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Adam Graycar

College of Business, Government and Law, Flinders University, Adelaide, Australia

ABSTRACT

This article describes how a state government in Australia designed and implemented policy for an ageing population. In 1984, the parliament of South Australia passed legislation which aimed to lay a foundation for the successful ageing of the population. Three components are examined here, the legislation, policy design, and practice. Although the legislation was passed more than 30 years ago, there are lessons and implications for today. The author was appointed Commissioner in 1985 and had responsibility for the policy design and implementation.¹

ARTICLE HISTORY

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KEYWORDS

Policy design; ageing; policy negotiation; government initiatives in ageing; services and advocacy

1. Introduction

The design of policy goes beyond the statement of aspirations. It is easy to state what ought to be achieved and how a better world can be constructed, or how a wrong might be righted. The steps in policy design include being clear on the philosophy shaping the policy; the framework for action; the process and policy instruments by which the goals can be achieved; and at the end, the product.

This paper focuses on policy in ageing, and shows that policy design must move beyond the core business of the agency delivering the product. Very often by-products of other agencies rather than core business shape the policy (Graycar 2007). Issues of co-ordination loom large. This paper describes design issues in Australia, a federal system in which some responsibilities are federal responsibilities, some are state or local government responsibilities, and a large debate looms over which services and programs should be delivered outside government by the commercial or charitable sectors. Co-ordinating services are a bigger story than harmonizing federal/state relations.

Co-ordination involves network governance in which government action brings together decentralized associations of interconnected parties – government departments with different remits as well as private sector and civil society actors all of whom move toward a conceptualization of how policy comes into being and how the goals are achieved (Althaus, Bridgman, and Davis 2007, 125). The art of stakeholder

CONTACT Adam Graycar  adam.graycar@flinders.edu.au  College of Business, Government and Law, Flinders University, GPO Box 2100, Adelaide, SA 5001, Australia

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management plays a role in policy design, and government which steers rather than rows, (to take a cliché from the 1980s) aims to bring about coherence of policy. The coherence that is aimed for is not necessarily that is delivered by hierarchical government structures, but rather by managing networks of loose linked organizations (Painter 1987, 9).

In policy design, it is always important to distinguish a condition from a problem. Ageing is a condition, and is not necessarily a problem. One adapts one's lifestyle as one ages, and conditions change. However, when there is great poverty, ill health, and dependency, these conditions change into problems, and policy design comes into play. Understanding for whom ageing is a problem is fundamental.

2. Background

Australia is a federal system in which power is divided. The Constitution (Sec. 51) assigns specific and enumerated legislative powers to the Commonwealth government with the residual powers assigned to the States. Over the course of the twentieth century life expectancy has increased and the proportion of people over 65 and over 80 has risen dramatically. Of the states, South Australia has the "oldest" population.

To deal with a perceived geriatric tidal wave the State parliament of South Australia passed The Commissioner for the Ageing Act, (Act number 66 of 1984), and appointed a Commissioner to head up a small office.

- The legislation was largely aspirational
- Policies to address ageing were not designed by the legislation (which was vague). The Commissioner was involved in policy design and made policy recommendations
- The practice led to engagement with stakeholders and the achievement of numerous programs and activities
- Operating within a federal system, certain policy areas were beyond the scope of the Commissioner
- Although this happened more than 30 years ago there are policy lessons for today and for the future
- The policy elephant in the room was Australia's federal system

Australian analyses of ageing and the policy landscape have been described in the literature over the years. There has been academic literature (See, for example Borowski 1991; Borowski, Encel, and Ozanne 1997; Gibson 1998; Graycar 1981; Graycar and Jamrozik 1993: Chap 10; Hugo 1986; Kendig 1986; Kendig, McDonald, and Piggott 2016; McCallum 1999; Ozanne 1997) There has also been official literature (See, for example OECD 1999; Productivity Commission Australia 1998, 2008, 2013; Treasury Australia 2015). Exploring this literature provides a sense of the debates and the policy challenges. The objectives and functions of the Commissioner were specified in the Act and these can be found in [Figure 1](#).

The legislation did not define old age and any definition would have been contested. The key issue was to foster integration and contribution, but for those who need some support, to ensure that services were of the highest possible standard.

COMMISSIONER FOR THE AGEING ACT, 1984 South Australia

Objectives of the Commissioner

6. The objectives of the Commissioner are—

- (a) to achieve proper integration of the ageing within the total community thus ensuring that the skills and experience of the ageing are not lost to the community through social alienation;
- (b) to create social structures in which the ageing are able to realize their full potential as individuals and as members of the community;
- (c) to create a social ethos in which the ageing are accorded the dignity, appreciation and respect that properly belong to them;
- (d) to ensure that the multicultural nature of the community is reflected in the planning and implementation of programmes and services for the ageing or affecting the ageing;
- (e) to achieve a proper understanding within the community of the problems of the ageing and to ameliorate those problems so far as it is practicable to do so by modification of social structures and attitudes.

Functions of the Commissioner

7. (1) The functions of the Commissioner are—

- (a) to advise upon the development and implementation of programmes and services for the ageing and to actively foster and seek the involvement of the ageing, wherever practicable, in the development and implementation of programmes or services that are intended for their benefit or that will have a special effect upon them;
 - (b) to monitor the effect upon the ageing of—
 - (i) practices of the Governments of the State and Commonwealth and local government;
 - and
 - (ii) Commonwealth and State law (including local government by-laws), and to make appropriate representations in the interests of the ageing;
 - (c) to ensure as far as practicable that the interests of the ageing are considered when programmes or services that may affect them are being developed or implemented;
 - (d) to undertake or commission research into matters affecting the ageing;
 - (e) to compile data relating to the ageing;
 - (f) to disseminate information for the assistance of the ageing;
 - (g) to ensure as far as practicable that financial and investment advice is available to the ageing;
 - (h) to keep social attitudes towards the ageing under review and to promote a better understanding of the ageing within the community;
 - (i) to assess the incidence of discrimination against the ageing in employment and to promote action to overcome such discrimination;
 - (j) to keep under review the special needs of individual groups of the ageing (including those who suffer from physical or mental disabilities and those who are economically disadvantaged), and to promote various methods by which those needs may be satisfied;
 - (k) to consult and co-operate with other bodies and persons that assist the ageing;
 - (l) to assist in the co-ordination of