

THE UNIVERSITY OF NEW SOUTH WALES

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PREFACE

Slightly less than 10% of Australia's population is aged 65 or more. For conventional reasons those aged 65 or more are regarded as constituting our population of elderly persons. 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 social security and service implications of this 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 Professor George 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. (George, 1973, p.109).

Precious little has been written in Australia about the welfare of elderly people. The number of books written about the elderly in Australia can be counted on the fingers of one hand. The first book, a report of a large survey carried out in Victoria in 1952/3 listed not one Australian item in its bibliography. (Hutchinson, 1954). Since then occasional journal articles and mimeographed reports of local needs studies have appeared. The best material to date has been collected by Anna Howe and recently put between covers (Howe, 1981).

While interpretive material is scarce, the position with regard to data is ambivalent. At times a researcher will come across masses of barely analysed official statistics (usually collected with different research objectives in mind to those being pursued by the subsequent researcher). At other times a search for existing data will draw the standard Australian response that the data are not available. The only options are to go collecting oneself, or to try to persuade academic or government researchers of the importance of collecting that data. At other times there are disjunctions in official data.

For example readers will note an apparent inconsistency in this paper in reporting home ownership rates among the elderly. Data are taken from several sources. The Aged Persons' Housing Survey (E.H.C.D., Canberra, 1976, Vol. 1, p.19) lists figures which yield a home owning/buying rate of 70.3%. If one turns to

volume 2 and calculates from the figures on p.36, the rate will be 69.2%, but if one uses the figures on p.43 it will be 69.4%. The A.B.S. Survey of Home Rental and Ownership, November 1978 (Cat. No. 8710.0) estimated that 83.3% of households with a head aged 65 or over were owner/buyer occupied, while the Department of Social Security (which pays supplementary assistance to help with rent) notes that the rate among pensioners is 60%. The Aged Persons' Housing Survey (Vol. 1, p.20) lists the pensioner figure as 67.5%. One cannot assume that data are clear and unambiguous. Needless to say, there are much more difficult data questions in the offing!

This paper is not a research paper. It is only a working paper. Perhaps it could best be described as two researchers thinking aloud, trying to sort out what we know, what we do not know, what areas we ought to explore, the context within which issues might develop, and what general questions ought to be asked.

The sections of the paper are all self-contained. Section I raises value and policy issues in introducing the paper. Section II provides a profile of Australia's elderly population. Section III raises and analyses some of the contemporary issues in Australian social gerontology. Section IV discusses some of the values which will shape outputs and outcomes. Section V describes and analyses income and services presently available. Section VI discusses political power of the elderly. Section VII summarises the issues and points to research questions, some of which will be taken up in the very near future.

This project, as with others being undertaken in the S.W.R.C. aims to broaden our understanding at three levels. First we wish to understand the characteristics of the specific populations which we are dealing with, thus distinguishing problems and conditions. Second we wish to understand the institutions and services with which the target populations interact and which have a profound effect on the well being of the populations. Third we wish to understand the broad policies which affect the functioning of the services and institutions and which also affect the target populations. Only by studying all three of these can we begin to understand how people live.

As this is an initial working paper, the authors welcome comments and critiques.

I INTRODUCTION

For a population group the size of Australia's elderly, remarkably little is known about how they live, how they fare, what their expectations are and whether these expectations are fulfilled. Many elderly people it is assumed, are in reasonable health and most live in self-contained accommodation. 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.

The Commonwealth Government provides income support for 1,352,769 aged persons (this includes 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).

As the rate of economic growth slows down, competition for the 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 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 the solution offered is a diminution of public services and a thrusting upon the family 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?

Policy options are usually offered only when a problem is identified. One must distinguish between conditions and problems. In a social welfare context, wrote Robert Perlman (1975 p.13), conditions are those human circumstances that are quite real and palpable, such as being old, or disabled, or widowed, but that may not necessarily make a condition a problem. A problem can be regarded as a condition with which people seek assistance, either through some welfare type agency or via some policy output. Whether one has a problem is a matter of judgement, as is what one chooses to do about it. Conditions are closely associated with status characteristics, age, sex, income, ethnicity, etc. Many conditions which become problems are not randomly spread across the community but highly correlated with socio-economic status. In the welfare field the problem, as the saying goes, is often in the eye of the beholder and this, of course, has implications for policy development and service delivery.

There is in Australia, a minute literature on the welfare of elderly persons. The first study of a large sample of elderly persons was carried out in 1952/3. The opening sentence in the book reads as follows "The increasing span of life and the growing proportion of older people in the community have created urgent economic and sociological problems." (Hutchinson 1954, p v.) The study concluded that the elderly must be regarded as a deprived section of the community. Elderly people were found to be deprived in terms of income, material conditions, social amenities, access to health care, employment and housing. In the terms outlined above this mantle of deprivation is more than a set of conditions. It is clearly a set of problems.

Since that study was carried out almost thirty years ago massive expenditures have taken place in relevant areas, but to date no similar study has been undertaken, and while one might hypothesise that the mantle of deprivation is not so widespread and intense to-day as it was thirty years ago, significant changes in the nature of existent problems have arisen due to changes in the labour force, and other demographic and cultural changes.

The basic social policy issues of how targets are set, of how strategies are planned, of how resources are allocated, of how results are assessed are primarily questions of values. How should beneficiaries fare in the allocative system? Should the status quo be upset? If so, in what way? In whose interest? Who is to be better off? Who is to be worse off? How does one decide whether somebody should be better or worse off? What goals are to be developed? By whom? Once these questions have been grappled with one can then ask: at what

levels should intervention take place? Within what political boundaries? What are the programme boundaries? What price is to be paid for the policy? Should policies be developed only when problems become evident or well in advance? (These and other value issues are examined in Graycar 1979, Chap. 1).

It is necessary to have some definition of "elderly persons" or "old age". While there are arbitrary age limits which confer eligibility for benefits or services these are not theoretically useful. In this working paper the lead offered by Hutchinson will be followed. In introducing his 1953 study he wrote:

"From the point of view of this study, old age begins at that point in an individual's life when he ceases to perform all those duties, and enjoy all those rights, which were his during mature adulthood, when he begins to take over a new system of rights and duties. There is no particular year at which this process begins for all individuals, for its onset will vary quite considerably according to the family setting of each person".
(Hutchinson, 1954 p.1)

This makes for a fairly amorphous target and specification of targets involves making a judgement on who is to be included and who is to be excluded. 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).

While the bulk of expenditure is channelled to elderly people through that part of the budget labelled as "welfare", terminological confusion can easily occur. In traditional terms "welfare" is seen as part of a unilateral transfer system - something given, freely and without obligation, by those with, to those without.

To think of allocations in these terms is simplistic, for one the one hand those in receipt of public allocations have usually contributed over the years in taxes and services to the community. On the other hand, the notion of welfare as unilateral transfer has been severely challenged by Robert Pruger (1973) who sees transfers as part of a reciprocal exchange system, and later by Stephen Uttley (1980) who, following Gouldner (1975) develops a model of reciprocity, beneficence and complementarity.

Social policy, defined as a "theory of benefits and their distribution" (Rein 1970, p.5) involves value questions about allocations as well as strategic questions about distribution (Graycar 1978, pp.1-8). Both of these elements are considered in this working paper. A great variety of reasons and motives are given for social allocations. They include providing charitable relief, investing for the future, repaying past investments and/or debts, compensating for disabilities and disservices, protecting the vulnerable and not so vulnerable, regulating markets and services, redistributing income and life chances. Of course there has been considerable debate about motives, intentions and outcomes, especially about whether social allocations alleviate, or create and perpetuate dependency, and whether redistribution is real or apparent (across class lines or within class boundaries, but across the life cycle).

Policies relating to the elderly in many cases have been policies designed to rectify, rather than prevent problems and injustices that have accumulated for many years prior to the label "elderly" being applied. Value systems conflict about how cumulative injustices might be dealt with. Some conservative politicians deny the right of citizens to have tax supported benefits. David Stockman one time writer on social welfare (Stockman, 1977) and presently President Reagan's Budget Manager was reported in the Sydney Morning Herald on 31/3/81, (in the course of his dismantling part of the social welfare apparatus and devising tax breaks for the very wealthy) as saying "I don't think people are entitled to any services. I don't believe there is any entitlement, any basic rights to legal services or any other kind of services. The idea established over the past ten years that almost every service someone might need in life ought to be provided, financed by the Government as a matter of basic right, is wrong. We reject that notion."

This highlights the first, and probably most 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 be part of a 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:

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

Some of these value conflicts will be taken up in further empirical work at the SWRC in an attempt to relate values to policy development and outcomes.

In a view of society which emphasises stability, equilibrium, and well ordered, if stratified, functioning, most social problems are seen as illustrations of deviance on the part of those "with a problem", though some element of social disorganization might apply. Dealing with the problem as perceived, leads to a "blaming the victim" approach to the identification and treatment of "social pathology". Marxists reject these arguments and suggest that social problems are the result of economic exploitation of one group in society by another, and by any account the definition of a situation as a social problem is related to the power structure of society.

George and Wilding develop a continuum upon which different types of social problems can be identified. Accepting that all social problems are matters of social conflict, they posit at one end of the continuum those problems which are the product primarily of conflicts of economic interests. At the other end of the continuum are problems which are produced primarily by conflicts between the value system of the group concerned and the rest of society. (George & Wilding, 1976 p.16). In this formulation lack of income for the elderly could be seen as a problem in the first category while lack of carers due to increased labour force participation rates by women could be seen as a problem in the second category.

The response by the state has been the current benefit and service structure - a structure which reflects political pressure and expediency more than it does comprehensive social planning. Aged persons have needs which are not transitional, and which are disproportionate to their incidence in the population. A rationale must be developed for making appropriate allocative choices. The value dilemmas are twofold. First, what ought to be the objective of the welfare system? Once that has been determined one must decide who, if anyone, should be excluded from state allocations. When the putative nature of the system is in dispute, then elements of backlash will appear as will suggestions of overload. The same applies when certain groups are consciously excluded or not excluded.

What is clear, however, is that arguments about the present and future performance of the welfare state are arguments about claims made on the system, and the legitimacy of those claims. The enormous dilemma in respect of providing for elderly persons is reconciling problems and needs on the one hand, with the perceived capacity of the system to meet the stated needs and alleviate those problems identified. Martin Rein highlighted the dilemma at hand. Social policy, he wrote, "conventionally is thought to be concerned with redistribution and increasing equality, or at least relieving distress and poverty; economic policy is conventionally thought to be concerned with distribution and increasing output. These distinctions are no longer satisfactory. The scope of social policy is now raising questions about the capacity of the economic system to meet the legitimate demands placed upon it while the political system is not capable of redefining these claims." (Rein, 1977 pp.567-8).

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

II PROFILE

DEMOGRAPHY

At June 30, 1980 Australia's population was estimated at 14,421,916. Of these 1,359,652 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, p 94)

There have been two notable changes in the composition of the elderly. First in 1901 43.5% of those over 65 were female and 56.5% male; by 1979 the proportion was 42% male, 58% female - virtually a complete transposition. (see Table 2 p.94).

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 p.95). 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 p.94).

Age last birthday	<u>Females</u>		<u>Males</u>		<u>Persons</u>	
	N	% of total	N	% of total	N	% of total
65 - 69	273,511	34.7	235,844	41.3	509,355	37.5
70 - 74	205,281	26.0	163,517	28.6	368,798	27.1
75 - 79	147,765	18.8	97,914	17.2	245,679	18.0
80 - 84	97,371	12.3	47,848	8.4	145,219	10.7
85 & over	64,666	8.2	25,935	4.5	90,601	6.7
Total	788,594	100.0	571,058	100.0	1,359,652	100.0

While 9.4% of Australia's population is over 65, 7.9% of Australia's male population is over 65 while 11% of Australia's female population is over 65. Western Australia, Tasmania and the Territories have fewer aged persons than the national proportion.

	Persons over 65	Percentage of population
N.S.W.	493,904	9.7
Victoria	360,008	9.4
Queensland	223,288	10.2
South Australia	127,440	9.8
Western Australia	105,224	8.5
Tasmania	38,702	9.3
A.C.T.	3,296	3.5
Northern Territory	7,790	2.8

Source: A.B.S. Estimates 30.6.79, Cat. No. 3201.O.

As the population is ageing, concern is frequently expressed about whether those in the workforce 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? An examination of dependent age groups (Table 5, p.96) 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.

The distribution 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). 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, 1946-1961 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 ever been" (1975, p.41). This signifies a major shift in Australia's age structure as Table 5 shows. (p.96).

By 2011 the total number of the young and old, as a percentage of those aged 15-64 will drop to 48.8. Of these 48.8 people, 32.4 will be children and 16.4 will be over 65 (1.97 children for every elderly person). This shift has profound consequences for those planning services for the future.

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.

Over the last 100 years Australia's mortality pattern has changed. In the 1880's, according to calculations made by Rowland (1981, pp.5-6), only 27% 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 4, p.95).

Population projections are based on assumptions of future patterns of mortality, fertility and migration. For Australia, projections have been made by the National Population Inquiry; Department of Immigration & Ethnic Affairs; Australian Bureau of Statistics; Committee of Inquiry into National Superannuation; the Life Offices and individual demographers. This is not the place to debate the relative merits of the various projections. For convenience, data used here are taken from ABS 1978 Projections of the Population of Australia 1978-2011, Catalogue No. 3204.0. The projections indicate that those over 65 will rise very slowly as a percentage of the population from 9.6% in 1981 to 11% in 2011. The internal distribution of the aged population will alter so that whereas in 1981 those over 75 years old make up 35.3% of the population aged 65 and over, by 2011 that proportion will be 37.7%. For men the corresponding figures are 30.2% to 32.5%, and for women 39.2% to 42.0%. Professor Borrie (1979 p.18) estimates 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). In absolute numbers the last quarter of this century will see a rise in the population of those aged 65 or over from 1.16 million to approximately 1.68 million - a rise of 44%. By the year 2031 Borrie estimates an elderly population of 2.81 million, a rise of 140% since 1976.

While these data have important implications for caring arrangements and income security issues, 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.

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 it would rise to 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).

INCOME AND EXPENDITURE

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.

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

	1968/9			1973/4			1978/9		
	Percentages			Percentages			Percentages		
	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.

For great detail, and comparisons with non-aged persons see Table 7, (p.98). 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%. For detail see Table 8, (p.99).

It is of interest to note that the aged receive considerably less income than the total population. 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 later figure is higher than any other comparable figure, when linked with other demographic factors it shows the mantle of disadvantage that covers elderly women.

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.

MEDIAN INCOMES (\$) 1973 DOLLARS

	<u>1968-9</u>			<u>1973-4</u>		
	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 7.6% of elderly persons earned A.W.E. or above. By 1973/4 this had fallen to 5.3%. (Data for later years are not yet 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. For greater detail see Table 9, (p.100).

Information obtained from the 1974-75 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.

HOUSEHOLD INCOME1974/5 \$ PER WEEK

	Lowest Dec.	Median	Highest Dec.
(1) Head 65 yrs or older	31.55	61.50	192.03
(2) All ages	56.38	187.00	361.9
(1) as percentage of (2)	56	33	53

Source: Household Expenditure Survey, 1974/5.

Analysis of the data from the Household Expenditure Surveys of 1974/5 and 1975/6 reveals that in 1974/5 elderly people spent 24.0% of their weekly expenditure on food, 13.3% on transport and communication and 12.2% on housing. By 1975/6 expenditure on food and housing had decreased to 22.6% and 11.9% respectively. Expenditure on transport and communication had increased to 14.9% of total expenditure.

TRANSPORT

The expenditure data just cited demonstrate the importance of transport in the cost structure, and hence life planning of elderly persons. American studies have demonstrated that transportation is one of the most pressing problems for the aged in that "generally the aged pay even more for transportation than for medical care". (Kamerman & Kahn, 1976 p.349).

While both elderly and non-elderly households spend similar proportions of their incomes on transportation the exclusion patterns differ considerably. Data which are over 10 years old (Morris 1981, p.121-2) show that only the wealthier elderly can afford to run cars, and the majority (55%) of elderly households in 1968 did not own cars. Dramatic increases in running costs since then, particularly in petrol, would suggest that owning a car in retirement is not financially easy.

Whereas 78% of males aged 15 and over in N.S.W. have a drivers licence (the peak rate is 90% for those aged 30-34), only 56% of elderly males hold a licence. For females the corresponding figures are 50% (licence), 73% (peak age 30-34), and 14.8% (elderly) (data from Morris 1981, p.120).

Those elderly persons who use public transport face a greater range of difficulties than non-elderly persons. Many relate to physical design e.g. height of steps to get on to a bus, lack of shelters, lack of supports such as hand-grips, steep ramps or long flights of stairs at stations, in addition to the inconvenience of infrequent, unreliable, or inappropriate services, which affects all travellers. In rural areas where there is no public transport, mobility becomes an even greater part of the dependency situation.

"Income" as Morris points out (1981, p.125) "is a powerful determinant of personal mobility, since it determines the amount of money available not only for travel itself, but also for the activities that are the primary motive for travel". Morris cites a study in Ballarat which found the aged less mobile than the total population, making an average of just two trips daily compared with 3.5 for the total population. Furthermore, during one 24 hour survey period 39% of the elderly population did not travel at all, compared with only 13% of the total population.

Like everybody else, elderly persons must depend on transport to acquire the basic necessities of food, clothing and medical care. The ability to travel is necessary for their participation in cultural, recreational and other social activities. To the extent that elderly people do not have access to, nor are able to afford transportation, they are denied reasonable involvement in community life. (An excellent collation of transport data and usage patterns as they relate to elderly persons in England can be found in Hunt, 1978).

LABOUR FORCE PARTICIPATION

In 1982, those over retirement age made up 1.6% of the Australian work force, those aged 55-64, 8.5%. There has been a slight decline in the last 15 years in the proportion of the work force aged over 65. Labour force participation rates among the elderly have fallen dramatically, by 60.9% for males over 65 and by 43.2% for females over 65. (see Table 10, p.101).

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. The largest concentration of elderly persons, about one third, are classified as "tradesmen, production process, labourers".

The most significant changes in the Australian labour force are that participation rates for women aged 25-45 have risen by almost 55.2% between 1966 and 1982. There has been a massive increase in part time work as the table below shows.

In 1966 16.5% of males aged 65 and over were in full time employment. This fell to 5.7% in 1982. There was a drop of corresponding proportions in part time employment from 6.6% to 3.1%. This contrasts with patterns in the population as a whole.

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
1982	5.7	3.1	68.6	4.1	1.8	2.1	26.3	14.1
% change	-65.5	-53.0	-14.1	+32.3	-59.1	-30.0	-2.2	+65.9

Source: A.B.S. The Labour Force Australia, Cat. No. 6204.0. Tables 12,13,16,18
The Labour Force Australia 1980, Cat. No. 6203.0.
The Labour Force Australia 1982 (May), Cat.No. 6203.0.

These data are discussed below (p. 25) and 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.

HOUSING

Most aged persons live in self-contained accommodation, though it has been estimated that as many as 40% may live with relatives (including an unknown number who live in self contained granny flats). Reliable data are simply not available. Between 1% and 3% are estimated to live in institutional arrangements. Of the remainder, Australia's high home ownership rate is in evidence with 83.4% owning their own homes, 8.2% renting in the private market, 5.2% renting from government authorities, with a further 3.3% classified as "other" (see Table 12,p103)

Unmarried aged persons are more likely to rent than those married. In 1978, nearly 9% of married households rented as compared with 18% of unmarried persons. While there has been no significant change in the proportion of aged persons renting, there has been an increase in the numbers who rent in the private market. In 1974-75 the ratio was 5% (government) and 4% (other landlord). (Housing Expenditure Survey, 1974-75) By 1978 the proportion renting privately had doubled to 8% while the proportion renting government housing was unchanged. This change may be a reflection of the increasing numbers of persons in other groups seeking government housing along with decreasing allocations made by states to public housing.

The Aged Persons Housing Survey (1974) published by the former Department of Environment, Housing and Community Development revealed that the aged had a preference for remaining in their own homes though if they were to move, their preference was for individual occupancy. Those living alone were particularly adamant about remaining in their present housing. The reluctance to move was expressed by all age groups within the aged category. (see Table 14, p.104). It appears that the aged wish to remain in independent living styles if this is possible. This appears to be at variance with the trend in Australia to provide more hostel and nursing home accommodation for the aged.

HEALTH

The structure of the Australian population has been altered not only by people living longer in old age but also by the greater number living to old age. In 1960-62, 51 males and 28.9 females aged 65-74 died per 1000 population. By 1977-78 this had decreased to 48 and 24.9 respectively per 1000 population. On the whole females tend to be living longer and in greater numbers especially in the age group 75 onwards, while deaths per 1000 for males has risen from 127.9 to 143.7, for females it has decreased from 98.9 to 93.3.

Health problems affect 77.6% of the aged population. 76% of aged males and 78% of aged females suffer one or more chronic conditions. Over half of the aged males suffer two or more chronic conditions while, for females, it is just under half.

Not surprisingly aged persons use medical services more frequently than any other population group except for children under 5. For every 1000 persons aged 65 or over, 1761 chronic conditions were reported compared with 804 for persons of

all ages. Of the aged with chronic conditions 17.2% reported activity limitations (limited at home or in getting out of the house). Those limited at home comprised 35% males and 64.9% females. (A.B.S. Health Survey, 1977-78 Cat. No. 4314.0). While 82.8% of those reporting a chronic condition were not limited to the house it is of interest to note that of the remaining 17.2% a negligible number are confined to bed and about one third are confined to home and two thirds need help in getting out of the house. This has implications for the development of support services. (see Table 15, p.105).

Of those reporting chronic conditions, 28% suffered from diseases of the circulatory system, 28% from diseases of the musculoskeletal system and connective tissue and 14% from diseases of the nervous system and sense organs. (A.B.S. Health Survey 1977-78).

The major cause of death, cardiovascular disease, has remained unchanged since 1908-10. In 1977, 39.3% of males and 38.5% of females died from cardiovascular diseases. The rate of deaths from these diseases has fallen slightly over the last few years for both males and females. (A.B.S. Health Survey, 1977-78).

While elderly persons use medical services more than any other age group (except young children under 5) and use hospital services more than others, it is of interest to note incidence of health insurance. Free hospitalization is available to pensioners, and the Pensioner Medical Service meets the cost of medical services, yet 38% of the population aged 65 and over has private health insurance. The variation among the states is quite startling. In Victoria 49% of elderly persons have private health insurance yet in Tasmania only 23% do. Among the population as a whole 62% have private health insurance, though state variations are not very dramatic except that Queensland, for historical reasons, has a much lower incidence than the other five states. (Auditor General 1981, p.91). As private health insurance is quite expensive it would be of interest to explore further the adherence of elderly persons to it.

ETHNICITY

9.4% of Australia's population is aged 65 or more yet only 3.3% of Australia's Aboriginal population is 65 or more - a total of 4,777 persons out of 144,382. The age structure among elderly Aborigines differs from that of the Australian population as a whole in that life expectation is shorter. It parallels the

structure of all aged males, but differs considerably from all aged females (58% of aged persons).

STRUCTURE OF ELDERLY POPULATION (Percentage)

	Aboriginal males	Aboriginal females	All Males	All Females	Total
65 - 59	44	43	42	35	37
70 - 74	27	28	28	26	27
75 and over	29	29	30	39	36

For an extended discussion see Jones (n.p.d.), Wild (1979) and Berndt (1981).

24.5% of Australia's elderly were born overseas. 10.9% of Australia's immigrant population is aged 65 or more. (Moraitis 1981, p.255).

The bulk of the overseas born elderly were born in the U.K. and Ireland. Projections to 1986 show that the proportion of overseas born elderly will rise when compared with Australian born elderly (see Table 6, p.97). A different situation will prevail when the large number of post-war migrants reaches the age of 65. For discussion see Moraitis (1979 and 1981).

III ISSUES IN SOCIAL GERONTOLOGY

Conditions relating to the life style of Australia's elderly were briefly described in Section II, and as has been stated above, conditions should not necessarily be equated with either problems or issues. Issues become such when certain conditions link with normative prescriptions about desired states of affairs, and are thus spelt out. More often than not issues are built upon a belief about what ought to be the proper place of elderly people. Hence the opening part of this section lays out some of the gerontological theories in currency, for data alone will not produce issues, nor will theory alone. Six sets of issues have been listed for general discussion - issues relating to income, work, retirement, social services, housing and the nature of care.

THEORETICAL CONCEPTS

Practitioners from different disciplines look to different bodies of knowledge in their search for theory. Theory, essentially is an explanation of empirical generalizations. These generalizations are built primarily on value assumptions about causality and in turn are verifiable, replicable and communicable. Over the last twenty years social gerontology has seen a number of theories come to prominence. All have some empirical backing. Most have been debated at length in the literature. Some have been discredited.

One could suggest that policy development will operate from theory (if it has pretensions to sophistication) or from prejudice (if it does not). Policy about allocations to the elderly develops from a normative standpoint and it is therefore important to have some understanding of how the various theories stack up. (It should be noted that in all policy areas, roles, statuses, and imputations of worth which are ascribed to the target group, will help determine the way in which the group is treated, and the quality and quantity of allocations).

Only the briefest attempt is made here to summarize the various theoretical perspectives. An excellent analysis and discussion can be found in a paper presented by John McCallum of Griffith University to the International Association of Gerontology, Asia/Oceania Region, First Regional Congress, Melbourne, December 1980, and soon to be published in the Congress Proceedings.

The most broadly promulgated theory has been that of disengagement, first postulated in 1961 by Cumming and Henry. They argue that ageing is an inevitable

mutual withdrawal or disengagement which results in decreased interaction between the older person and the rest of the social system. It is based on a social psychological interpretation of withdrawal or disengagement in which the non-elderly cannot assign crucial roles to the elderly because they believe (as do the elderly) that they would not be able to respond. Their wish is to disengage and fade away. This theory has been debated at length in the literature and can be followed up in Cumming and Henry 1961, McCallum 1980, Maddox 1975a, Hochschild 1975, Blau 1973, Cumming 1963.

Activity theory suggests that the old have to learn to recast the role of "worker" and to engage in other roles which are permitted by society at large. High morale is obtained by re-engagement in those social systems which replace old roles (and old activities) with new ones. It is a prescription for "successful" ageing which focuses on adapting to a new life and new set of roles, even though these are at greatly reduced levels of influence. Developed initially by Havinghurst, Neugarten & Tobin (1963), this theory has been critically examined in the literature by McCallum 1980, Maddox 1968, Streib & Schneider 1971, Schooler & Estes 1975, Rose 1972, Crawford 1972. On the basis of his empirical work McCallum (1980) concludes that activity theory is a failure in both theory and practice, yet it is interesting to note that its underpinnings form the basis of many community programmes.

After a lifetime of work, retirement comes to be seen in terms of individual loss and change, a time in which the old are "imprisoned in a roleless role" (Burgess, 1960 p.20). The roleless role theory works from the premise that the void created by retirement cannot be filled due to poorly developed adult socialization processes. This approach uses a (premature) bereavement model in which those close to the elderly person in question (relatives, doctor, etc) are much more likely than the elderly person to attribute adaptive crises, and relegate the old person to the scrapheap. The evidence simply does not support this "social abandonment" or "roleless role" theory. For many (though not for all) retirement is a happy, joyful and worthwhile time of life (Streib & Schneider 1971). It is essential that further study be undertaken to discover what makes retirement most unpalatable for many.

These theories are derived from biological (the study of the ageing process), psychological (study of motor skills, perceptual and cognitive abilities and sensory processes) and social psychological (study of roles, statuses and expectations) research. A different theoretical dimension operates from the

perspective of position in society - inclusion or exclusion from economic power (or at least economic security); one's access to or participation in decision-making about one's own well being; and one's general position in the socio-economic structure.

McCallum develops a perspective which he calls the disprivileged minority perspective. This ties in closely with a social stratification approach for where there are ill effects due to retirement, these are laid at the door of society, not the individual. Theorists of this school equate retirement with disadvantage - something socially constructed and structured. The argument is that to blame the individual for his/her predicament and expect him/her to disengage, find meaningful activities or roles, is to misunderstand the social construction of disadvantage.

There are of course, varying criteria which contribute to "disprivileged minority" status. Poverty among the elderly has been well documented. Of the half million elderly people in New South Wales R.A. Wild estimates that approximately 100,000 are "very poor" or "rather poor". With other poor people they are increasingly suffering from the ghettoization of poverty - they are becoming concentrated in fewer inner suburbs and becoming cumulatively excluded from most of society's fruits. Wild says they are "not just poor because they are old; rather their social situation, which was probably economically precarious in the first place is made worse because they are old, cannot work, are infirm or lack resources". (Wild, 1978 p.276).

The 300,000 middle stratum elderly have a disprivileged minority status of another type. While most own their own house, have some savings and receive adequate incomes and belong to integrating organizations, "through restricted choice, status marginality and the desire to belong they are becoming increasingly segregated in specific localities. This in turn is leading to the development of an ageing group consciousness and an ageing subculture which can be seen as an attempt to effect some degree of social closure". (Wild, 1978 p.286).

In contrast to the poorest aged who "can be seen as being forced into ghettoization, isolation and institutionalization by the forces of economic, social and political power", the 100,000 upper stratum aged "retain their capacity for full participation in society through their ability to exercise economic, social and political power". (Wild, 1978 p.286). Class, status and power are very much active determinants of well being in old age.

INCOME SUPPORT

The most fundamental issue in social gerontology is how does society guarantee elderly persons a level of income that will allow them to maintain an adequate standard of living? Does it mean a commitment to boosting public transfers to a level that ensures adequacy of living standards or is it more appropriate to encourage occupational pension plans?

Sources of income in old age vary according to status derived from previous occupation. Most sources can be categorised under the following :

- . public
 - cash transfers (e.g. pensions)
 - in-kind transfers (e.g. subsidised housing)
- . private
 - occupational pension schemes
 - assets
 - investment savings
- . intra-family transfers
 - income transfers (e.g. cash, inherited wealth)
 - services (e.g. house cleaning)

Contemporary data about adequacy of income of aged persons is not available. The elderly do have lower incomes than non-aged persons. For the majority of elderly the main income source is the age pension. It has been calculated that an income of up to 70% of previous wage or salary earned is necessary to maintain a living standard in retirement that varies marginally from the life-style experienced a few years prior to retirement. (Schulz, 1978 p.33; Herzog, 1978 p.21). (Of course some elderly people experience severe problems immediately preceding retirement and a goal of matching pre- and post-retirement life-styles would be inappropriate). The question is whether the state combines personal savings, where they exist, and a social benefit to ensure adequate living standards for the elderly, or actively expands the role of private pension plans. Public pensions can deal more effectively with inflation and the sharing the benefits of economic growth through indexation, and this is reflected by the major thrust of the campaign being conducted by the Combined Pensioner's Association to raise the level of pension to 30% of average weekly earnings. The price paid is the enmity of tax revolvers, and the hope that this does not turn to action.

Undue emphasis is also placed on the role and value of in-kind transfers as a source of income. One must be careful not to over-estimate the contributions

from in-kind transfers even though, valued at their cash equivalence, they possibly are likely to add significantly to the economic resources of the aged. (Moon and Smolensky, 1978). They sometimes are overvalued because they give the appearance of being income generators for the aged, and act to release committed resources for other uses. This over-simplified analysis fails to take account of the fact that without these in-kind transfers many aged would be in dire poverty. They do raise the living standard of many recipients to provide a level of adequacy. They do not perform a role of generating income that completely alters the status of aged.

Occupational pension plans (superannuation) "owe their development in this century largely to the pressures on the part of upper and middle occupational groups to ensure that the lowered incomes and inability to get alternative employment which were imposed on and in large measure accepted by the working classes who reached pensionable age would not apply to them". (Townsend, 1979 p.807). These schemes have grown to cover more of those in lower income occupations mainly because of a desire by employers to command loyalty from their workers and so circumvent 'poaching' of skilled labour by competitors. Many schemes are so arranged that if a worker transferred in employment, all monies contributed to a pension fund are forfeited. Such funding arrangements deliberately lack preservation and vesting rights that ensure access to contributions.

These funds were begun in order to cover the workers' needs for a benefit in retirement. Yet they discouraged occupational mobility necessary to rise on the occupational ladder and dissuade employers from hiring older workers because of the high cost of superannuating them. (Schulz, 1978). These funds initially invested to achieve the returns necessary to cover retirement benefits, now form one of the greatest sources of financial power within society. As Schulz says "in the key growth sector of corporation production, the overwhelming majority of funds needed to finance new investment comes from the internal funds "saved by the corporations themselves". (Schulz, 1978 p.28). The structure of present pension schemes is not designed to provide adequate coverage to all workers. While they do well for some, occupational pension schemes at present belie the promise of guaranteeing adequacy in retirement despite their major promotion as the ideal assistance of satisfying retirement.

In a sweeping statement in his massive Poverty Report, Townsend suggested a search for policy options which "...centre on the problem of raising the level of

state retirement pensions, relative to earnings, introducing supplementary rights to income by virtue of disability and exercising more effective control and distribution of the resources hitherto so arbitrarily and unequally mobilized under the development of occupational pension schemes". (Townsend, 1979 p.822).

Previous and current policies have done little to reduce inequalities in economic status, and Haveman says as a result of being income support policies, they have "...served to offset the increasingly inequality in the distribution of earned income. Because of the apparent secular tendency of the labour market to increase the spread between high and low earnings recipients, a growing social welfare budget appears necessary simply to prevent a deterioration in the existing highly unequal distribution of income". (Haveman, 1977 p.13).

There is, presently, massive inequality in the distribution of base income earnings which reflect on similar disparities in retirement. The problem which is to be addressed is one of how to relieve these inequalities so that each person receives an equitable share of economic growth. Usually the major focus of policy is providing income benefits that attempt such a move. These benefits, however, rarely measure up to the standards set for them.

Income support policies might in the future seek to continue the present mix of separate public and private schemes or seek to amalgamate the two into a two tiered system. This could aim to raise the level of public benefit to keep the beneficiaries happy, or perhaps aim to lower the level of public benefit or alter eligibility criteria to keep the tax revolters happy.

WORK

Labour force participation rates in Australia have fallen in the last decade and a half. Participation rates for men in every age group have fallen, though participation rates for women aged 20-59 have risen dramatically. Since 1966 elderly persons have progressively slipped out of the labour force. In 1966, 79.4% of men aged 60-64 were in the labour force; by 1982 this had dropped to 47.3% - a drop of 40.4%. Of those aged 65 and over the drop was even more dramatic, from 23.3% to 9.1% - a drop of 60.9%. Among women aged 60-64 the drop was 33.1% - from 15.4% to 10.3% while for those aged 65 and over the percentage drop of 43.2% is on a much smaller set of base figures, 4.4% to 2.5%. These figures contrast with increases in the order of 50% for women aged 25-45 (See Table 10, p.101 for full breakdown).

Between 1966 and 1982 the ratio of full time to part time workers shifted. Among male workers the proportion in full time work has dropped marginally (by 1.9%) while the proportion in part time employment has risen from 3.7% to 5.6%, a rise of 51.4%. Among women workers, full time employment has fallen from 76.0% to 65.1% (a drop of 14.5%) while part time employment has risen by 45.5%. When examining statistics for the elderly the diminution in the full time labour force is higher than for the population as a whole (of employed males over 65 the proportion in full time employment fell from 71.4% to 64.8% while for employed females over 60, from 59.5% to 46.2% - a fall of 22.4%). The corresponding increases in the proportion in part time work has yielded percentage increases of 23.1 and 36.2 for males and females respectively - smaller percentage rises than for the population as whole. (Above data is shown in Table 13, p.103 and was obtained from A.B.S. The Labour Force Australia, Cat.No. 6204.0 tables 12,13,16,18; A.B.S. The Labour Force Australia 1980, Cat.No. 6203.0; and The Labour Force Australia 1982, Cat.No. 6203.0.

Changes in the economy have prompted changes in the labour market. The economy has seen heavier private investment in capital, rationalization of industry, a desire to maintain and increase profitability and an increase in the cost of labour. This latter phenomenon has evoked a response by industry to create part time jobs in lieu of full time positions. (Sheehan, 1980, Hughes, 1980).

In short, while part time employment has been increasing (dramatically for females!) aged persons have not fitted the change pattern. The aged have been excluded from the labour market from positions they have traditionally occupied. In 1966, for instance, of Australia's male labour force, 2.1% were over 65 and 97.9% under 65. By 1982, their proportion had altered to 0.9%:99.1% respectively. For females 60 and over the position had changed from 3.1%:96.9% to 1.7%:98.3%.

Careful perusal of the figures over time will show a contraction in positions for the newly participating (youth) and those in post-retirement (the elderly). As full time positions have been replaced by part time positions, largely because of the high cost of the former, competition between younger and older workers intensifies, and there is increasing social pressure for the aged to yield to the young. Evidence for this can be found in the increasing trend of earlier retirement among superannuated workers. Between 1966 and 1982 the labour force participation rate for males 60-64 fell from 79.4% to 47.3%. While early retirement may be attractive for those with a sweetener in the form of state supported occupational superannuation (either public sector employees, or private sector employees benefitting from taxation concessions or rebates), those excluded

from the labour force without occupational superannuation, face a dramatic decline in their living standard.

It would be naive to assume that exclusion of elderly persons from the labour force is a reflection on personal capacities or individual deficiencies. It is part of a contemporary response to a slowdown in the rate of economic growth which aims at providing opportunities for younger workers (often women working part time) who may be more productive over a longer time span. Continuation in or entry into the labour force after formal retirement age depends upon occupational status. Opportunities are greatest for those who are self-employed, or professionals, or skilled workers. For others, work opportunities in later life are difficult to obtain.

Of course not all aged persons who are not in the labour force are "excluded". Withdrawal has accompanied factors associated with the ageing process, such as medical conditions and physical conditions. Complexity of industrial processes has also served to discourage (both actively and passively) some older people.

Certain groups suffer systematic state contrived exclusion (McAdam 1980, Illich 1981). Labour force participation of women for example ebbs and flows with expansion and contraction in production. (Cass, 1981b). Exclusion of young and old workers is compensated for by the social security system. (This is not the case for women). Withdrawal of older persons has been institutionalized through retirement policies and is reflected in the upsurge in numbers receiving the age pension.

With a social security payment fully legitimized, a place in the workforce becomes harder to find. The ever changing structure and complexity of work processes demands an equally changing structure of work skills. Old skills become outmoded and many skills are no longer attractive to employers. Costs of retraining older workers are high, and even if retraining results in a new career, positions available are often very junior ones. This is in contrast to training of younger workers who not only are happy to accept junior positions, but employers can look forward to returns on investment in retraining for many years to come.

Prior to the development of high degrees of technology in the work situation, older workers were highly valued for their skill levels and experience. New technologies obviated the need for certain skills and experiences previously very

highly regarded, and it was easy to fill new posts with young, malleable workers. Retirement policies present an opportunity for discarding unsuitable and displaced workers, especially since the costs of abandonment are borne, not by the employer, but by society at large. Older workers are disengaged at a chronologically determined age which has no strong correlation with intrinsic abilities to perform within the productive process.

A broader historical analysis would concentrate on the development of urban industrial society and the mismatch between spatial development, family formation, the labour market and the structuring of dependency. While many older people are happy to disengage from the labour force, the full range of choice is not always available.

As regards the welfare of elderly people, processes and patterns, needs and demands, hopes and aspirations and resources are all in a state of rapid change. A great deal remains to be studied about the relationship between age and the labour market, particularly the social security ramifications, but also the creation of dependency for those aged 50-65 whose labour force participation rate is also declining, but who have no socially sanctioned position to account for their inability to "earn life".

RETIREMENT

Early retirement is the antithesis of policies designed to maintain or increase the participation in the labour force of those over 55. Early retirement is increasingly a reality but any such policy confronts many traditional work values. If one objective is to keep people in the work force for as long as possible one approach might be to raise the pensionable age. This would save social security dollars. It seems inappropriate however when one considers that early retirement is broadening in scope. Would employers consider seriously this option when their attitude is one of replacing older workers because they are not as productive as young workforce entrants? Delayed retirement would simply, in their eyes, exacerbate the problem presented by ageing workers.

Consider the reaction to lowering the retirement age to 60 or even 55. For those in occupational superannuation schemes this is easily carried out as they are covered for such a step by provisions for early retirement. Those not covered would require a source of income thus entailing a lowering of the pensionable age limit. It is argued that early retirement would create vacancies

thereby reducing unemployment.

Research findings are divided over the issue of whether older persons are willing to continue working. It may be feasible to introduce options of earlier or later retirement. Retirement could become a transitional or phased process with tapered employment being available before and after the current retirement age.

In many countries policies which incorporate flexible retirement provisions are being adopted. The approach found to be most successful is that adopted by Sweden and Norway who offer a partial pension option. This allows for a gradual transition to retirement and time to adjust to a lower level of income. In Sweden for example part pensions can be drawn from age 60. The benefit received is reduced by 6% for each year prior to 65. In addition, workers may postpone retirement to age 70. In exchange for doing so, they receive a 7% annual benefit increment.

Flexible retirement is and should always be regarded as one of several options. Workers should be allowed the choice of retiring, either partially or completely. What society should aim to safeguard is their standard of living in retirement. They must be assured of an adequate level of income that allows them to participate in 'life-enhancing' activities rather than 'life-supporting' activities. In this way, most will avoid slipping into an impoverished position which currently is the status of most aged persons.

For many retirement arrives abruptly. One day they are working and the next is spent wondering what they will do for the next ten years or more. Such a traumatic withdrawal from the workforce induces stressful situations which, resulting from the drastic change in income levels, and dislocations of various sorts, seem to shock the ageing system and precipitate physical and emotional and behavioural disorders. The Canadian Medical Association cautiously notes that

There is some mythology in the concept of an emotional and physical state known as the "retirement syndrome" - apathy, anxiety and depression. Generalization can be fallacious and it would be wrong to say that retirement actually brings declining physical and mental health, yet there is clinical evidence that some people do suffer symptoms directly connected to changes in pattern of life. There are statistics which suggest retirement is a major contributing factor in many psychological and physiological disorders (Brown, 1975, p.42)

Although medical researchers do not state categorically that abrupt retirement causes ill health, there appears to be evidence to support this theory. These problems will probably be magnified if many retirees are ill-prepared for their retirement years. Severe reductions in income levels can create financial pressures that could prove insurmountable without enduring extreme hardship. Other problems of what to do, how to engage in other activities, combine to make the initial stage of retirement for many a time of despair and despondency.

In order to stave off this all too common experience of retirement pre-retirement planning seminars are proliferating throughout the industrial world. One problem is the reluctance of many workers approaching retirement to acknowledge that fact. This reluctance lessens the degree of readiness for retirement. Once they accept the reality, they are better placed on what approach to take at the onset of retirement. Advances have been made in Canada in the development of pre-retirement planning. Canadian workers are first introduced to retirement five years prior to proposed retirement. Planning is conducted in advance because it is believed that retirement involves much decision making necessitating a considerable time span in order for appropriate options to be taken up.

In contrast to the Canadian experience, many Australian pre-retirement schemes are conducted when retirement is imminent. Little time is left to make decisions if a major restructuring of life style is required in retirement. Compounding this is the problem of workers themselves probably not having done any individual preparation. Workers in this position present various problems during pre-retirement seminars. Present pre-retirement programmes are of little consequence to older workers who are displaced prematurely from the workforce. They never receive the opportunity to participate in 'regular' programmes that commence in the three month period to retirement.

As a means of overcoming this problem, it could be suggested that pre-retirement preparation commence as early as age 45 and continue until retirement occurs. Preparation over a greater time span may well ease many painful experiences presently associated with retirement. Who most appropriately might provide this preparation - health authorities, welfare authorities, education (especially T.A.F.E.) authorities, or should this be left unco-ordinated or perhaps in the private sector?

SOCIAL SERVICES

Many who work in the ageing area, believe that little information exists about what services elderly persons use. More importantly, it is held, those services available are unco-ordinated and operate within a fragmented structure. To reshape the social services, better co-ordination and less fragmentation are seen as first priorities. Perhaps the major theme in the analysis of services is the development of finite, specific goals around which services can be planned. Clearly defined goals would give a better indication of position assigned to the elderly, and society's expectations of reciprocal interaction.

Several sorts of issues enter the service debate. First there is the ubiquitous universal/selective distinction. Services can be geared to be made available to the whole population or certain population groups, sectors of population groups, or individuals. In relation to the aged the current debate is divided on this issue. Some noted researchers are of the opinion that the aged would miss out if appropriate services were spread across all populations rather than made age specific. Others counter by saying that providing age-segregated services tends to loosen the integrative ties and weaken the power base of the elderly. There is an argument that suggests that the elderly historically have continually missed out on having their needs met unless they are singled out for specific attention. Neugarten (1979) counters this by saying that in a society that is becoming less divided on age, policies must be formulated on the basis of needs not on the basis of age. Age is no longer a predictor of need, as income, health care, and housing, are requirements of all societal members. (Gerontological Society of America, 1980, p.8).

A second important issue is how needs are defined and who are the various actors involved in this activity. Ultimately goals translated from identification of need and services are the instrumentality of alleviating needs. What is posed is the dilemma of whether the elderly or "expert observers" are best equipped to appraise and diagnose needs. Or is it better to aim for a consensual approach with the two working in concert? Certainly the role of the elderly seems to be limited by the structures established by the state to diagnose and offer a prognosis on the problems of socially disadvantaged groups.

Once a service strategy has evolved, a decision has to be made on who will be the providers. Where will the dichotomy between formal and informal services present itself and is the existence of a dichotomy a precursor to the state opting out of its obligations?

The question of who provides can only really be answered when the objectives of the social services have been made clear. On the one hand, are the services designed to provide long-term care, improve the quality of life, or to maintain people in their own homes? Clearly the objectives of the services will determine the division of responsibility for service provision between the formal and informal networks. Another important distinction must be made between the "young old" and the "old old", for both groups require very different types of services.

HOUSING POLICIES

Housing arrangements for the elderly vary from independent living arrangements (owner/occupier) to semi-dependence (hostel) or total dependence (institutional setting). Those who are owner/occupiers often experience problems that require alternative living arrangements. Owner/occupiers are sometimes, because of high taxes or maintenance costs, forced to sell their homes. What resources exist to permit them to live independently within society? Must their only option be to move into semi-dependent or dependent living arrangements?

For many the upkeep costs of deteriorating residences proves to be beyond their financial capacity. The costs of living in independent housing often means that many elderly reside in dwellings lacking one or two essential amenities (Aged Persons Housing Survey, 1976, Vol.2 p.13-15). Those with fixed incomes and low assets need resources that will enable their continued independent existence. It seems to make little sense to promote home-based services such as home-maker and home-help if the elderly are still forced to move from their homes.

Elderly renters also face the problem of maintaining independent living status as inflation has a spiralling effect on rental costs. This effect is more pronounced on those who rent in the private market. Governments in endeavouring to overcome lack of low-cost housing for renters have become heavily involved in the provision of public housing. This raises the question of the adequacy of its provision in the face of other groups making claims for low-rent public housing. By far the biggest increase among users has been single parent families. (Housing Assistance Act Report, 1979). What is the position of the aged in relation to competing claims for these resources? What possibilities are there for the private sector being given incentives to encourage the development of housing for disadvantaged groups, with allowances being made available on the basis of need?

Housing must be available at affordable rents, and located so that occupants are not situated some distance from the nerve centres of community living. Public housing if it is to be provided must be located so that it avoids stigmatising recipients. Providing public housing for aged persons is not simply pursuing a construction policy per se but development within a matrix of community resources like transportation, health services and shopping. (Riley, 1976).

If public housing is provided it raises the issue of what type of living arrangements will be available:

- (a) in independent living environments that form the housing arrangements for the majority of Australians
- (b) in segregated but integrated dwellings - housing estates consisting solely of aged residents within larger communities
- (c) in segregated but not integrated dwellings - retirement communities and villages
- (d) wholly integrated dwellings - housing that is occupied by all age ranges.

American studies conducted by Riley (1976) show the aged wish to have segregated but integrated housing (option b above) since they tend to form most relationships with their peers. They would prefer to be housed in aged concentrated environments within the community at large.

Public housing provision in the past has concentrated on a construction strategy. A new approach is one of providing housing allowances which concentrate the subsidy within the low-income groups. This allows greater choice to be exercised by the recipient on location and type of housing.

COMMUNITY CARE, INSTITUTIONAL CARE AND FAMILY CARE

"To the politician, 'community care' is a useful piece of rhetoric; to the sociologist, it is a stick to beat institutional care with; to the civil servant, it is a cheap alternative to institutional care which can be passed to the local authorities for action - or inaction; to the visionary, it is a dream of the new society in which people really do care; to social services departments, it is a nightmare of

heightened public expectations and inadequate resources to meet them. We are only just beginning to find out what it means to the old, the chronic sick and the handicapped"

(Jones, Brown & Bradshaw, 1978 p.114)

Community care is usually posited against "institutional care" which carries with it undesirable connotations of depersonalization and dehumanized regimentation. Up to a point community care is less costly in the long term than institutional care. The Holmes Report noted "if elderly people are to remain in their home, aged and infirm people who are unable to manage by themselves in a domestic environment require assistance and sometimes treatment matched to their particular needs". (Holmes, 1977 p.41).

Over the last twenty years Australia has committed itself to a policy which emphasises segregated care for the elderly. This is evident from the provision of special housing, retirement villages, hostels and an over-supply of nursing homes. This policy reflects the dominant social image of the aged. Old people are considered to be a homogeneous group who share common ailments of frailty, feebleness, confusion and uselessness. Such a stereotypic image of the elderly is untrue. It is a mistake to view the elderly as being homogeneous in character because it clouds the presence of distinguishing characteristics (Lefroy, 1977) that provide evidence that not all elderly are 'frail' and dependent upon assistance to maintain adequate living standards. The majority of elderly people are independent and mobile and function freely without assistance.

Jan Carter (1981) has identified those parts of the formal care system which can be divided into institutional and community sectors. 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 relatives, friends, neighbours etc.

Carter shows that the Commonwealth spends ten times as much (\$334 million c.f. \$34 million) on institutional care than on community care (1981, p.39). One explanation for this is that the largest care resource for the elderly appears to be the commercial profit-making nursing homes. These exist under government regulation and with government support. They provide a service which government could not presently provide, and ideologically they accord with a free enterprise government. Furthermore their size and access to resources made them politically powerful.

Concern has been expressed at the extent of institutional care. "If present trends continue and unless new policies on domiciliary and community services for old people are developed and complemented...{Australia} would earn the questionable distinction of having more of its elderly citizens in institutions than almost any other industrialised country in the world". (Marcus, quoted in Lefroy, 1977 p.40). In February 1981 the Commonwealth Auditor General completed an efficiency audit on Commonwealth Administration of Nursing Home Programs. In it he cited Australian research over the past decade which, in three separate studies, estimated that between 15% and 25% of nursing home patients could be adequately cared for in alternative (and hence cheaper) accommodation. Taking a conservative figure of 10%, he estimated that the cost to the community of thus inappropriately accommodating these people was approximately \$36 million per annum greater than if they were accommodated in hostels. Furthermore he poignantly noted that in New South Wales, Commonwealth Department of Health officials rejected only one of the 137,000 applications for admission to nursing homes lodged between 1973 and 1980. (Auditor General, 1981 pp.57-58).

The Seaman Report (1975, p.52) quoted a study which found an inverse relationship between institutionalized populations and home help supports. Where a high rate of community care was available, the proportion of elderly people in residential care was low .

	Sweden	Denmark	Netherlands	Finland
Percent aged 65+	14	13	10.2	8.9
Home Helpers per 1000 aged	47	23	6	5
% in Institutional Care	5	6	8.2	10

These data must be treated with caution as the basis for inclusion is not specified. Questions of cost effectiveness are glaringly obvious. While Sweden has twice as many home helpers as Denmark, there is only one percentage point difference in institutionalization. Comparable Australian data are not available. (It has been estimated that there are 40 home helpers per 100,000 population in New South Wales which converts to roughly 3.8 per 1000 aged. However this figure includes only those employed under the auspices of the New South Wales Home Help Scheme).

Institutional care may well be perceived to be a logical solution if it is recognised that the elderly are able to manage by themselves in the community by relying on informal family and community networks of support. The state of the economy with shrinking resources may impose limits on allocations for the aged. In the bid for resources, existing dominant policies may win a far greater share of resources than services provided in the community. The belief that not all needs are able to be met, and in times of scarcity only 'urgent' needs can be met (Ife, 1980; Jones, Brown and Bradshaw 1978), perpetuates the dominance of institutional care, as those deemed to have 'urgent' needs are the frail elderly.

Notwithstanding its continued dominance in the United States and elsewhere "there is mounting and consistent evidence that many elderly and handicapped persons are placed in nursing homes and other institutions not for medical reasons but because essential services to maintain them in their own homes and communities are lacking" (Kistin, 1972, 139). Lack of adequate supportive services for families to maintain their elderly and housing for the elderly increases the risk that the alternative of institutional care will be taken up. Nursing homes are not extensions of the family home, but reflect more the pressures of the medical delivery system, and as such participate in its structure of incentives. The elderly are encouraged to become dependent upon society in a way that shifts the locus of control over their lives to the medical system.

The division of responsibility of care contributes to the development of fragmented and unco-ordinated service provision at the community level. The future elderly will have needs that differ in form and extent from the present elderly and it has become increasingly clear that maintaining the mix of services present in the 1970's will not enable the state to cope with the increasing and changing needs of the elderly in the 1980's. (Challis and Davies, 1980, p.1). Disparate services now evident in the Australian context seem inappropriately based to meet these needs. The disparate nature of existing services is to a great extent due to the fact that assistance is provided by the Commonwealth government, state governments, local governments and various non-government organisations. The consequent division of responsibilities has assured the growth of services that grossly distort the apparent efficiency of service provision.

The division of responsibility for service delivery evolved from a conscious effort of the Commonwealth government to eschew any detailed administration of the programmes. Historically its role has mainly been to

promote an income strategy for the aged through the provision of the age pension. This strategy has been carried over into the other programme areas by the Commonwealth government operating within a funding system to the various levels involved.

The use of resources which are increasingly coming to be seen as expensive and personally damaging has prompted many to advocate the commencement of a "Community Care Programme". This concept recognises that long-term care may be debilitating to those who really only require temporary forms of care. Adherents to this programme have forewarned of the dangers inherent in promoting this concept. (Brody, 1977).

Although community care is normally posed as an alternative to "institutionalization" the reality, Anna Howe points out, is that "community care is an alternative to neglect". (Howe, 1981 p.179). 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. (Kistin, 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. Approaching community care as an alternative raises the risk of the state displacing more caring functions to an institution already "wilting" under the weight of its present responsibilities.

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. They advocated the development of an integrated health and welfare community care system that comprises the following services:

- . domiciliary medical and related care
- . home care services
- . transport (to and from day care centres)
- . voluntary welfare services (home visiting, relief care)
- . miscellaneous domiciliary aids (e.g. home repairs and modifications)

The reports emphasised that planners should guard against an over-zealous approach to community care that neglected the provision of institutional care, since there will always be persons who for reasons of cost and state of health will require nursing home care.

Any community care programme will face a number of integrative issues as debates take place over boundaries between "health" and "welfare"; between "voluntary", "statutory" and "fee for service"; between comprehensive planning and decentralized planning; and between "prevention" and "cure". A comprehensive and integrated model of community care has been developed in South Australia. It prides itself on its assessment methods which allows the service to bring into operation the appropriate combination of inter-disciplinary programmes. The services evolved because of a view that premature admission to institutional care resulted from the lack of services to maintain elderly persons in the home. (Burr, 1981). The service however is facing severe problems through cuts in financial allocations.

The rhetoric of welfare, and statements of priorities use the term "community care" which Anna Howe points out (1981, p.179) does not really exist in Australia! Policy options in ensuring the development of community care include service co-ordination and block funding. Service co-ordination has been discussed extensively in the literature, and Howe (1981) points out that while block funding might create more services at the local level, it would not alter the fundamental structure of care that exists and would most likely provide "more of the same".

Family Care

In contrast to formal systems of care, informal systems are alive and well. In the famous study of old people in three industrial societies (Denmark, U.S. & U.K.) Ethel Shanas found that 84% of older people of every social class live less than one hour away from at least one of their adult offspring. (Shanas et al, 1968, pp226-257). In a 1975 sample of non-institutionalized elderly in the U.S. 4553 responded to the question of when they last saw an adult child. 53% responded "to-day or yesterday", 24% 2-7 days ago, 12% 8-30 days ago and 11% more than 30 days ago. (Shanas, 1979a). Although Australian data is not yet available one would not expect a massive variation from the figure of 77% of elderly people seeing their children in the past week.

A detailed review of research on social services for old people revealed that families do more for their elderly relatives than they are given credit for and

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).

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 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 & Groves, 1980, p.506).

Diminution of the pool of potential "caretakers" has implications for family care as well as for the structure of dependency. Using British data Moroney has developed an important (though apparently sexist) "caretaker ratio". Traditionally there has been a pool of unmarried women not in the labour force available to care for elderly relatives. To-day there are (and in the future will be) fewer "never marrieds", greater female labour force participation, and more elderly persons. Moroney (1976, p.22) points out that in Britain in 1901 for every 100 elderly persons in the general population there were 13 unmarried women aged 45 to 59. By 1971 there were only 5. Whereas in 1901 14% of all women aged 45 to 59 were unmarried, this has dropped to fewer than 8%. Thus in Britain Moroney points out (1976, p.22) "the caretaker pool has been effectively reduced by demographic changes (shifts in age structure and marital status) and competing demands on time". Although Australian ratios have not yet been calculated it is assumed that a similar trend has taken place. Another important factor which reduces the caretaker pool is geographical mobility.

Regardless of age people to-day have more parents, grandparents and great-grandparents than there have ever been 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 "woman 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)

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 ground for extended research.

IV CARING, IN SOCIAL
AND POLICY CONTEXT

Social policy as Titmuss pointed out is basically about choices between conflicting political objectives and goals; about what constitutes the good society or that part of a good society which culturally distinguishes between the needs and aspirations of social beings in contrast to the needs and aspirations of economic beings (Titmuss 1974, p.49). Nowhere are these choices more stark than in policy areas relating to the elderly.

Social security systems and social service systems the world over are under pressure due to economic slowdown, declining birth rates, increased numbers and percentages of elderly persons, greater unemployment combined with greater labour force participation of women (potential carers). Consequently, existing statutory provisions, the result of liberalised policy change during easier economic times, combined with changing demographic trends and structural unemployment are relevant factors in a situation in which resources are not unlimited. A trade-off needs to be found among human needs, economic resources and policy options. What seems to be happening, notes Robert Hudson (1978 a) is that most societies, developed and developing, are being confronted with group needs and relatively fixed resources. Such a situation requires choices which will be difficult to make.

A difficult choice had to be made about how to proceed with this paper. One choice was to develop a policy framework which would provide a model for the systematic understanding of how policy is formulated, implemented and evaluated, taking care to blend structural elements with value elements in an attempt to better understand contemporary policies which are relevant to elderly people. As models have been developed elsewhere (Graycar 1979, chapters 5, 6 and 7) it was decided instead to take some of the value issues which must be considered in developing policies or services.

The legitimacy of claims made by the elderly, and subsequent allocations are determined, in part, by the prevailing level of consensus. Obviously the more that people agree about social goals and the structure of rights and shares, the less will be the strains on the system, but there will always be divisions between those who seek a greater interventionist role, and those who seek lesser intervention.

Allocative arguments are value arguments - basically over who pays and who receives. Although economic growth is diminishing, comparative expenditure

statistics show that Australia does not spend lavishly in the public sector generally, and in welfare in particular, compared with most O.E.C.D. countries. It can be argued that many of the cries of doom about the imminent bankruptcy of the welfare system are unnecessarily alarmist, but more importantly they reflect dominant values of the appropriate share of society's outputs, as well as the political context within which these arguments are sited.

As pressure for continuing allocation to elderly persons will persist different allocative principles will be considered. First one could argue a "universalization of benefits" principle. This is unlikely to receive strong support in Australia. Second, one could argue a "social insurance" principle. This has a poor track record in Australia. Third, one could argue that careful attention should be given to targeting of resources and services, - with some delivered free in the public sector, and others coming through "user pays" principles.

Targeting means limitation of resource allocation, and thus it goes immediately into the political arena, as those who are beneficiaries and potential beneficiaries will strive politically to maintain their position and benefits. In order to ensure that benefits be allocated as planned, a rational policy process is necessary. Clear decisions must be made on what is to be allocated, to whom, why and how. Objectives must be clarified and specified and the distributional consequences of the programme must be borne in mind in all stages of the formulation, implementation, and evaluation.

Programme evaluation is necessary to ensure that the allocation is getting to the target population. One of the difficulties in many service delivery programmes is that allocations often go to the most easily satisfied or most vocal consumers, and the most disadvantaged may miss out.

Group activity augers much better for political success than electoral activity. Considerable psephological evidence has shown that most voters tend to retain political orientations they have developed earlier in life. Of those who do change (and the number are small) the trend is towards a more conservative orientation. (Hudson & Binstock 1976 give American evidence, Aitkin 1977 gives Australian evidence). The aged are not homogenous politically and could never be considered as delivering a unified vote. In Australia people over 60 make up roughly 20% of voters, but geographical dispersion and variations in socio-economic status make the prospect of a real swing on the basis of the aged vote very remote. Voting and pressure group activity is discussed below(pp.80-7). Rather than dwell on an

almost artificial part of the power structure, voting, the working paper will turn to the position of the state, and how the family blends with the state in the structure of support for elderly people.

STATE AND FAMILY

For as long as philosophers have been writing, the role of the state has been a central feature of analysis. It is not intended that this paper should take the debate to first principles and rake over the coals. The modern industrial state must fulfil two basic and often mutually contradictory functions - accumulation and legitimization. This means, according to O'Connor (1973, p.6) that the state must try to maintain or create conditions in which profitable capital accumulation is possible as well as conditions for social harmony. An essential state objective is facilitating the process of reproduction of existing social relations.

Two points should be noted. First, "the state" is a much broader concept than "government" for it incorporates all aspects of the reproduction of social relations. Second, state allocation does not ensure that what is produced is "more of the same", despite comments by critics. The largest part of state expenditure, in fact the only part which has any semblance of coherence, is public sector expenditure, and the impact of this is debateable.

In Australia public sector expenditure accounts for approximately one third of G.D.P. In the highest spending European countries this figure is just over one half, while the lowest public sector expenditure in the economically developed countries is in the order of one quarter of G.D.P. Anyone who reads daily newspapers will know there is quite a reaction to this expenditure. The reaction seems to be a multi-faceted protest. At times it seems to be a protest against the volume of expenditure; against the rise in the rate of expenditure; against the purposes to which the expenditure are put; against the recipients of the obvious benefits; or against the way in which the funds are raised. All told they constitute a visible, and perhaps mounting backlash against public sector expenditures, the taxation system, and welfare recipients. After an extensive review of the evidence, Brian Head (1980, p.50) concludes that there seem to be no persuasive grounds for believing that governments in the advanced capitalist societies are likely to bring about major increases in the welfare of the poorer half of the people in the next decade or two.

Substantial proportions of public sector expenditure goes to elderly people - some in the form of direct cash benefits, and thus directly to the elderly, and some in the form of programmes, with the benefits shared with those who find

employment in developing, administering and delivering the programmes. In Australia in 1978/9 the Commonwealth Government spent just over \$4.2 billion on the aged. This accounts for 14.6% of Commonwealth expenditure or 4.2% of G.D.P. (If one takes into account programmes not confined specifically to the aged, but where the aged, as a recipient group may be significant the figures respectively rise to \$5.2 billion, 18% and 5.3%) (See Table 15, p.106 for details).

There are many reasons why the state allocates these sums. As the state faces a difficulty in balancing conditions of profitable capital accumulation and conditions for social harmony and legitimation, all state expenditures, argues James O'Connor (1973) have a twofold character. Social capital expenditures on the one hand, consist of social investment (e.g. human capital investment, transportation, physical capital - all designed to increase the productivity of labour) and social consumption (e.g. goods and services consumed collectively as well as insurance against disability, unemployment, ill health, etc). (For detailed explanations see O'Connor 1973 Chaps. 4 & 5). Together social investment and social consumption are productive for capital as they augment the rate of accumulation and profit.

Social expenses, on the other hand are those projects and services which are required to maintain social harmony, the main example of which is the welfare system. (O'Connor 1973 Chap. 6). As a necessary but "unproductive" expense O'Connor sees the welfare functions as a means to "pacify and control the surplus population" (1973, p.7). Are the elderly in Australia pacified and controlled?

The debate over whether government should intervene or not intervene in matters of social welfare in general, and matters affecting the elderly in particular, is passé. The argument now revolves around the questions of -

- a) with what objectives in mind does/should government intervene
- b) in response to which pressures does/should government intervene
- c) at what level should it intervene.

Answers to these questions have been debated at length in the literature. For example, in relation to objectives the following list is a smattering of some of the (contradictory) objectives of intervention propounded: to provide comfort to the poor and vulnerable; to prevent the poorest from expiring; to intervene when no other institution or agency can contribute any more; to provide a stimulus to the economy; to reproduce labour power; to reproduce social relations; to reinforce a conservative ideology; to bring about social change; to foster social justice;

to maintain the status quo; to keep taxpayers happy; to transfer responsibility to the family. These and other views are elaborated upon and discussed in Elliott 1980; Head 1980; van Krieken 1980; Higgins 1978; Graycar 1979; Stretton 1980; Galper 1975; Fraser 1973; Pinker 1979; Tulloch 1979.

It has been popular, since the industrial revolution, for conservative politicians and pro-family activists to assert that "the family" is on the brink of collapse; that family values are being undermined; and that the state is replacing the family as an agent of care. While all social institutions, including "the family", change over time, a comprehensive study was recently carried out to assess whether the state is, in fact assuming more responsibility and the family less, in caring for disabled young, and frail elderly dependants. Basing his research in Britain, Robert Moroney found that families are "continuing to provide care and there is no evidence that families are actually transferring the caring function to the state or that they are becoming less viable social institutions" (Moroney, 1976, p.136). Moroney found that increased public sector expenditures tended to support the family rather than substitute for it.

In the light of these findings it is of interest to note comments by the Minister for Social Security. Speaking in Sydney on February 27, 1980 he said :

"the government's role in welfare is not simply to provide but to help individuals to provide for themselves and to facilitate those mechanisms that already exist in the community to provide for those who need special help or care. And the most fundamental of these mechanisms in our society is the family... The family is a unit designed for the protection of those very young or very old, or sick, or in some other way dependent on the assistance of others, but it is also through the family that we learn our first lessons in caring for others and in taking responsibility for others - lessons that are carried through into the wider networks of community support that underlie our society. That is why policies aimed at reinforcing the strength of the family seem to me to be but one sound direction for future developments in welfare policy" (Chaney, 1981 p.13).

Bearing these comments in mind it is important to note that family policy usually takes a dual thrust. On the one hand there are policies designed to affect families - to strengthen, enlarge or limit families. On the other there are policies designed to use, exploit or rely on families in carrying out social welfare functions (Macarov, 1978 pp.47-59).

Eugene Litwak sets out a theory of shared functions and institutional balance. He distinguishes different types of family structure and relates them to other

forms of welfare organization. He argues that families are more suited than other groups to meeting needs of an idiosyncratic nature because of size, flexibility and speed of response to a problem; but welfare bureaucracies, he argues are better equipped to deal with routine needs requiring special skills and knowledge (Quoted in Pinker, 1979 p.13).

In a recent revision of his famous 1960 study Filial Responsibility in the Modern American Family, Alvin Schorr provides some interesting data on current American practices. (It would be of value to obtain comparable Australian data). He points out that filial responsibility, i.e. the responsibility of children to care for their aged parents before or instead of government or charitable institutions, is a relatively modern idea and that it came into prominence only as economic changes loosened the grip of aged parents on property and income. For the bulk of the elderly, there was no golden age, hundreds of years ago. He cites several authoritative studies which have looked at the possibility of a flow of money both ways - from child to parent and from parent to child. The balance proves to be greater in the direction of helping children - even amongst the poorest. (Schorr 1980 p.13). Cash assistance from children to parents in the U.S. is very small indeed. Three decades ago Schorr estimated that perhaps 5-10 per cent of the aged received such contributions from children, and now the proportion is even smaller.

In housing Schorr cites studies to show that living together of aged parents and adult children has declined from about one third in 1952 to about one sixth in 1976 - in 1952 it was 33%, in 1957, 28%, 1960 20% and 1976 16%. (1980 p.13). Furthermore he suggests that living together is often a reciprocal benefit - not just for the aged person. The aged person may own the home and contribute child care and other services while the adult child may have cash income or provide care and protection.

The dual aspects of family policy have already been placed on the political agenda in Australia and debated at length in the literature. Bettina Cass (1981a) has traced how family policy has come onto the political agenda in Australia and argued that this has coincided with the period of "restructuring" of the welfare state in a time of a decline in the rate of economic growth and high rates of inflation and unemployment. The Australian debate which culminated in hundreds of pages of discussion in 1980 (see Council of Social Welfare Ministers 1980 - 2 Vols - see also Ripple No. 20 May 1980, and Family Services Committee, 1978) is primarily geared to families with dependent children and not at all to families with dependent elderly members.

Social exchange theory can help provide some understanding of family relationships. Exchanges seldom work out on an equal basis. Sussman cites studies which have indicated that rewards for interacting members may be unequal and that individuals stay in a group because the relationships provide some rewards. Despite the uneven exchange these relationships are perceived to be more satisfactory than other alternatives. (Sussman, 1976, p.219). When the rewards are unequal, when there is compliance, dependence and subordination, what exists is a power relationship. Do the elderly lose out in power relationships with their families or with society at large? Social interaction is a continuous process of losing or gaining power credits or resources for use in subsequent transactions. Sussman suggests that the elderly continually lose because the credits most abundant, esteem and compliance, are short lived commodities in which the elderly lose more than they gain. He quotes a colleague who writes "the problems of ageing are essentially problems of decreasing power resources, money, approval, esteem or respect and compliance". (Sussman, 1976, p.219). It will be of great interest to test how these resources are supported or suppressed both by the state and by the family.

It is very likely, however, that for those elderly persons in contact with their families that the families may provide a mediating link between the individual and authoritative social institutions and organizations. Any study of the well being of elderly people must take place within a context of family, communal and societal interaction. Peter Townsend concludes his detailed study of the family life of old people in East London with the view that "if many of the processes and problems of ageing are to be understood, old people must be studied as members of families" and services planned accordingly. (Townsend, 1963, p.227).

RECIPROCITY

Exchanges in industrial society are normally classified as economic or reciprocal. Economic exchanges are those in which both parties, acting as both donors and recipients allow the market to determine the nature of the interaction and the availability and price of that which is exchanged. Non-market or reciprocal exchanges have a long history in anthropological literature in which status and role determine rights and obligations. While traditionally most exchanges have been seen as either reciprocal or economic, strong arguments are put forth indicating the existence of unilateral transfers. Supporters of welfare statism argue that an element of altruism is basic in part of the exchange system, i.e. certain gifts are made and these entail no reciprocal payment either in cash or another gift, or in some form of behaviour or status deference.

At the initial meeting of the Social Administration Association in Nottingham in 1967 Richard Titmuss made an important theoretical point when he argued that the unilateral transfer is the distinguishing mark of the social, while exchange, or the bilateral transfer is the mark of the economic. (Titmuss 1968 pp.13-23). With a major study of the blood donation system he later firmly established this point (Titmuss, 1971). Where blood is donated freely to transfusion services, and freely given to patients in need, quality is high. He uses this to illustrate that altruism is alive and well and that obligation is not necessarily built into every transfer. It is difficult, however, to generalize very much beyond blood as so few commodities are given on a purely unilateral basis.

Opponents of welfare statism argue that transfers which they deem unilateral (cash benefits and services which do not sell at market prices) create unnecessary and unwanted dependence on the state. The longer the unilateral transfer continues, and the more generous it appears, then the less likely it will be that recipients will feel moved to take steps to alleviate this apparent state of dependency.

It is difficult to argue that most welfare allocations are unilateral transfers. In moral theory one can argue that an obligation exists to care for those who have become dependent (the argument is currently pertinent for it revolves around whether that obligation should be vested in the state, or in the family). Furthermore as stigma is associated with most welfare transfers there is often an implicit obligation to repay, or if that is not possible or likely, to exhibit compliant behaviour and forgo the wide range of choices which normally accompanies citizenship. It offends many taxpayers to think that recipients are getting "something for nothing" (this is most marked in allocations to young unemployed and sole parents), and in return there is an expectation that certain socially useful and conforming activities ought to be "given back" by the recipients. When dealing with policies for young people, a case can be made that allocations are justified as investments for the future. When dealing with allocations for the elderly the rationale is that the allocation is either a reward or a humanitarian gesture, and the notion of reciprocity has yet to be examined.

Exchanges can be studied from different bases. On the one hand one could focus on the tangible commodities involved in the exchange process and use these as the item of analysis. This would include both two way transfers, and one way transfers (grants). As Uttley points out this approach ignores the importance of non-tangible components in exchanges, and further assumes that "grants and exchanges are aimed at achieving equilibrium within the system of exchanges {denying} the importance of disequilibrium as a method of maintaining obligations"

(1980 p.190). He suggests that all human interactions be seen as parts of the exchange process. The present authors are considering a longitudinal study with elderly subjects which will examine a wide range of interactions over time.

NEEDS

On the basis of values, social policy is usually need oriented. An enormous literature has developed which derives, describes, defines and dissects the concept of social "need". One must always be clear on the distinction between a need, a condition, and a problem, for conventionally policy prescriptions are aimed at need, sometimes at problems and less frequently at conditions.

Rather than discuss the concept of need at length this paper will take one formulation of the concept. Readers might care to consult the following, for example, which offer alternative formulations : Bradshaw 1972; Davies 1977; Hamilton-Smith 1975; Ife 1980; Jones, Brown & Bradshaw 1978; Macarov 1978 Chap. 1; Runciman 1966; Smith 1980; Townsend 1979; Vinson and Homel 1976; Weale 1978 Chap.5; Wolins 1976.

Need exists when one finds oneself in circumstances requiring some course of action. Often this may be a crisis that has suddenly descended or may be a prolonged if not permanent time of difficulty. In bluntest terms need is necessary for the attainment of a specified end-state (Weale 1978, p.67). The specified end-state is a matter of unending value determination and political debate. The important questions to ask are : who defines need and how is this done; who identifies need and how is this done; who measures need and how is this done; who might be able to alleviate need and how is this done; who determines whether need has been met and how is this done? Who best assesses need - experts, or those "in need"? Answers to some of these questions will come from S.W.R.C. research projects.

Only a small proportion of needs in our society are met by the welfare system. Most are met by other social and economic institutions. But, however they are met, the volume of unsatisfied needs is infinite and "meeting needs", Bledwyn Davies writes, is really a euphemism for "optimising the use of resources" (1977 p.137).

At a personal level, the social psychologist Abraham Maslow (1954) developed a hierarchy of needs ranging from basic physiological needs through to idiosyncratic creativity and self actualization. It must be noted however that needs

cannot be seen in discrete hierarchical terms, but that need systems essentially interact with one another. In addition to biological and physiological needs for food, safety and security, clothing and warmth, there are needs to interact, to have reciprocal social relations, to belong and not be isolated. At another level there are needs to discover, express and actualize oneself through fulfilling creative activity. Of course, needs vary in intensity and urgency, in identification and realization. Furthermore needs are met differently by different systems. Martin Wolins (1976 p.111) identifies how four need meeting systems operate, a) the family, b) the business organization, c) the informal friendship group and d) the polity. Without underestimating the importance of the first three, it is the latter, the formal authoritative set of organizations which includes all of government and voluntary welfare organizations, which operates at the interface of the aged and the state.

While the first three of Wolins' systems deal with need on a personal, economic or social basis, the polity deals in an authoritative manner. Gilbert, Miller & Specht (1980, p.264) identify four types of need that can be related to authoritative allocations.

- a) attributed need. Eligibility for an allocation is based on belonging to a group of people who have common needs according to standard, and values prevalent in the community. Here "need" is defined according to normative standards and allocations are likely to be universal.
- b) compensation. Eligibility for allocation is based on groups who have suffered unmerited hardships at the hands of society. Allocations are likely to be categorical and based upon normative criteria for equity restoration.
- c) diagnostic differentiation. Eligibility for allocations is based on some expert or professional diagnosis of the individual. The allocation is individual and based on technical diagnostic criteria of need.
- d) means-tested need. Eligibility is based on an individual's economic circumstances and not on normative definitions, expert diagnosis or consideration of equity.

In the extended study these approaches to need will be illustrated with case material.

DEPENDENCY

An important catchword frequently used in working with elderly people is "dependency". The term has a variety of meanings and one of the most common assumptions is that dependency is bad and ought to be reduced. This depends very much on the type of dependency referred to and its origins and consequences. All people are dependent for considerable periods of their lives, most notably when very young, and if frail, when elderly; women with dependent children are themselves usually in a state of dependency. The dependencies of old age are chronic rather than transitional and may foreshadow continuing or increasing dependency. The vulnerabilities of children and their dependence on the physical, social and psychological environment are expected, accepted and provided for by the family and society, argues Elaine Brody. "In the main the dependencies of old age have not yet been similarly legitimized... there are no normative standards for evaluating the appropriateness of dependency in old people" (Brody 1977, p.82).

Normative statuses of dependency which do exist (children, students, workers undergoing retraining, women with dependent children) are accepted because they are recognized as phases which facilitate the reproduction of labour. The statuses are preludes to work (paid and unpaid), and it is this which forms the social construction of an individual's worth.

It was in the last century that Durkheim pointed out that as the social system becomes more specialized people become more socially dependent. Martin Rein develops this point and in a paper on public dependency argues that technical progress, medical progress, stereotyping and labelling and professionalism all increase dependency (Rein 1970, 89-92). The solution, he says, is to develop an appropriate social philosophy, for "the dilemma is one of ideology, not technology". (Rein 1970, p.97).

The appropriate social philosophy must transcend discipline boundaries. Examined from different disciplinary position, dependency can be viewed very differently yet be a matter of central importance to each discipline. Diagnoses and "solutions" will vary accordingly.

To demographers "age structure information makes possible an assessment of dependency. Ideally dependency would be best measured by relating the number of dependents or persons not in the workforce" (Hauser 1976, p.65). As workforce data are not always available, a substitute ratio of those below 15 and over 65 to those of working age (15-64), expressed as a number of dependents per 100

population is used. This sort of measure gives an indication to planners, of the present and future structure of the population. It does not venture into matters concerning the relationships among population groups, nor between certain groups and other social institutions. It is useful however in assembling data on the changing structure of a nation's population and was used above (pp. 8-9) in this way.

Writing from the viewpoint of a rehabilitation specialist, Bruce Ford suggests that dependency "is the necessity to seek the assistance of some of the services our society provides" (Ford, 1979, p.29). While one could take issue with this narrow view, Ford clearly deals with the tangible manifestations and outlines the range of medical and physical disorders and psychological problems and in the process he includes social factors, though he stresses that social problems are more likely to contribute to dependency than be its primary cause (Ford, 1979, p.54). He believes that in due course we should be able to develop a reliable Dependency Index, not unlike the Consumer Price Index, which would take into account pertinent medical, physical, and social factors.

Strategies have been developed by social workers for trying to reduce dependency and promote self-determination, self-help, self-care and self-direction. If the vehicle for reducing dependency is a social service agency then a determination must be made on whether dependency is individually based or community based, and then appropriate individual or community services can be delivered. Jimmy Algie (1975, pp.103-7 and 413-5) develops a checklist of factors involved in providing services. Algie's services, however, have a strong personal orientation, the implication in the social services being that dependency is often a matter of individual pathology.

Only part of the spectrum is being considered if the focus is on individual inadequacies. Factors which help determine dependency such as exclusion from the labour market, deficiencies in housing, neighbourhoods which are remote from family and other supports, low income etc., do not arise from individual infirmities or other personal characteristics. They do however, contribute to dependency which can no longer be regarded as a medical or individual problem.

Leaving aside debilitating physical conditions, much of the reason that the aged are referred to as dependent is that they are removed from economically productive endeavours. Modern industrial society has, in its complexity, structured a wide range of states of dependency. The crucial policy factor revolves around the extent to which states of dependency are recognized as

collective responsibilities.

States of dependency arise, wrote Richard Titmuss, when people are not in a position to "earn life" for themselves and/or their families. (Titmuss 1963, p.42). He went on to outline two types of dependency. First there was what he called natural dependencies - as seen in childhood, child bearing periods and extreme old age. These dependencies may be caused by physical and psychological ill-health or incapacity. To an extent they are culturally determined, though many of these dependencies exist in most cultures. On the other hand Titmuss identified those which are wholly or predominantly determined by social and cultural factors - the man made dependencies. These include unemployment and underemployment, delayed entry in the labour force, compulsory retirement, occupational injury and a variety of subtle cultural factors, especially those with a gender, class or ethnicity basis. Those people suffering from culturally determined dependencies have grown in numbers in recent decades.

Retirement policies, it can be argued, are a means by which social policy creates dependency in old age. The work of the elderly is devalued by society hence their disengagement from the workforce. The stage of separation is not chronologically determined but immersed in the value structure of industrial society. Walker states that "the terms which are used to rationalize a fixed and arbitrary cut-off point in an individual's working life - 'efficiency and productivity' - function to confirm popularly the judgements of bureaucratic structures, namely that the elderly can no longer contribute to society's productive activity". (1980 : 72).

It has been argued that policy relating to the elderly is made by non-elderly persons in ways that strengthen the interests of non-elderly persons (McAdam, 1980; Rosow, 1977). Combining this with the assumption that those not in the labour force should be worse off than those in the labour force, recipients of income maintenance supports have to live with stigma which is part of dependent status.

Fear of 'public dependency' owes its origin to the belief that one should work in order to share in the rewards of society and that avoidance of this fundamental principle was to be actively discouraged. In effect explanations of the presence of 'public dependents' were rooted in fundamental deficiencies of the individual. The state (as Rein 1970, pointed out) believed that dependents were morally and socially less adequate than the rest, and that dependency could

be eradicated if these personal deficiencies were eliminated.

This analysis ignores the social creation of public dependency and attempts to force the 'victims' to compensate society for social and economic costs. Alan Walker (1980) argues convincingly that poverty and dependency in old age are socially created. He suggests that policy makers have tended to concentrate on the consequences rather than the causes of dependency and in doing so have not examined sufficiently the social relationship between age and the labour market.

It can be suggested that public dependency is deliberately created because the socio-economic structures demand the absence of certain groups to avoid an overload on the labour market. Traditionally excluded groups in industrial societies are the young and the old and more often than not, women. To ensure that the excluded groups will accept their position in society, the state has created a series of social definitions that exclude old and young from the productive processes (Johnson and Kamara, 1977). For the aged, post-retirement defines their status and relegates them to an inferior position. Social definitions allow the state, professional bodies and the public generally to perceive the problems of old age as being symptomatic of the ageing process. This accounts for the state's responses to the problems of ageing and why little credence is given to the suggestion that responsibility for those problems may lie elsewhere.

Elderly people derive the greater part of their income from the state, but depending on one's view of the structure, causes, and distribution of inequality "dependency" is not considered to be a matter of shame, but a basic right of citizenship" (Walker 1980, p.59).

Socio-economic dependency is closely related to class. As pointed out above (p. 21) the higher one is on the socio-economic scale the less likely it will be that retirement will bring changed circumstances or dependent states. Titmuss (1955) pointed out that retirement has a differential impact, the origins of which are forged in the labour market long before retirement.

In an American study the previous occupational status of workers not surprisingly, was found to determine their status in retirement. Individuals enter retirement with different interests and resources which, in turn, determine their opportunities for certain modes of living. How individuals adapt to retirement relates to the variety of personal and social resources available to them (Maddox, 1975a).

In other words, the inequalities of retirement are imposed more heavily on those who previously held low status work positions. These inequalities are the leading cause of the persistent and pervasive problem of poverty for older people. As well as being class based Walker (1980) shows that poverty stems from the nature of social responses to dependent status. The elderly poor have control over a diminishing range of resources and there seems to be no official encouragement to reverse the slide.

Continuing evolution of retirement practices affects the level of and ability to command resources. While inflation hurts middle income people most, retirement introduced at an arbitrarily determined time effectively assures dependence especially for those whose sole source of income will be the age pension. Retirement ages imposed upon workers regardless of abilities to continue performing in work situations are generally an institutional or customary practice which segregates the economically "useful" from those rendered dependent.

Early retirement is increasing due to a series of company or government decisions, union negotiations and industry readjustment programmes. In many instances this term is merely a euphemism for redundancy. Redundancy enables many enterprises to rationalise labour requirements and discard unwanted workers before they reach retirement ages. Moves in this direction are fraught with many dangers, the most extreme being the question of income. Dependency upon social benefits will result if those in premature retirement do not find work nor are covered by an occupational pension scheme. Without proper safeguards, many workers will be displaced with only meagre pension entitlements which will further the incidence of poverty, and widen the gulf between those effectively displaced, and those who have retired early to their enormous financial advantage.

Dependency can be forced upon people by exclusion from the labour market and an accompanying allocation of limited social benefits. This is the reward for past endeavours and contributions to the collectivity. These transfers of resources however are not without reciprocal relations. Where the exchange of resources is based on beneficence it is more likely that the recipient will be dependent upon the distributing source since the recipient has nothing of value to offer in return (Uttley, 1980). Such exchanges exist in power relationships which acknowledge the dominance of one group over another. Usually the powerless group is unable to modify their circumstances and by default agrees to accept the conditions imposed on them (Pruger, 1973). In relation to the elderly, the exchange is a social benefit (age pension) from the state. In return for this benefit the aged are estranged in retirement from the mainstream of social activity. Social

exchange, it can be argued, can well create and structure dependency.

The notion of dependency is both difficult to analyse and controversial. This section has skated over and around some of the assumptions and interpretations. The task at hand is to break dependency into its component parts and after subjecting it to conceptual analysis, illustrate through empirical case material the range, extent and overall functioning of dependency among the elderly in Australia.

V ALLOCATIONS TO THE ELDERLY

"The theory and practice of the welfare state" wrote Morris Janowitz (1976, p.41) "rests on the ability of the central government to collect and redistribute a portion of the economic surplus of an advanced industrial society. The economy can make use of its economic surplus for the sheer accumulation of wealth, for investment in further capital-goods expansion, for higher private consumption, or for expanded government expenditures, including welfare expenditures. The economic surplus that is available for public welfare expenditure rests on the productivity of the economy, an effective tax system, and a system of social and political control that defines the legitimacy of welfare expenditure". The argument over how the surplus is to be allocated, and according to whose interests it is to be allocated, has for a long time been one of the fundamental arguments in politics, and in recent years has moved significantly into the welfare arena.

Depending on one's interpretation of social welfare and on what one expects the welfare system to achieve, one can argue that the surplus be directed to the allocation primarily of cash, or primarily of services, or perhaps some combination of both. Arguments relating to the allocation of cash and services have been spelt out elsewhere. (Graycar, 1978 pp.1-21; Graycar, 1979 pp.10-12).

During the 1960's and 1970's it was argued that the allocation of cash and services did little to move social welfare from "casualty clearing" to "social development". This would come about if welfare was seen quite legitimately as a means of providing access to decisions which affect peoples' lives, allowing for meaningful involvement of people designated as welfare targets, in the planning and delivery of services.

The social development concept hoped for only a few years ago has not come into being. Cash and services, however, are being delivered in a big way, to the elderly population. This section discusses allocations of cash and services. It is difficult to draw clear boundaries between them. In some cases cash actually changes hands, (as in the case of pensions and benefits). In other cases a service is provided for which no cash (or very little in comparison with the real cost of the service) changes hands. Examples here include "free" medical services or pharmaceutical benefits. Although some commentators (e.g. Harris, 1978) regard these as part of the income security system ("expenditure-based positive transfer programmes") they will not be treated here under the "cash" heading. To be difficult (but consistent with p.22 above) public in-kind transfers such as

subsidised housing will be treated under the cash heading because housing support can add significantly to the economic resources of elderly people.

A third component, power, forms the following section. It is not analysed in the sense of an allocation of the welfare system, but rather as an accompaniment to it. In times of a slowdown in the rate of economic growth political power wielded by groups of elderly people, or groups acting on behalf of or in conjunction with elderly people will be one of the few keys to what might be regarded as a just allocation of cash and services. The type of power will vary from information exchange and self-determination to lobbying at all levels of government.

CASH ALLOCATIONS

Public Cash Transfers

Pensions for aged persons were introduced in New South Wales in 1901, in Victoria in the same year, and in Queensland in 1908. These were state government measures, and on July 1, 1909 the Commonwealth Government took them over and began paying age pensions Australia wide. This came about as a result of long debates which have been meticulously documented. (Kewley 1980; Kewley 1973; Kewley 1969; Dixon 1977). State pensions carried the ring of charity - in Victoria for instance pensions were confined to "the enfeebled and utterly necessitous" (quoted in Kewley, 1969 p.31), while the Royal Commission of 1905-6 upon whose recommendation the Commonwealth Act of 1908 was based, recommended that a penalty should be imposed for supplying an old age pensioner with intoxicating drink; that near relatives be compelled to the support of applicants for pensions; that a pensioner's property, at his/her death should vest in the crown which was to have first claim upon it to the extent of the total amount paid in pension (Kewley 1980 p.14). These proposals did not become part of the legislation.

The legislation provided that a maximum pension of \$52 per annum be paid to men and women at age 65 (though the age for women was to be reduced to 60 "at a time to be proclaimed"). Pensions were not granted to those whose income exceeded \$104 per annum, nor to those whose accumulated property was valued at more than \$620. The pension was to be reduced by one dollar for every (annual) dollar of income exceeding \$52 and by two dollars for every \$20 of property above \$100 in value.

Since the beginning the operation of a means test has been an item of continual debate and these debates have been documented and discussed in the

writing of Kewley and Dixon, referred to above. Those arguing against the means test claimed it provided a disincentive for people to provide for themselves. Why should somebody, the argument goes "who has been careful and saved all his/her life be no better off than the person who has squandered his/her money". Furthermore, it is claimed that it creates a system whereby potential recipients are always on the lookout for loopholes, and where, accordingly, a large bureaucracy is needed to police the system.

Those supporting the principle of a means test argue simply that scarce resources ought to be concentrated on those in most need, and spreading funds thinly provides little benefit to those who are well off, and provides insufficient benefit to the poorest.

Debates over time have suggested that the means test be replaced by a contributory scheme or by a National Superannuation scheme. The means test was liberalized in 1946, in 1954 and again in the late 1960's and early 1970's. Political agitation for the removal of the means test has been constant since World War II and it has been part of election promises and written into party platforms.

Abolition of the means test was in the Labor Platform while Chifley was Prime Minister, but it was not a matter of priority. In his successful bid for the Prime Ministership in 1949, Menzies promised to abolish the means test and establish a contributory scheme - but this proved too complicated a task and the proposal was withdrawn. (Kewley, 1973 pp.251-254). Opposition Leader Evatt promised in the 1954 election to abolish the means test within the life of the Parliament, but Evatt was not elected. In 1969 the Labor Party committed itself, after considerable internal debate to the abolition of the means test. At about the same time the Government appointed a well known opponent of means testing, Mr. W.C. Wentworth as Minister for Social Services. The Government of which Mr. Wentworth was a Minister decided to abolish the means test, and this was spelt out in the 1972 Budget Speech. An election was due shortly thereafter, and not to be outdone, Opposition Leader Whitlam promised complete abolition of the means test by 1975. In October 1973 means testing was abolished for all aged 75 and over, and in May 1975 for all aged 70 and over. (Pensions then became subject to taxation, but this applied only to those who had income which pushed them over the exemption threshold). In his 1975 election policy speech Mr. Fraser said (on p.10) "we stand by our commitment to abolish the means test on pensions".

In November 1976 the means test was replaced by an incomes test. While this has further liberalized pension provision, statements by Ministers have emphasised that welfare assistance should be directed to those in greatest need. The upshot of these changes is that during the 1970's the proportion of people of pensionable age who were in receipt of the age pension increased from 60.2% to 77.88%. As a proportion of the total population, pensioners increased from 6.28% to 9.17%.

	Age pensions as percentage of persons of pensionable age			Percentage of pensioners receiving pension at full rate		
	Males	Females	Persons	Standard Rate	Married Rate	Total
1970	53.25	63.87	60.28	80.93	76.96	79.40
1971	52.92	63.26	59.76	79.36	75.98	78.06
1972	53.61	63.33	60.05	77.86	74.46	76.54
1973	59.73	68.47	65.52	83.22	81.98	82.70
1974	65.63	72.60	70.22	88.01	84.25	86.48
1975	69.72	75.11	73.30	91.70	88.45	90.35
1976	72.35	76.93	75.39	9.15	87.39	89.59
1977	73.09	78.28	76.52	91.41	87.93	89.94
1978	75.94	79.40	78.22	91.05	87.10	89.35
1979	75.53	79.11	77.88	67.82	68.99	68.32
1980	75.28	78.67	77.51	66.23	67.11	66.55
1981	74.39	77.75	76.59	65.74	65.55	65.55

SOURCE: Dept. of Social Security Ten Year Statistical Summary 1970-79; Ten Year Statistical Summary, 1972-81, p.1.

Note: The sharp decline in the percentage of pensioners receiving pension at full rate (1979) is due to a classification which counts pensioners over 70 who do not receive the benefits of indexation as on part rate.

Adequacy

An argument which has paralleled the means test argument has been that of adequacy. In the first large study of living conditions of elderly people, Hutchinson (1954, p.70) found that one third of all pensioners found the pension rate "totally inadequate" for their needs and a further 40% said they were just able to "make do". Twenty years later the Commission of Inquiry into Poverty, chaired by Professor R.F. Henderson conducted a national survey (Hutchinson's

survey was confined to Victoria) and found that 36.6% of aged males (single) had incomes below the poverty line and a further 13.3% had incomes no more than 20% over the poverty line; that 31.0% of aged females (single) had incomes below the line, and a further 19.8% had incomes of no more than 20% above it; but that 5% of aged couples fell below the poverty line and 29.6% less than 20% above it (Commission of Inquiry into Poverty 1975, p.18). In other words more than half of Australia's single aged people were "very poor" or "rather poor". Many aged females owned their own homes and thus did not pay for accommodation making them income poor but asset rich. (The aged, however, were not the poorest groups identified by Henderson - fatherless families suffered from this dubious distinction). Henderson found that the age pension in 1973 was less than his poverty line for single people, but was on par with the poverty line for a married couple. A.C.O.S.S. has provided regular updates comparing pension rates to poverty lines. Though the concept of a poverty line has been subject to criticism (see Saunders, 1980; Tulloch, 1980) single persons on the age pension are on the poverty line while married couples are about \$15 per week above. (This applies to pensioners who rent).

There is no unanimity on what the pension is expected to do. It was never expected to redistribute wealth and until recently was not acknowledged as replacing income. C.P. Harris (1978, p.163) has developed a tripartite classification system for income security programmes which he designates (a) income-based positive transfer programmes; (b) expenditure based positive transfer programmes; and (c) negative transfer programmes. The first classification is divided into income replacement and income supplement programmes, and Harris lists the age pension as an income replacement programme. (Compensatory services comprise the second category and concessions granted in respect of life assurance and superannuation premiums fall into the negative transfer category).

It is of interest to note that throughout the 1950's and 1960's Commonwealth Government Ministers were adamant that pensions could only be a supplement e.g. in 1953 the then Minister for Social Services said "It has never been regarded by any Government as a sum designed to maintain a person completely, but something which is supplementary to their own savings. (Quoted in Kewley, 1973 p.554 - see other quotes pp.553-554). It was not until 1968 that a senior minister (Prime Minister Gorton in fact) acknowledge that the pension should provide a modest, if frugal, standard of living. (Kewley 1973, p.554). Finding a means of measuring and ensuring this is not easy. One approach is to compare pension

levels with an index such as the consumer price index. This, like the poverty line approach is fraught with dangers about what is and ought to be included.

Kewley (1973, pp.556-7) has calculated the real value of pensions between 1911 and 1971 by comparing pension rates to a cost of living index. Over that period pensions grew at about two and a half times the rate at which the cost of living index grew, although the growth did not occur at a steady rate. Between 1911 and 1923 the real value of pensions fell below the 1911 level, while on many other occasions, notable 1929, 1932-42, 1947, 1950-1953, 1957, 1959, 1963, 1966 and 1968, the real value in pensions failed to keep up with the retail price index.

During most of this period pensions were adjusted entirely from a political expediency point of view (although between 1932 and 1937 pensions were adjusted in accordance with changes in the retail price index for food and groceries) and some years were good years and others not so good, though overall the real value of pensions outstripped the growth rate of the retail price index. They did not however grow as quickly as average weekly earnings. Throughout the 1950's and until the mid 1960's pensions hovered around 21% of average weekly earnings. In 1967 they dropped below 20% and fluctuated between 18.3% and 19.9% until 1973.

In his 1972 policy speech, Mr. Whitlam said

The basic pension rate will no longer be tied to the financial and political considerations of Budgets. All pensions will be immediately raised by \$1.50 and thereafter every Spring and Autumn, the basic pension rate will be raised by \$1.50 until it reaches 25 per cent of average weekly male earnings. It will never be allowed to fall below that level. (quoted in Kewley, 1980 p.55).

This was not achieved during Whitlam's term of office, nor has it been achieved since then, although in the December quarter 1974 the rate briefly touched 24.5%. In October 1975 the government abandoned the average weekly earnings standard and instead raised the pension by the percentage increase in the consumer price index for the first two quarters of 1975. This was done, it was claimed, not as an abandonment of the principle of striving for a pension level of 25% of A.W.E. but rather "as a temporary measure to ease the pressures of public spending on the economy". (quoted in Kewley 1980, p.57).

The Fraser government has continued to index pensions on the basis of the consumer price index. Legislation was passed in 1976 to provide for automatic

adjustment in May and November of each year in respect of C.P.I. rises in the previous two quarters. Pensioners' organizations bitterly opposed the basis for adjustment arguing (a) that in times of high inflation too long a period passed before they received any benefit of adjustment and (b) that the consumer price index was an inadequate means of adjusting pensions. Their preference was for quarterly adjustment based on average weekly earnings.

The response from the government was an announcement in the 1978 Budget that automatic adjustments would take place only once (in November) and not twice per year. This meant that in 1978/9 the indexation rise paid to wage earners in December 1978 was not passed on until November 1979. For eleven months pensioners were denied this benefit passed on to the rest of the community, and for five months were denied the June 1979 indexation rise. Although the justification was given that inflation was under control, the defence of the position was so feeble that political pressure ensured the re-introduction of twice yearly indexation in the 1979 Budget.

Liberalisation of the means test, replacement of the means test with an income test, and abolition of the income test for those aged 70 or over has proved extremely costly. Attempts to move the age pension from a selective to a universal payment have been reversed and in the 1978 Budget speech it was announced that those 70 or over would have to satisfy the income test to receive indexation adjustments. Those unable to meet the test would have their pensions frozen at the May 1978 level, \$51.45 (single) and \$85.80 (married), where they still stand. This is consistent with a policy of directing benefits to those most in need.

While large expenditures are going into age pensions, pensioners organizations do not believe the level is adequate, and in 1981 have commenced a campaign to have pensions raised to 30% of average weekly earnings. (Australian Pensioner, April 1981, p.4).

In real terms pensions have risen over the past decade, but there have been fluctuations. Supplementary assistance, guardians allowance and childrens allowances have fallen however (in real terms). Australian research is not available on what might be considered to be a pension level sufficient to ensure well being in retirement. As pointed out above (p.22) it has been estimated that an income of up to 70% of previous wage or salary earned is needed as a replacement in order for an elderly person to maintain a satisfying life-style.

In-Kind Transfers

The only in-kind transfers to be discussed here are those in the area of housing. (Supplementary assistance - often referred to as "rent allowance" is not under consideration. It is a payment in the order of \$4.50 per week to pensioners and supporting parent beneficiaries who pay rent, and at 30 June 1980 was paid to 190,949 age pensioners - 14.3% of age pensioners. The Department of Social Security notes that 60% of age pensioners own their own homes and 30% do not (information is not available on the remainder). As pointed out above, renting in the private market is prohibitively expensive for somebody on a pension.

Under the former States Grants (Dwellings for Pensioners) Act 1969, the Commonwealth made non-repayable, interest-free grants to the States for assistance in providing suitable accommodation for aged people living alone in sub-standard dwellings. The Act, administered by the Commonwealth Department of Housing and Construction, was amended in 1974 to include single persons of limited means who were permanently unemployable or in receipt of the invalid pension. Over the initial five year period 1969-74 the Commonwealth made available \$25 million in Grants for the construction of 3325 units. The Scheme was extended to 1978 to provide a further \$40 million for 2600 units.

In 1978 the Housing Assistance Act 1978 replaced the States Grants (Dwellings for Pensioner) Scheme 1969-78. Under the provisions of the new Act, Part III, "Grants to States for Rental Assistance to Pensioners and other Persons in Need", all pensioners are eligible for assistance albeit particular emphasis is on those in need. Grants from federal monies may be used to build or refurbish existing accommodation and to make grants to voluntary bodies and local governments to enable these bodies to provide accommodation. In the first year, 1978-79, \$14 million was allocated by the Commonwealth (1150 units). This rose to \$100 million in 1979-80. It is estimated that \$104 million will be spent during 1980-81.

The Commonwealth-State Housing Agreement of 1945 (and later 1974 and 1978) provides for two programmes. The first programme assists home buyers who cannot obtain finance in the private market while the second, The Rental Housing Assistance Programme, provides rental accommodation. The arrangement, by which matching funds at low-interest rates are made available to the States continues, though with a current emphasis on home ownership. The States are required to

spend at least 40% of their funds on loans to home buyers. Although older persons are among the beneficiaries, there is no specific provision for aged persons.

Under the Rental Housing Assistance Programme funds allocated by the Federal government are bolstered by state funds, and used by State Housing Authorities to build or buy rental accommodation. States can determine specific guidelines for assistance within the broad guidelines of the Housing Agreement which require that assistance be directed to those most in need. Rents must be at market level although rental rebates are available for 'needy' tenants.

Dwelling construction is the greater activity of all State Housing Authorities and each accord a low priority to pensioners. In the 1978-79 financial year only 13% of building was allocated to pensioners. It must be remembered that the category 'pensioner' covers the multiplicity of groups as serviced by the Social Services Act. In the current period, the majority of applicants accommodated were single parent families. Under the Act housing stock can be sold to occupiers but only at market value or replacement cost. This precludes many low-income earners from becoming home-owners. (Also low-income earners cannot save enough to qualify for home savings grants).

Private Income Transfers

While the age pension is the main source of income for the bulk of the elderly, income is also received from occupational pension schemes, from assets and investment savings. Superannuation is the prime source of income of fewer than 5% of the elderly. (see Tables 7 and 8, pp.98 and 99).

Occupational pension plans came about partly as a result of pressures by upper and middle occupational groups to ensure that they would not face the same exclusions suffered and accepted by the working classes when they reached pensionable age. Superannuation funds provide massive investment opportunities for employers though the benefit to employees is not easily calculable. The employee who serves out much of his employed life with the one employer is often able to receive a substantial benefit. There are, however, several problems with limitations on occupational mobility, with companies which fail, and with unfair access to contributions.

The National Superannuation Committee of Inquiry (1977, pp.4-6) reported that in 1974 29% of the Australian workforce belonged to superannuation or

similar schemes. 58% of public sector employees, but only 21% of private sector employees; 36% of employed males, but only 15% of employed females; 38% of non-manual workers, but only 21% of manual workers were covered by occupational superannuation schemes. Within the private sector 8% of employers and self employed persons were covered, compared with 24% of employees. (One reason that fewer than 5% of the elderly have superannuation as their main source of income is that many take this entitlement as a lump sum on retirement and receive a social security pension thereafter).

The differential returns received from contributory schemes and from the age pension are substantial. Both schemes receive substantial funding from taxpayers. Stretton (1980, p.48) has estimated that tax supported occupational superannuation for a person on an upper middle class income costs the taxpayer six or seven times what it costs the taxpayer for a person on the age pension (Stretton's assumptions and calculations are a little shaky, it must be pointed out!) Thirty years ago Titmuss estimated that in Britain, Exchequer contribution to occupational pensions (through taxation benefits) was two to three times higher than the percentage contribution to all benefits under the national insurance scheme. (Titmuss 1955, quoted from Titmuss 1963, p.69).

Occupational superannuation causes disparities in status among the elderly and raises questions of equity. Two dichotomous situations can be identified. First, there are workers who have retired with superannuation benefits and workers who have retired without. Second there are those in the workforce presently contributing, and those not contributing to pension schemes. In both cases those without will usually become dependent on the state of the whole of their income, and class differences based primarily on employment status will be exacerbated in reflecting differences in source and quantity of retirement income.

This is not the place to begin to examine occupational superannuation as an income maintenance measure, but it can be seen that it is an area in which fundamental research is required.

SERVICE PROVISION

Social services, those provisions designed to promote individual and group well being and to aid those in difficulty (Kahn 1973, p.4) must be conceptually and qualitatively distinguished from income supports. The United Way of America Service Information System believes that for people to live a well adjusted and satisfying existence, they must:

- . be safe and secure in person and property;
- . be able to function well in a complex society and develop themselves to their potential;
- . have organized institutions and systems to assure that the above mentioned services are effectively provided.
- . have adequate money income;
- . enjoy good health;
- . have their basic material needs (food, clothing, shelter and transportation) met;
- . be able to obtain the necessary education;
- . be able to live in a healthy and pleasing natural environment; (United Way, 1976, pp.7-8)

In order to achieve these a large number of services can be identified, which together aim to contribute to well being. In developing services for elderly people it is essential to include general utility services which are available because they are old, and in addition may be frail, or isolated, or impaired.

Social services, as Donnison pointed out "are not an unproductive frill tacked onto the economy as a charitable afterthought, but an integral and (in some form or other) a necessary part of our economic and social system - a form of collective provision required to meet the needs of an expanding industrial society, and to provide a market for its products". (Donnison et al 1965, p.23).

Services in Australia are planned, delivered and administered under a bewildering array of auspices. In 1976 a Commonwealth Task Force on Co-ordination in Welfare and Health (Task Force 1976) reported on the complexity, and recommended the amalgamation and streamlining of programmes and services.

The Task Force was able to identify all of the Commonwealth programmes, but could not make any more than a rough estimate of the number of non-government organizations delivering health and welfare services in Australia. It guessed at somewhere between 15,000 and 60,000 (A joint S.W.R.C./A.C.O.S.S. study is presently trying to refine that figure). It did not even hazard a guess at the number of state government programmes in operation. Nor could it, in all cases give a full account of the numbers of organizations funded under each programme head (e.g. in the area of Home Care Services the Task Force could list appropriations and expenditure, but not discover the number of beneficiaries or organizations involved - see page E.48).

Services for the aged are of both a specific functional type and a broad comprehensive type. They are delivered through a variety of methods, to a variety of target groups, with a variety of objectives in mind. It is commonly asserted that planning of services for the elderly is haphazard and almost random. American research has found that there is little reciprocity between gerontological researchers and policy makers. The knowledge generated by researchers seldom guides policy formulation and conversely experience from implementing programmes is seldom used to test, refine and expand basic premises. Rather than some sort of scientific rationality the political process was the main determinant in service development, as policy makers are subject to pressure for quick and visible results and often organizational survival takes precedence over the interests of the consumer. (Monk and Dobrof 1980, pp.139-140). Insufficient research has been done to determine whether this situation applies in Australia, and in this section a brief description of services will take place, leaving the analysis for another occasion.

In Australia the major guiding and planning of programmes is determined by the Commonwealth Government through its funding initiatives for the various social services. It establishes the boundaries for the allocation of resources and specifies which targets ought to be assisted. Targets shift in perspective as new problems come into the limelight. Organizations with an interest play a critical role in policy development by arguing for redirection or for the introduction of new services. The policy and programme changes advocated are dependent upon the values of the sponsoring organizations and their perceptions of the causes of problems.

The Commonwealth Government response to the conditions identified above in Section II has been (in addition to income support activities) to move on three

fronts, accommodation, home care and health. Programmes dealing with health, namely Medical Benefits and Services (including the Pensioner Medical Service); Hospital Benefits and Services; Pharmaceutical Benefits and Services; Nursing Home Benefits and Payments; Domiciliary Nursing Care Benefits; Home Nursing Services; Paramedical Services; Community Health Facilities and Services, are beyond the scope of this research. So too, are the expenditures on elderly persons through the Department of Veterans Affairs which amount to approximately \$500 million per year.

Accommodation

Different policy issues obtain in housing the frail aged and the non-frail aged. As few elderly people have dependent children their housing needs are different to needs during the period of family formation. The Henderson Report suggested a number of options for better access to and better distribution of the housing stock. (Commission of Inquiry into Poverty 1975, pp.243-267).

The Commonwealth Government which is not involved in detailed administration of programmes operates a system which makes funds available to state governments, local governments and non-government organizations. The aims of using a funding system are threefold:

- to play a continuing role in setting national priorities and guidelines
- to contain the states programmes to areas considered to have most importance
- to gain credit for the establishment of services for the aged.

(Holmes, 1977 p.6)

The intention in funding is to control the direction of funds and ensure that funds could be redirected to cater for emerging problems. This itself has contributed to a fragmentary and disjointed approach to caring for the aged. As new problems were identified new programmes were started that did not inter-relate with existing ones. According to the Holmes Report the overall result was inefficiency in use of resources, and the failure to alleviate the situation of those most in need.

The Aged or Disabled Persons Homes Act (1954) is primarily directed towards the aged who need either sheltered accommodation or a degree of nursing care that

prevents them from remaining at home. Priority over the last few years has been given to hostels and nursing homes. A three year construction programme was approved commencing in 1980.

The Act provides grants to organizations who are willing to provide the following types of accommodation :

- . single units (self-contained - maximum subsidy of \$12,100)
- . hostel units
- . nursing accommodation

A land subsidy of \$1920 per unit is also available. The Act, originally promulgated as the Aged Persons Homes Act (1954) made grants to organizations, churches and recognised bodies to assist them in providing homes for aged persons. The subsidy began at \$1 for \$1 and was subsequently raised to 2 : 1 then 4 : 1, though now it is paid at a rate of \$2 for \$1. Amendments to the Act introduced the personal care subsidy and extended the subsidy to cover nursing home accommodation, and in 1974 it was broadened to include disabled persons.

From its inception until 1980 a total of 3,550 grants, totalling \$320 million were given and 64,330 accommodation units were constructed, 30,554 are self-contained, 20,874 are in hostels and 12,920 are nursing home beds.

The personal care subsidy of \$15 per week per person is paid to organizations who supply accommodation, for them to establish staff and services to provide bathing, dressing, cleaning, laundry, etc., for frail elderly residents. In all, personal care subsidy of \$14.5 million p.a. is paid in respect of 19,656 persons. Since its inception in 1969 \$81 million has been paid out in the personal care subsidy.

From an evaluative viewpoint it is hard to determine whether the needs of the aged are being met or whether needs are being moulded to fit with existing resources. Criticisms of present methods of providing accommodation can be briefly summarised (not all necessarily apply):

- a) the location of accommodation has been dictated by the availability of cheap land;

- b) the accommodation is located in isolated areas removed from any related community and local resources;
- c) the donor system of raising capital funds by several organizations disadvantages residents. Donors do not receive 'ownership' of a unit nor is it refunded if they leave. This severely disadvantages those who remain for short periods of care;
- d) the poorest aged without any assets to raise a donation are excluded from such schemes;
- e) the organization can (and does) seek donations for vacated units. These secondary donations are so substantial that the existing stock of accommodation is able to regenerate capital funding to cover the emergent need for similar accommodation;
- f) the type of accommodation tends to be located in affluent areas.

An 'equity or resident - funded' scheme has been proposed to overcome the imbalance in the sub-groups of aged serviced by present accommodation. Under the scheme, the aged buy into a project. If they then leave, their money is returned. One major advantage is that the residents have equity and are not locked into a specific type of accommodation. However, a major disadvantage would be the tendency for organizations to build accommodation for the affluent. The poor aged would not be assisted especially if 'equity' schemes became the common pattern.

In 1972 legislation establishing the Aged Persons Hostel Act was passed. The primary purpose of the Act was "to stimulate the building of additional hostel accommodation in order to reduce admissions to nursing accommodation for people who have no real medical need for nursing care". (quoted in Kewley 1973, p.477). Grants are made available to voluntary and religious organizations for the building of accommodation and the maximum payable is \$18,150 for each person housed plus a subsidy of \$2400 to defray costs involved in purchasing, and servicing the land. A furnishing subsidy of \$250 is also available. Annual expenditure is in the order of \$12 million, and since the inception of the Act in 1972 11,549 places have been provided at a cost of \$166 million.

Home Care

It is generally accepted that elderly people should be encouraged, as much as possible, to remain in their own homes. A New South Wales State Government report suggested that a comprehensive range of services to maintain the aged in

their own homes should include:

- Home Help Services for housework, laundry, shopping, cooking and home repairs, maintenance and alteration.
- 24 hour Home Nursing Services
- Meals on wheels seven days per week
- Special Transport services
- Telephone and other communication provisions
- Aids and appliances services
- Home Visitor schemes
- Senior Citizens Centres
- Day Care Centres
- Integrated health-oriented services

(Department of Youth & Community Services, n.p.d., p.67)

The Seaman Report quoted American experiences which point out that governments pay large amounts in income maintenance, housing assistance and acute care, but virtually nothing to reinforce natural life systems. Without adequate community care elderly persons "are permitted to exhaust themselves until only much more costly alternatives remain available". (Seaman, 1975, p.50).

Special needs have mostly been interpreted within a biological/medical view of ageing which saw deterioration in health as the major cause of inability to manage within one's home. To meet the needs of those with poor health the solution seemed to be provision of a range of accommodation that removed the elderly from the community. There was a predilection for institutional care with no real attempt to develop a comprehensive domiciliary service. Interest groups which were active in defining needs were equally vocal in describing the necessary solutions. Ultimately, the major focus was on subsidising the private sector and, to lesser extent, the voluntary sector, to provide hostel and nursing home accommodation. This is a reasonably high cost solution and it has been found that many elderly can be admitted prematurely to nursing home accommodation. Instead they could have maintained themselves in their home with appropriate support. (Seaman, 1975, p.29). Accepted now is the belief that community care may be less costly in the long-term than institutional care, and given this a strong argument can be made for domestic assistance. Australian domiciliary services are provided by a range of statutory and voluntary health and welfare organisations. There has been no distinct pattern but rather, according to the

Social Welfare Commission,

"In some places health organisations have developed a range of social services as part of their domiciliary offerings whereas in other places the health organisations have focused on the diagnosis, treatment, cure of illness, and the maintenance of health and the social service components have been provided by other community or welfare agencies".

(Seaman, 1975, p.53)

Exemplifying the secondary status of community care is the disparity in legislation concerning the Aged Persons Homes Act 1954 and the States Grants (Home Care) Act 1969. The former piece of legislation was designed to provide badly needed housing to elderly persons. Yet, home care services were not supported federally until the advent of the States Grants (Home Care) Act some fifteen years later. Presumably, the family was expected to provide supportive care to the aged living in their own homes. Otherwise the elderly person would have to give up their own home. The States Grants (Home Care) Act 1969 and the States Grants (Paramedical Services) Act 1969 were enacted to correct the one-sided approach to care, specifically to provide domiciliary services for those unable to afford private services.

The philosophy underpinning the States Grants (Home Care) Act 1969 was to utilize the voluntary sector and organise voluntary action to operate home care services that aim to assist those wishing to remain in their home or those who have no alternative, and need supportive or preventive services; and to prevent the inappropriate institutionalization of citizens. The Act provides three forms of assistance:

1. State expenditure on services, in the nature of housekeeping or other domestic assistance which is provided wholly or mainly for aged persons;
2. Subsidies to rates and/or local governments to establish senior citizen centres;
3. A subsidy for the salary of a welfare officer for the aged who is employed by or in association with senior citizens centres.

Home Care Services

The Commonwealth Government reimburses one half of State Government expenditure on home care services which operate wholly or mainly for the aged. Discretion for including other groups is largely the prerogative of the individual sponsoring organisations. For the financial year 1978/79 the Commonwealth Government paid a total of \$10,368,984 on home care services. Since the inception of the Act in 1969 a total of \$47 million has been spent.

Home care services consist of the following :

- . Cooking - the cooking of meals within a client's home for the client
- . Housekeeping - general housekeeping with a live-in arrangement for the helper
- . Home Help - daily assistance in general housekeeping
- . Homemaker
- . Handyman Service - assistance with more difficult chores and general repairs and maintenance of dwelling

Applications are made by eligible organizations to the State Departments administering the Act. Eligible organizations include state, local government, and community welfare bodies. In New South Wales, the Department of Youth and Community Services acts as the State administering body. In all other states this is the responsibility of the respective State Health Department.

The eligible operating organization, at the local level, varies between States. In Victoria, local government authorities operate home care services; in Western Australia, voluntary organizations; and in South Australia, both of these bodies. The services in the remaining three states, which operate under one scheme in each state, are administered locally by a further three different bodies. In New South Wales the Home Help Service of New South Wales, is administered by an Executive Committee of 5 persons (including both government and non-government representation) plus an officer of the Department of Youth and Community Services, who is an ex-officio member of the Committee. In country areas Sub-Executive Committees are appointed to control branches of the Service in their respective areas. The Queensland "Community Home Care Service" is operated by the State Health Department through Community Health Centres. In Tasmania, the home care services programme is administered and operated locally by hospitals.

The actual services provided by the home care services scheme also vary from state to state. For example, South Australia and Tasmania include Paramedical Services such as chiropody and physiotherapy under home care. Therefore, in these two states, the development of a new home care programme or the expansion of the existing one is notified to the officials of the Paramedical Services Programme administered by the Department of Health. This is necessary because funding for the personnel necessary for the new or extended service may be eligible under both the States Grants (Home Care) Act and the States Grants (Paramedical Services) Act.

This is a clear example of the disjointed activity which characterizes the growth of aged services. Clear lines of demarcation exist between funding sources for services deemed to be of a health nature and those of a social welfare nature. Separate sources of funding are not conducive to the development of a community care programme that envisages an amalgam of health and social welfare services under the one auspice.

Senior Citizens Centres

The Commonwealth Government subsidises state and local government expenditure on senior citizens' centres. This subsidy is paid on a \$2:\$1 basis, up to two-thirds of the capital costs. Commonwealth funding is not restricted to the capital cost of establishing or extending a centre. Assistance is available for furnishings, recreational facilities such as carpet bowls, or forms of transport such as a mini-bus; provided such equipment is used in connection with the centre. A meals-on-wheels kitchen and equipment within a centre may also be funded. During 1979/80 the Commonwealth provided \$3.2 million, and since 1969, \$20 million has gone from the Commonwealth to Senior Citizens Centres.

The centres provide a focal point for the provision of a wide range of social, recreational and welfare services for all aged persons within the community. Services such as meals-on-wheels, podiatry, general counselling, domestic assistance and emergency transport may also be organised or co-ordinated from the centres. The role of the centre has been described as a locale or a meeting point for old people and a point of contact for the community with its adult members. It has a vital role in dispensing information to the aged about the various services within the community that pertain to their particular needs. They should, therefore, not be seen as

merely being places providing purely recreational activities but places which provide access to and promote integration into the wider community.

The centres and their facilities may be utilised by other organizations or groups. However, the senior citizens must have priority for use of the centre. The priority use issue and other factors have caused much criticism of the programme. The grounds for criticism seem to be:

- . that the centres tend to sectionalize the community as each group jealously guards its claim to a target services
- . that they do not cater for special interest groups and tend to exclude them (e.g. migrants)
- . that the centres only reach a select proportion of the aged. The membership style of operation tends to exclude the poorest aged, and those who wish to utilize the centres as infrequent contact points
- . that centres have been located in inaccessible areas or in areas which are bereft of adequate health and welfare community support services.

It should not be the intention of senior citizen centres to segregate the aged. Rather, they should be the focal point for promoting healthy interaction between the elderly and the other populations within the community.

Welfare Officers for the Aged

The Commonwealth Government subsidises up to one-half of a salary for a welfare officer on a \$1:\$1 basis with state and/or local government contributions. The welfare officer must be employed in conjunction with a senior citizens' centre (irrespective of whether the centre is subsidised), and provide welfare services wholly or mainly for the aged. The officer's time must be predominantly spent with the aged because if the time falls below 75%, the Commonwealth subsidy is reduced to one-half of this percentage of salary. In 1979/80 \$1,053,673 was allocated under this programme and since its inception in 1969 the Commonwealth has provided a total of \$4.3 million for Welfare Officers for the Aged. The procedure for applications for subsidy is the same as for a home care service. Applications are received by the State Departments and recommended to the Department of Social Security for payment of subsidy.

To ensure that welfare officers provide services for which they are funded, the Commonwealth has suggested to the states the range of duties that a welfare officer should or could perform. All States have acknowledged the guidelines but have not agreed in writing to implement them. Within the guidelines the Commonwealth envisages the main function of a welfare officer is to ensure the development, co-ordination and continuing provision of the most appropriate welfare sources to meet the needs of the Aged in the area. This does not imply that a senior citizens' centre must necessarily provide all services or that the welfare officer should be accommodated at the centre, although this is desirable. The services could be provided by a wide range of organizations, the stimulation and co-ordination of which would be a major part of the welfare officer's duties.

Delivered Meals

A Commonwealth subsidy is available under the Delivered Meals (Subsidy) Act 1970 to voluntary agencies and local governments which conduct "meals-on-wheels" services. This is available also for meals served at senior citizen's centres by eligible organizations. However, home help services are ineligible to receive this subsidy.

The Act provides that subsidies are available to

1. Organizations (other than an organization conducted or controlled by, or by persons appointed by, the Government of the Commonwealth or of a State) that are not carried out for the purpose of profit or gain to its individual members. These include :
 - . a religious organization
 - . an organization the principal objects or purpose of which are charitable or benevolent
 - . an organization of former members of the Defence Force established in every State or a State branch of such an organization or
 - . an organization determined by the Minister to be an eligible organization under the Act.
2. A local government body

The finance for the programme comes from the National Welfare Fund (National Welfare Fund Act 1969) and subsidies are allocated according to the formula set down in the Delivered Meals Subsidy Act (as amended in January, 1973; July, 1973;

1974; and 1980). They now stand at 40¢ + 5¢ vitamin C supplement per meal. In 1979/80 a total of 8.3 million meals were served at a total cost of \$2.5 million. Since its inception in 1969/70 the Commonwealth has provided a total of \$15 million. The Act requires that these funds must be used for maintenance or expansion of the service and allows actual expenditure to be determined at the discretion of the individual service.

The state offices of the Department of Social Security administer the Act and require quarterly returns, stating only numbers of meals served, upon which retrospective subsidies are calculated. The Department does not require financial statements from the services and does not implement policies on eligibility of clients, service procedures or charges for meals.

Excluded from receiving subsidization are State Government instrumentalities. In New South Wales there are 200 "approved" Meals-on-Wheels services and approximately half of those have their meals prepared in hospital kitchens. Such an arrangement is dependent upon the existence of a local hospital, its facilities and the goodwill of the hospital board. The other services utilize kitchen facilities attached to clubs, community centres, senior citizens centres, local hotels, and independent kitchens specially built for the purpose of private homes. The services are supposedly controlled by local committees but in some cases control is mostly vested in a small number of dominant people. Some committees are rigid and inflexible and their services do not match the needs of the area they serve.

Hospital based services are subsidised in kind and this obviates their need to hold fund raising activities. Services without this support often run on 'deficit' funding. This inhibits expansion of the service as most are operated by volunteers. Many volunteers are forced to pay expenses such as petrol out of personal funds. This sort of expense is becoming prohibitive to many.

The absence of any formal mechanism for communication and co-ordination reduces interaction between the services to dependence on the personal involvement of the committee members in other local health/welfare organizations. This factor has contributed heavily to service inequities across the State of New South Wales. Services cannot jointly plan state-wide policies to meet mutual needs. This has fragmented the community care programme concept because much of its success depends upon a strong linkage of 'home care'

services with the meals-on-wheels services. Presently maximisation of resources does not occur.

Limitations in funding and poor planning have left many gaps in the service. Many people in need are not assisted while others are partially helped by 'home care' services assuming the role of providing meals. The lack of common eligibility criteria means that many in need miss out. Many services were developed as geriatric 'after-care' programmes but their roles were broadened so that they could provide other support mechanisms. Since hospitals have begun to rationalize their services in an endeavour to reduce costs, many patients are discharged prematurely. Doctors have inappropriately prescribed meals-on-wheels services, using them as sources of contact with discharged patients, but the elderly need three meals a day, not just a lunch meal. The overall result has been to overload already hard-pressed services with other duties far beyond the capacities and capabilities of meals-on-wheels services and staff. Many services do not have assessment and reassessment procedures. The tendency is to produce dependency in a client and to use resources inefficiently. This creates gaps in the services as other 'needy' aged are not assisted.

Other Services

The Federal government makes grants to the states through the States Grants (Paramedical Services) Act 1969 in respect of expenditure on the provision of paramedical services wholly or mainly for aged persons in their homes. The services that are usually provided are :

- . occupational therapy
- . speech therapy
- . chiropody
- . social work in conjunction with the above services.

The States were slow to develop these services but escalated their efforts and commitment with the introduction of the community care service.

The Domiciliary Nursing Care Benefit (1973) was enacted in 1973 to encourage people to care for elderly relatives in a private residence. The benefit (now at \$14 per week) is paid to a 'carer' irrespective of means provided that:

- . the patient is over 65
- . residence is a private home
- . a medical practitioner has certified need for continuing care, and
- . a registered nurse certifies that appropriate care is being provided.

The eligibility criteria demand that a registered visiting nursing service is used every two weeks. This is to ensure that the care provided by the 'carer' is of a satisfactory standard. The terms of eligibility, the scarce resources of the nursing services, the ageing of the population and its geographic dispersion have all contributed to the establishment of a fragmented and ineffectual programme.

The criteria demand that a visiting nursing service be available to ensure that care is appropriate. The absence of such a service precludes many families who care for aged relatives from receiving the benefit. Probably other domiciliary services are absent, or at the best meagre in presence, which places great strain on the family. Hospitals are reducing services in order to effect cost-saving measures and older patients are discharged early but cannot sustain life without home nursing care. The overloading of the nursing services arising from hospital service rationalization forces the nursing services to be selective in accepting clients. Many of those in need are not assisted while others with the means to purchase care are located in an area that is well serviced by visiting nursing services. In 1979 the Act was amended to lower the age for eligibility from 65 to 16. Now other groups are competing for a service already overloaded. Selection for assistance not only depends upon the presence of home nursing services but also upon the subjective judgements of doctors and nursing service staff concerning who is most eligible for help. From being a targeted service it has now been broadened without substantial increase in resource allocations. The aged are no longer sole recipients but must compete with claims of others also in need.

VI POLITICAL POWER OF AUSTRALIA'S ELDERLY

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

Social policy is about interventionist activities which attempt to alter life chances. The broadening of life chances essentially entails a group approach to politics. Group demands which transcend individual interests are the key to our welfare future, but conceptually are often hard to grasp when we recognise that "western economics is at its heart an economics of the individual. Individuals organise voluntary economic associations (the firm) but individuals earn and allocate income. Group welfare is, if anything, only the algebraic summation of the individual welfare of the member of the group. Individuals join groups only when groups raise individual welfare. (Thurow, 1980 p.178). Our individualist orientation often casts suspicion on the claims by lobbies for benefits which are not obviously individually correlated. The aggregate nature of social policy outputs is often difficult to relate to pressure group politics.

Nevertheless three sorts of lobbies can be identified as being part of the claim structure. First, there is the "direct interest" type. Claims are made by those who are the potential recipients and who thus have a direct interest. Second, there is an "executive initiative" approach, where expansion and increases in benefits come from the executive (for whatever reason). Third, there is the lobby of "conscience", comprising persons and groups acting out of a sense of noblesse oblige - those who have nothing direct to gain other than the satisfaction of their humanitarian aspirations by positive social pay-off. This lobby includes individuals in the churches, voluntary organisations, professions and academia who possess a sense of social justice, a belief in a reduction of inequality and a hope for a better social future. This forms the basis of their activism. It has been argued elsewhere that direct interest lobbies will be the most likely to set social directions and press claims. Coalition formation will be important and the degree to which an activist coalition will acquire support will depend on the legitimacy of the claimant group, the legitimacy of the claims made, the resources the group has to trade and the consequences of exclusion. (Graycar, 1981).

Pluralist interpretations of politics rely heavily on the notion that the "public interest" or social justice is brought about through conflicts and accommodation among organized groups each seeking fulfilment of its own interests. As Robert Binstock has pointed out, "groups rather than citizens are represented in the formulation of public policy. Government does not use its coercive power to implement specific policies derived from democratic processes in which citizens are represented. Rather it parcels out to private groups the power to make public policy. If the groups are held accountable at all, it is through procedural rather than substantive accountability". (Binstock, 1972, p.265). It is of great importance to identify the groups involved in the formulation and implementation of policy as it relates to elderly people and determine the extent to which individual interests coincide with group interests. Speaking in Canberra shortly after being appointed to the Social Security portfolio the Minister, Senator Chaney cautioned "if we struggle to plug every welfare 'gap' that is identified by every special interest group, we will end up with a system that is rigid and overbureaucratized". (Chaney, 1980, p.9).

It is very likely that the most severely disadvantaged among the elderly are not part of the direct interest lobby and that the goals articulated by the various organisations vary so greatly that any single focus is severely blunted. To test this would require profiles of the most severely disadvantaged as well as profiles of the organisations in question. It is most likely that fragmentation of interests will occur unless there is an active search for a consensus which ensures the protection of the weak, the vulnerable and the disadvantaged. This must begin with an understanding of Australian social structure and Australian political life for these are determinants of our welfare structures, our welfare policies and institutions, and of our political willingness to seek and create a social consensus.

In this research it will be necessary to establish the basis and nature of power of elderly people, either as individual voters or as members of activist groups. This works from the premise that elderly people do not make most of the decisions that affect their well being, and so, at a later stage it will be important to understand how and where these decisions are made and by whom. In examining the structure of disadvantage it is important to note that poverty is not only the lack of assets and income but also a lack of power - a sense of powerlessness combined with insufficient information about the system, and insufficient ability to work the system renders one "poor". Raising political consciousness among elderly people can therefore be a valid goal for any lobby

group in ageing.

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.

Some of the highest concentrations of elderly people can be found in the local government areas of Mosman, North Sydney, Willoughby, Woollahra in New South Wales; in Brighton, Camberwell, Kew, Malvern, in Victoria; Burnside, Unley and Victor Harbour in South Australia; Nedlands and Cottesloe in Western Australia; and Ascot in Queensland, all located within ultra safe non-Labor Commonwealth electorates. 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. Voice of the Elderly (V.O.T.E.) has recently come onto the scene in an attempt to mobilize the aged population, though at this point little information about the group is available.

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 our history shows that many 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. In recent times, however, there has been a levelling off in the level of legitimacy.

Needs of young people, unemployed persons and sole parents have been expressed as of equal social concern, though if the allocation is from a finite budget pool, a tension can be developed between these groups. Increases in the number of age pensioners rose dramatically throughout the 1970's though they levelled off towards the end of the decade. In 1973 the number of age pensioners increased by 13.1% over the 1972 figure; the figure for 1974 was 10.3% up on 1973; in 1975, 6.6% up on 1974; in 1976 5.6% up on 1975; in 1977 4.0% up on 1976; in 1978, 5.1% up on 1977; in 1979, 2.2% up on 1978; in 1980, 2.2% up on 1979. In the decade before, comparable annual figures were 2.2% (1962 to 1963) 1.2% (1963 to 1964) 2.0% (1964 to 1965) 1.4% (1965 to 1966). When these rises are translated into cash it is clearly big money and big politics. Political arguments of great intensity develop around the themes of "rights" and "needs".

It must be noted also that the more vocal interests among the aged lobbies do not always take up the concerns of the less vocal. One notable example of this is the lack of any effective voice on behalf of institutionalized persons and those suffering from senile dementia. (The lack of political support and spillover has been examined in Carter 1981, p.4). Furthermore, what one activist group may achieve in one locality does not necessarily become standard in other areas. Often what is fought for is an area specific facility, or removal of some local obstacle.

This latter point highlights 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 (for an analysis see Graycar, 1977). Second, changes in funding, and devolution of responsibility for planning and delivering 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.

The three types of lobbies* identified above (p.80) can be examined to further understand the politics of ageing in Australia.

The "direct interest" lobby can be divided into two parts - a recipient section and a provider section. "Direct interest - recipient" groups include major organizations like the Australian Pensioners' Federation and the Australian Council on the Ageing. There are smaller organizations with limited interests - often they comprise retired persons from one industry group or union - such as the Retired Railwaymen's Association of Victoria, and usually they affiliate with peak organizations.

The Australian Pensioners' Federation was founded in 1956. It has 12 affiliated groups, the most vocal of which is the Combined Pensioners Association of Victoria. In 1979 there were 107 branches with a total membership close to 10,000. Its two main functions according to its Secretary are "helping pensioners" and "lobbying" and in 1979 seven new branches were formed "as a direct reaction to the Budget moves". (Ellis, 1981 p.322).

The Combined Pensioners' Association of Victoria has fought some major direct interest battles in recent years. It played an initiating role in the fight in 1978/9 to restore six monthly indexation of pensions, and it fought doggedly for the retention of bulk-billing, at no cost to pensioners, in the health insurance system. It has been vocal in the recent controversy over eligibility for invalid pensions and its current major campaign is a move to bring the age pension up to 30% of Average Weekly Earnings.

Its most successful strategies involve deputations to Members of Parliament, Ministers and even the Prime Minister. A representative sits on the National

* An attempt to identify discrete groupings within each of these three categories is presently under way.

Consultative Council on Social Welfare. There is a natural conflict between their political demands and dominant issues currently running in Federal politics. In an interview in the Canberra Times (6/3/1981) a spokesperson suggested that income tax increases would be needed to fund the new pension were it to rise to 30% of A.W.E. To raise the spectre of increases in income tax does not seem to be politically astute in the current climate.

The Combined Pensioners' Association is an active publicist. It presents a weekly half hour programme on Community Radio in Melbourne which covers general news for pensioners and talks on special topics. Its bi-monthly newspaper has recently been replaced by a very handsome monthly newspaper The Australian Pensioner which is published commercially by Cumberland Newspapers and which sells around the country for 40¢.

While the Australian Pensioners' Federation raises issues relating to pensioners, the Australian Council on the Ageing (A.C.O.T.A.) and its affiliated state councils deal with the plethora of services, policies and attitudes that affect the well being of all elderly people. A.C.O.T.A. presents a lower public profile than the Federation and unlike the Federation has a research capacity. It is presently involved in a major household survey of elderly persons at home. It has been the moving force behind the recently formed public lobby, V.O.T.E.

"Direct interest - providers" including lobby groups such as the Private Hospitals and Nursing Homes Association of Australia, the Australian Medical Association, groups within the pharmaceutical, health insurance, and medical and hospital equipment industries. This is what O'Connor (1973) calls the "social industrial complex" - a service industry born of the merging of private enterprise and public capital. Industry lobbies have helped shape medical care and housing allocations directed towards elderly persons. The tables prepared by Carter (1981 pp.37-39) show the relative sizes of the various care sectors for institutionalized elderly persons with profit-making nursing homes providing more than twice as many resources for the elderly as any other form of institutional care.

The "executive lobby" covers politicians and bureaucrats, and the policies they propose and support vary with dominant political agendas. In Australia the executive lobby played a large part in the introduction of the age pension (see the documents in Chapters 3 and 4 of Kewley, 1969), and now that the tide is turning they play a role in moves that they hope will lead to greater efficiency,

better evaluation, and cost-cutting.

Robert Hudson (1978b, p.429) uses the term "political utility" as an instrumental concept which builds on legitimacy. While a group has legitimacy and is viewed positively, others may seize upon it to pursue agendas of their own. Hudson suggests that some American Congressmen and bureaucrats have furthered their careers by operating the political utility of ageing. As Hudson points out "the legitimacy and utility of the ageing have led to their being both the principal beneficiaries and most functional constituency in the legislative struggles leading to the Federal government's involvement in economic security, health care financing and guaranteeing minimum income". (Hudson 1978b, p.429). As a result of public sector moves in the U.S. in recent times the economic status of the elderly has risen considerably. As the aged in the U.S. are no longer the lowest income earners the political legitimacy of the aged constituency erodes, and with it its utility to other political actors. (Hudson, 1978b, p.436).

Bureaucratic politics is often noted for its empire building tendencies and in some ways certain bureaucrats develop the utility of ageing to expand areas over which they preside. This provides a nice opening for direct interest lobbies and can be a good example of the executive lobby really delivering. One must not lose sight of the fact that many bureaucrats have a strong commitment to the groups with which they work and continually support that group's interest. Other bureaucrats are more detached.

While the political utility of the aged can be used for the advantage of politicians and bureaucrats, this may not always be to the advantage of aged persons themselves. While the election agenda may ensure that programmes with vote catching appeal and visible effects are implemented, Carter (1981) suggests that this is not always in the best interests of the target group. She cites as an illustration of election oriented policies, the rush towards institutional care rather than the slower development of community care for the confused elderly. In the implementation of the Aged Persons Homes Act, Duckett (1979) argues that the distribution of facilities does not provide satisfactorily for elderly people of low socio-economic status. This could be cited as an example of a divergence between the interests of the executive lobby and the "direct interest - provider" lobby on the one hand, and the consumers on the other.

The "conscience lobby" described above on p.80 has an opportunity to express viewpoints on their interpretations of need, and on policy proposals in general. Their influence depends on their general standing and on the political climate as much as on the quality of the evidence they put forward and the strength of their arguments. Very often groups in the conscience lobby can identify a crisis situation and with a concerted media campaign, attempt to place it on the political agenda.

While there is often co-operation between the conscience and direct interest lobbies there is also the possibility of great tension. One example in Australia at present relates to income testing of age pensions. The Australian Council of Social Service has a position that need should be the main criterion in determining pension entitlements, and thus advocates income testing. The Australian Pensioners' Federation on the other hand wants pensions to be paid as a right, free of an income test. Another example relates to the type of research often carried out by "conscience lobby" academics. Much of it, in the United States at least, has been heavily focused on individual functioning and individual problems rather than on the social context and society's impact on elderly people. (McAdam, 1980). People in academia are not unaccustomed to learning from those at the forefront that what they (academics) are working on (with the best of intentions) may not really be the issues of importance.

VII RESEARCH DIRECTIONS

Policy oriented social science differs from "pure" social science in that it does not end with the attainment of knowledge - it begins with it. In studying people and programmes the same questions recur: what works; what does not; who wins and who loses; how and why? We try not to be discouraged when leading policy analysts suggest that "we still have not, and probably never will, acquire the necessary methodological tools in most circumstances to produce unequivocal, non-trivial findings concerning policy problems". (Levin and Dornbusch, 1973, p.383).

Communication between researchers and policy makers is not always smooth. Social scientists can provide policy makers with theories about man and society, they can provide data and they can propose socio-technical solutions to identified problems. Policy makers need not accept any of this, and whether they do depends on their values, their theories about cause and effect, and the facts available to them. Furthermore policy makers usually need results and options placed before them more quickly than researchers can deliver them. Even with these cards stacked against us we believe there are a number of important areas for further study. What follows is a list of (briefly stated) research questions. They are not in any particular order, and obviously they have not been elaborated in detail. Of course not all will be translated into working projects.

RESEARCH TOPICS

Demographics

Australia's population is ageing slowly but steadily and is expected to stabilize around the year 2030 when approximately 14% of the population will be over 65. The dependency ratio will be much the same as at present (or even lower) but there will be a decline in the numbers of young dependents and a rise in the numbers of old dependents. This has implications for income maintenance and health care costs (to be traded off with education and child care costs). If however, the A.B.S. "Series D" projections eventuate (they are based on a decline of 1.5% per year on 1975 mortality rates) the age structure of the elderly will change. Those aged 65 and over are already the fastest growing segment of the Australian population, and a substantial decline in mortality would mean more people aged 75 and over. It is the latter group which consumes health services at a very high rate and among whom there is a

high incidence of disability and senility. It is for this group that a great deal of costly institutional care is provided.

If there is a greater "old old" population, research would need to focus on alternative care models, especially a socio-medical analysis of the advantages and disadvantages of institutional and community care. A cost-benefit analysis would be required also, for it has been suggested that home care is cheaper in the short run, and up to a point, where is that point?

The S.W.R.C. is not equipped to undertake original demographic work, nor would it wish to do so with skilled demographers already working in this area. Research would focus on service options on the basis of a larger "old old" population.

The Caretaking Role

This is something expected of women. With higher rates of marriage, smaller families, better educational attainments and increasing labour force participation of women, what unpaid caring expectations of women are held within the community, (a) by politicians; (b) by bureaucrats; (c) by service professionals; (d) by healthy elderly persons; (e) by frail elderly persons; (f) by women; (g) by women's other immediate family members?

With "family policy" established on the political agenda, does the state provide sufficient support for families to care for elderly relatives in the family home. How willing are members of contemporary nuclear families to take into the home elderly relatives no longer able to live alone?

Is the caretaking role of women as "added extra" to other roles, especially newly found labour force roles? What caretaking role do men play?

Dependency

What is dependency? How is it created? How is it experienced? Who suffers (if anyone), who benefits (if anyone)?

Needs

On what basis might needs studies be developed and executed? As many elderly people are not ill, nor poor, well housed and probably happy in

retirement how much effort should be directed to those poorly placed, who probably constitute a minority. What aspects of need can be identified and measured? The S.W.R.C. would be most interested in needs that relate to income, services and housing. Can these be studied apart from needs which arise from medical conditions?

Retirement

For some, retirement is eagerly awaited and greatly cherished. For others it is a form of rejection and exclusion from status and adequate income. What are the relative proportions in each category (and in intermediate categories)? What implications does this have for post-retirement programmes? To what extent does retirement continue long-established stratification patterns? To what extent does it alter them? Why do people retire? Why do people retire early? Answers to the last two questions could help in planning income support systems. Is retirement the most obvious social structuring of dependency?

Older Workers

Many workers in their fifties are at the peak of their careers, and have high levels of power and income. Many others face redundancy and exclusion from the labour market. Covick (1979) estimates that in 1979 there were 150,000 older workers (over 55) not in work, but who could reasonably expect to be in work were it not for the recession. Cass cites studies which show the older age groups as those which have experienced the greatest reduction in employment growth. (Cass & Pedler, 1981, Appendix, p.7).

Research here might focus on two surveys, twelve months apart, of a panel of displaced older workers, objective being to discover and examine socio-economic effects. There are important personal, social, economic and social security implications arising from a situation in which so many older persons are prematurely excluded.

Income

Public transfers

Research questions relate to

- Adequacy of public transfers;
- Equity in eligibility criteria;
- Issues of selectivity and universality.

Private transfers

Research questions relate to

- to what extent are superannuation schemes providing adequate support;
- taxation and superannuation;
- lump sums c.f. pensions;
- should moves be made to extend superannuation coverage;
- who wins and who loses in occupational superannuation.

Housing

The poorest elderly are forced into (or kept in) the poorest residential areas because they have insufficient income to rent in more favourable locations. The policy question focuses on whether the poor elderly should be assisted to rent in the private market or whether they should be assisted with public housing, or whether they should be left to contend with market forces.

How satisfactory is the housing rental market - what options are available for renters? What different costs accrue to owners and renters? Can asset-rich but income-poor owners maintain their homes adequately? What policy options can be devised to prevent home owners leaving their homes due to financial inability to manage?

Closely related to housing are questions of mobility, transport and communication. With family mobility a reasonable expectation in industrial society, what separation patterns are there between elderly parents and adult children?

As discussed in Section II, transport usage patterns are different among the elderly to those of the population as a whole. What exclusion patterns develop? Are service agencies accessible to most users, or must the agencies come to the users? Many of these questions depend on the link between housing provision and transport provision.

Services

Within the service system there is an unlimited range of service which could be researched and/or evaluated. A project is already under way to study home help services and among the aims are to examine:

- a) establishment and attainment of service objectives;
- b) pricing of services;
- c) criteria for inclusion and exclusion established by various service organizations;
- d) efficiency and effectiveness of service;
- e) co-ordination among services.

A broader and more general question would relate to comparing types of services described as "preventive" and those described as "ameliorative".

METHODS

A wide range of methods is available in social science research and methods ultimately chosen will depend on the particular study objectives, the nature of the hypotheses, whether policies or people are being studied, the specification of the target population, the nature of the study population, whether the study's objectives are data collection, description, analysis or explanation, etc. Methods could include monitoring, evaluation, cost-analytic techniques as well as the traditional social research methods of survey, experiment, and case study.

One nagging question relates to whether better data are available with cross-sectional studies, or studies conducted over a longer period. One option being considered which could incorporate many of the research questions asked above, is the commencement of a longitudinal study of a panel of elderly people.

Any longitudinal study has tremendous problems with sampling, and attrition of sample due to migration, change of residence, death, loss of interest, future shortages of research funds, etc. There are however, incomparable advantages in that rich, time series data can be obtained. Rather than a measure of characteristics of a group at a given point of time a longitudinal study can better understand how a group lives over a period of time. Rather than relying on memory to recall past experiences, as could be the case with cross-sectional work, longitudinal studies can determine what does happen when it is actually happening, and thus venture confidently on why it happened. Cause and effect are more likely to be related as a result of a longitudinal study.

It is in relation to this last point, however, that the greatest risk

occurs. For cause and effect to be related, a sizeable and representative sample is necessary. To take a large sample would consume too great a proportion of the Centre's resources and so, if a longitudinal study were to commence, a much smaller than desirable sample (say 200 people) would have to be used. While we would hope to produce rich and unique data no decision has yet been made on whether to commence a longitudinal study.

In embarking on a research area of such magnitude the authors know they will not be able to ask, let alone examine, every important question facing the welfare of Australia's elderly people. The field is large, and socially and politically important and the Social Welfare Research Centre regards the study of the welfare of elderly people as one of its top priorities.

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

A.B.S. Australia's Aged Population 1982; 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
65 - 69	44.2	47.5	46.6	49.3	52.1	52.8	55.3	54.7	52.6	53.1
70 - 74	41.6	47.2	48.9	49.3	54.1	54.9	55.9	58.3	57.7	55.9
75 - 79	43.5	46.7	51.0	50.2	54.5	56.9	58.0	59.5	61.9	61.4
80 - 84	45.5	46.6	52.0	53.2	55.5	59.1	61.4	62.5	64.2	67.1
85+	48.1	51.0	53.9	57.7	58.8	60.9	65.7	67.4	68.7	70.6
Total	43.5	47.3	48.7	50.0	53.7	55.0	57.0	58.2	58.0	58.1

Source: Census

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

A.B.S. Australia's Aged Population 1982; Cat.No. 3201.0 (1981).

TABLE 4

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)

Sixty Five Not Out, (Sydney : Institute of Public Affairs), p.6.

TABLE 5
DEPENDENT AGE GROUPS

Year	MALES			FEMALES			PERSONS		
	<u>0-14</u> <u>15-64</u>	<u>%</u> <u>65+</u> <u>15-64</u>	<u>0-14 & 65+</u> <u>15-64</u>	<u>0-14</u> <u>15-64</u>	<u>%</u> <u>65+</u> <u>15-64</u>	<u>0-14 & 65+</u> <u>15-64</u>	<u>0-14</u> <u>15-64</u>	<u>%</u> <u>65+</u> <u>15-64</u>	<u>0-14 & 65+</u> <u>15-64</u>
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
30 June 1979.

TABLE 6
PERCENTAGE OF AUSTRALIANS AGED 60+, BORN IN VARIOUS COUNTRIES

	<u>Census Population*</u>	<u>Projected 1986 Population</u>	
	<u>1971</u>	<u>Without mig.</u>	<u>With mig.</u>
U.K./Ireland	14.8	11.4	12.9
Greece	0.6	0.8	1.0
Italy	1.8	2.6	2.8
Yugoslavia	0.4	0.8	0.9
Other Europe	3.0	5.7	5.9
Asia	0.8	1.1	1.6
Other countries	2.0	1.8	2.1
Total O/S	23.4	24.2	27.0
Australian born	76.6	75.8	73.0

Source : Calculated from A. Pollard & G. Pollard "The Demography of Ageing in Australia", in A.L. Howe (ed) Towards an Older Australia. University of Queensland Press, 1981, p.23.

Original source 1971 Census and Immigration Advisory Council, Committee on Social Patterns. A Study of Older Migrants (Canberra, 1974) (Interim Report).

*Detailed information on migrants is not readily available from the 1976 Census.

TABLE 7
PRINCIPAL SOURCE OF INCOME

	% MALES						% FEMALES						% PERSONS					
	AGED			NON-AGED			AGED			NON-AGED			AGED			NON-AGED		
	1968 -69	1973 -74	1978 -79	1968 -69	1973 -74	1978 -79	1968 -69	1973 -74	1978 -79	1968 -69	1973 -74	1978 -79	1968 -69	1973 -74	1978 -79	1968 -69	1973 -74	1978 -79
Principal source of income																		
Wages or salary	19.0	14.9	6.8	82.6	81.7	74.8	3.2	2.4	1.4	49.4	53.0	48.3	10.1	7.8	3.8	67.0	68.0	61.8
Own business, trade or profession	4.7	3.5	2.8	6.4	6.5	6.1	0.6	0.6	0.9	1.6	1.6	1.5	2.6	1.9	1.5	4.1	4.1	3.8
Share in partnership	4.5	3.5	2.9	6.9	6.6	9.0	1.9	1.7	1.7	5.3	5.3	7.4	3.0	2.5	2.2	6.2	5.9	8.2
G.S.S.B.*	51.8	63.3	71.3	2.3	3.4	7.9	75.1	85.1	85.9	36.1	34.0	35.9	65.0	75.6	79.5	18.2	18.0	21.6
Superannuation or annuity	8.8	6.6	7.9	0.4	0.4	0.5	3.5	1.8	1.7	0.4	0.3	0.3	5.8	3.9	4.4	0.4	0.4	0.4
Interest, dividend or rent, etc.	10.7	7.6	7.3	1.2	1.2	1.2	13.5	7.7	8.0	6.1	4.9	5.9	12.3	7.7	7.7	3.5	3.0	3.5
Other income	0.5	0.6	1.0	0.2	0.2	0.6	2.2	0.8	0.4	1.0	0.9	0.8	1.3	0.7	0.8	0.6	0.6	0.7

Source : A.B.S. Cat. 6504.0 Income Distribution 1968-69 Part 3 Table 19
A.B.S. Cat. 6502.0 Income Distribution 1973-74 Table 10
A.B.S. Cat. 6501.0 Income Distribution 1978-79 Individuals (Preliminary) Table 3.

*Government Social Security Benefits.

TABLE 8PRINCIPAL SOURCE OF INCOME, PERSONS AGED 65+

PRINCIPAL SOURCE OF INCOME	MALES		FEMALES		PERSONS	
	65-69	70 years & over	65-69	70 years & over	65-69	70 years & over
Wages or salary	26.7	5.9	5.1	*	15.5	2.9
Own business	3.8	3.3	*	*	2.6	1.4
Share in partnership	5.0	2.4	2.4	1.3	3.6	1.7
G.S.S.B.*	49.0	74.1	81.1	87.3	65.6	82.0
Superannuation	6.0	7.1	*	2.3	3.3	4.2
Int., Div., Rent	8.9	6.6	8.7	7.1	8.8	6.9
Other	*	*	*	*	*	0.7

Source : Income Distribution 1973-74 Part 3 (Supplementary Tables)
Table 20 (A.B.S. Cat. No. 6504.0).

*Government Social Security Benefits

TABLE 9

INCOME DISTRIBUTION
1968-69 and 1973-74

	<u>MALES</u>				<u>FEMALES</u>				<u>PERSONS</u>			
	AGED		NON-AGED		AGED		NON-AGED		AGED		NON-AGED	
	1968 -69	1973 -74	1968 -69	1973 -74	1968 -69	1973 -74	1968 -69	1973 -74	1968 -69	1973 -74	1968 -69	1973 -74
Below $\frac{1}{2}$ AWE	63.8	72.1	16.7	16.6	92.2	92.3	74.0	66.4	80.6	83.5	43.9	41.1
$\frac{1}{2}$ AWE - AWE	22.7	17.9	45.0	38.1	5.2	4.6	22.0	26.8	12.9	11.1	34.2	32.6
AWE - $1\frac{1}{2}$ AWE	6.8	5.4	25.8	30.6	1.5	} 1.5	2.2	} 6.3	3.2	3.4	13.6	18.1
Above $1\frac{1}{2}$ AWE	6.2	3.0	12.4	14.4	1.2		1.8		3.4	1.9	8.4	8.3

Source : Income Distribution, Part 3 (Supplementary Tables) Table 22 (A.B.S. Cat. No. 6504.0).
Income Distribution, Part 1, Table 13 (A.B.S. Cat. No. 6502.0).

TABLE 10

LABOUR FORCE PARTICIPATION RATES

YEAR					MALES														
AGE	AUGUST 1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	1979	1980	1981	MAY 1982	% Change	
15-19	66.6	64.7	61.5	60.4	61.2	59.4	58.5	60.5	58.3	60.0	60.2	62.1	61.1	61.4	62.8	62.0	65.6	- 1.5	
20-24	93.7	92.2	92.5	91.7	92.3	91.5	91.7	90.9	90.0	90.1	90.8	91.2	89.6	90.3	90.6	91.3	90.2	- 3.7	
25-34	97.7	97.7	97.6	97.7	97.6	97.4	97.7	97.7	97.0	96.8	96.9	96.9	95.9	95.8	95.5	95.3	95.7	- 2.0	
35-44	98.1	97.7	97.8	97.6	97.9	97.8	97.6	97.3	97.2	96.8	96.8	97.0	95.6	95.6	95.9	95.2	94.8	- 3.4	
45-54	95.9	95.9	95.7	95.8	95.9	95.2	95.6	94.7	94.2	93.9	94.0	93.2	91.5	91.2	91.4	91.3	90.7	- 5.4.	
55-59	90.9	91.3	90.9	90.8	91.2	90.9	90.6	88.3	87.6	87.8	86.9	86.3	81.9	81.4	83.3	81.1	81.1	-10.8	
60-64	79.4	78.5	79.5	77.3	77.4	76.3	76.5	76.1	72.4	68.6	64.0	62.2	59.6	53.5	50.1	51.2	47.3	-40.4	
65 & over	23.3	23.9	22.5	22.7	22.1	21.8	22.8	21.3	18.4	16.7	14.3	13.7	12.0	11.5	11.1	10.5	9.1	-60.9	
FEMALES																			
15-19	63.0	61.1	59.6	56.5	57.0	54.7	56.2	55.0	54.5	57.3	54.7	57.6	57.5	55.0	59.2	57.0	60.2	- 4.4	
20-24	58.2	61.6	60.6	62.8	62.5	61.0	61.7	62.0	63.8	65.3	66.4	68.7	67.2	69.2	71.2	70.7	71.3	22.5	
25-34	35.5	35.9	37.5	39.5	42.6	41.9	42.4	45.5	47.6	48.4	48.2	50.4	51.0	50.4	52.9	53.0	53.4	50.4	
35-44	39.5	40.7	41.2	43.0	45.6	48.9	49.3	51.5	53.1	54.4	54.7	55.9	56.7	57.1	58.7	58.1	58.8	48.9	
45-54	36.7	37.5	39.5	39.6	42.0	43.3	45.4	46.2	45.8	46.3	48.8	48.3	47.5	46.8	47.7	49.1	49.1	34.1	
55-59	25.6	29.1	30.3	28.8	29.1	30.0	31.3	31.4	31.4	31.2	31.5	31.6	30.2	26.1	29.1	29.7	27.6	7.8	
60-64	15.4	16.6	16.6	15.7	16.3	17.7	17.1	16.7	16.1	15.6	15.1	15.2	13.8	13.2	13.5	11.8	10.3	-33.1	
65 & over	4.4	4.4	3.9	4.0	3.7	4.2	3.8	3.6	4.0	3.9	3.5	3.5	2.8	2.4	2.9	2.6	2.5	-43.2	
60 & over	7.5	7.9	7.6	7.4	7.4	8.2	7.8	7.5	7.7	7.5	7.0	6.9	5.9	5.4	5.8	5.2	4.7	-37.3	

Source: A.B.S., Cat.No. 6204.0, 1978, Table 10,
1979, Table 13, Cat.No. 6203.0.
1982, Table 12, Cat.No. 6203.0.

TABLE 11

LABOUR FORCE : AGED MALES AND FEMALES, ALL MALES UNDER 65 AND FEMALES UNDER 60

IN FULL-TIME AND PART-TIME WORK 1966-1980

(Per Cent)

MALESFEMALES

	F/T		P/T		F/T		P/T	
August	65 and over	Under 65	65 and over	Under 65	60 and over	Under 60	60 and over	Under 60
1966	2.1	97.9	22.1	77.9	3.1	96.9	6.6	93.4
1971	2.0	98.0	24.2	75.8	3.2	96.8	6.0	94.0
1976	1.3	98.7	17.0	83.0	2.5	97.5	4.8	95.2
1980	1.2	98.8	9.8	90.2	2.2	97.8	4.0	96
May 1982	0.9	98.1	8.5	91.5	1.7	98.3	3.5	96.5

Source: A.B.S., The Labour Force Australia 1978, Cat.No. 6204.0.
 1980, (August) Cat.No. 6203.0.
 1982, (May) Cat.No. 6203.0.

TABLE 12

HOUSEHOLDS : NATURE OF OCCUPANCY AND MARITAL STATUS
HEAD AGED 65+

	Owner	Govt. landlord	Other landlord	Total	Other	Total
Married head aged 65+ ('000)	342.8	14.4	18.9	33.3	6.5	382.6
%	89.6	3.8	4.9	8.7	1.7	100
Not married head aged 65+ ('000)	303.5	25.8	44.8	70.6	19.1	393.2
%	77.2	6.6	11.4	18.0	4.9	100
All private households with head of household aged 65+ ('000)	646.3	40.2	63.7	103.9	25.6	775.9
%	83.4	5.2	8.2	13.4	3.3	100

Source : A.B.S., Survey of Home Rental and Ownership, 1978,
Cat. No. 8710.0.

TABLE 13

PERCENTAGE OF EMPLOYED WORKING FULL AND PART-TIME,
MALE, FEMALE, AGED, ALL

	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	71.4	28.6	96.3	3.7	59.5	39.5	76.0	24.0
1982 (May)	64.8	35.2	94.4	5.6	46.2	53.8	65.1	34.9
% change	-9.2	+23.1	-2.0	+51.4	-22.4	+36.2	-14.5	+45.4

Source: ABS, The Labour Force Australia, Cat.No. 6204.0, Tables 12, 13, 16, 18.
The Labour Force Australia, Cat.No. 6203.0 and
The Labour Force Australia, Cat.No. 6203.0 Table 13.

TABLE 14

PERSONS, AGED 60+ : LIVING ALONE - DESIRE TO MOVE, BY AGE AND SEX

AGE		Single males		Single females		Total		Total
		Living alone	Not living alone	Living alone	Not living alone	Living alone	Not living alone	
60-64	Want to move	xxxx	xxxx	7,200	6,200	7,200	6,200	13,400
	Don't want to	xxxx	xxxx	16,900	9,200	16,900	9,200	26,200
	Not asked	xxxx	xxxx	19,600	20,400	19,600	20,400	40,100
	Total	xxxx	xxxx	43,700	35,900	43,700	35,900	79,600
65-69	Want to move	3,000	1,900	8,800	4,500	11,800	6,400	18,200
	Don't want to	4,300	3,700	17,900	12,800	22,200	16,600	38,800
	Not asked	9,300	11,000	20,400	19,100	29,700	30,100	59,800
	Total	16,600	16,600	47,100	36,400	63,700	53,000	116,800
70-74	Want to move	2,600	1,700	5,700	3,000	8,300	4,700	13,000
	Don't want to	5,200	3,900	19,300	12,300	24,500	16,100	40,600
	Not asked	8,500	9,100	27,900	23,800	36,300	32,900	69,200
	Total	16,200	14,600	52,900	39,100	69,100	53,800	122,900
75-79	Want to move	1,400	500	5,200	3,200	6,600	3,600	10,300
	Don't want to	3,500	2,200	15,100	7,400	18,600	9,600	28,300
	Not asked	6,000	6,100	21,100	18,300	27,100	24,400	51,400
	Total	10,900	8,800	41,400	28,800	52,300	37,600	89,900
80 and over	Want to move	1,400	900	3,500	3,200	4,900	4,100	9,000
	Don't want to	2,800	1,400	13,600	8,400	16,500	9,700	26,200
	Not asked	6,600	8,000	20,400	26,700	27,000	34,700	61,800
	Total	10,900	10,400	37,500	38,200	48,400	48,600	97,000
Total	Want to move	8,400	5,000	30,400	20,100	38,800	25,100	63,900
	Don't want to	15,800	11,200	82,900	50,100	98,700	61,300	160,000
	Not asked	30,400	34,200	109,300	108,300	139,700	142,500	282,300
	Total	54,600	50,400	222,700	178,500	277,200	228,900	506,200

Source : Australian Department of Environment, Housing and Community Development, Aged Persons Housing Survey, 1974.
(Canberra : A.G.P.S. 1976). Volume 1, p.49.

TABLE 15

PERSONS AGED 65⁺ WITH A CHRONIC CONDITION :
TYPE OF ACTIVITY LIMITATION BY TYPE OF MAJOR CHRONIC CONDITION (PERCENTAGE)

	diseases of nervous system and sense organs	diseases of circulatory system	Respiratory system	Digestive system	Musculo- skeletal & connective tissue	Other	Total
Confined to bed	*	*	2.5	*	*	*	.5
Confined to home	5.3%	7.9	5.4	*	5.6	7.2	6.0
Needs help in getting out of house	14.5%	12.0	5.5	5.5	10.5	11.3	10.6
Total limited in these ways	19.9%	20.2	13.5	7.2	16.1	19.3	17.2
Not limited in any of these ways	80.1%	79.8	86.5	92.7	83.9	80.7	82.8

Those with endocrine, nutritional and metabolic diseases not limited in these ways.

Source : A.B.S., Health Survey 1977-78, Cat. No. 4314.0.

TABLE 16

COMMONWEALTH EXPENDITURE ON THE AGED IN RELATION TO THE COMMONWEALTH BUDGET AND GROSS DOMESTIC PRODUCT

Year	1965-66		1969-70		1973-74		1977-78		1978-79	
Category	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)	(1)	(2)
Commonwealth Expenditure on Aged by Specified Depts. (\$m)	561.6	467.0	835.2	693.0	1 694.0	1 491.2	4 780.2	3 786.7	5 269.6	4 246.5
Total Government Outlay (\$m)	5 029		7 348		12 229		26 802		29 045	
Commonwealth Expenditure on Aged as % of Total Government Outlay	11.2%	9.3%	11.4%	9.4%	13.9%	12.2%	17.8%	14.1%	18%	14.6%
Gross Domestic Product (\$m)	20 497		29 970		50 709		90 227		101 633	
Commonwealth Expenditure on Aged as % of Gross Domestic Product	2.7%	2.3%	2.8%	2.3%	3.3%	2.9%	5.3%	4.2%	5.2%	4.2%

Category (1) — Programs not confined specifically to the aged (but where the aged as a group may be significant) and those solely or principally for the aged.

Category (2) — Programs solely or principally for aged (a component of category 1)

Primary source: Report, Interdepartmental Committee on Cost of Care for the Aged (1979).

TABLE 17

COMMONWEALTH EXPENDITURE ON THE AGED—1977-78 and 1978-79

Department	Category (1)*		Category (2)*	
	\$m	\$m	\$m	\$m
	1977-78	1978-79	1977-78	1978-79
1. Health				
Medical Benefits and Services	140.6	207.8	—	79.0
Hospital Benefits and Services	398.4	424.5	—	—
Pharmaceutical Benefits and Services	104.5	123.4	72.5	80.6
Nursing Home and Domiciliary Nursing Care Benefits and Services				
• Nursing Home Benefits and Payments	228.8	241.6	228.8	241.6
• Domiciliary Nursing Care Benefit	7.9	8.3	7.9	8.3
• Home Nursing Services	8.3	8.7	8.3	8.7
• Paramedical Services	0.4	0.5	0.4	0.5
Community Health Facilities and Services	19.2	14.1	14.4	10.5
Miscellaneous Services	5.2	8.6	2.3	3.5
General Administration	20.8	17.5	—	—
Health Services in the Territories	12.2	9.4	—	—
Total ⁽¹⁾	946.3	1 064.4	334.6	432.7
2. Social Security				
Pensions (Age, Invalid, Widows)	2 992.9	3 296.35	2 933.9	3 229.0
Benefits (Funeral, Special)	4.2	4.1	—	—
Aged or Disabled Persons' Homes Act				
• Subsidy for establishment of beds	21.1	23.4	21.1	23.4
• Personal Care Subsidy	12.3	13.1	12.3	13.1
Aged Persons' Hostels Act	30.0	28.1	30.0	28.1
State Grants (Home Care) Act				
• Home Care Services	13.3	12.5	13.3	12.5
• Other	6.2	5.5	6.2	5.5
Miscellaneous	0.7	0.8	0.2	0.2
Telephone Rental Concessions	11.9	12.9	11.9	12.9
Total ⁽²⁾	3 092.6	3 396.7	3 028.9	3 324.7
3. Veterans' Affairs				
Pensions/allowances for veterans and dependants	164.4	161.8	—	—
Pensions/allowances for war widows and dependants	125.5	125.7	—	—
Service Pensions	334.9	392.4	334.9	392.4
Repatriation Hospitals, etc.	27.8	29.7	27.89	29.7
Other Repatriation Benefits				
• Specialists, etc.	28.1	31.6	—	—
• Pharmaceutical Benefits	9.7	10.2	9.7	10.2
• Maintenance on non-departmental institutions	20.4	23.8	20.4	23.8
• Dental	2.1	2.8	2.1	2.8
• Travel for medical treatment	1.5	1.6	1.5	1.6
• Telephone rental/postal concessions	1.3	1.5	1.3	1.5
Total ⁽³⁾	715.7	781.1	397.8	462.9
4. Housing and Construction				
Pensioner Housing (Housing Assistance Act Part III)	9.9	13.9	9.9	13.9
Commonwealth State Housing Agreement (Housing Assistance Act Part II)	15.4	13.2	15.4	13.2
Total ⁽⁴⁾	25.3	27.1	25.3	27.1

Notes

- (1) In 1978-79 approximately 42 per cent of expenditure (listed above) by the Department of Health was attributable to the aged (defined as males 65 years and over; females 60 years and over).
- (2) In 1978-79 approximately 50 per cent of National Welfare Fund expenditure by the Department of Social Security was attributable to the aged (defined as males 65 years and over; females 60 years and over).
- (3) In 1978-79 approximately 69 per cent of expenditure (listed above) by the Department of Veterans' Affairs was attributable to the aged (defined as male veterans over 60 years and female veterans over 55 years).
- (4) In 1978-79 approximately 5% of expenditure (on Special Appropriations) by the Department of Housing and Construction was attributable to the aged (defined as males 65 years and over; females 60 years and over).

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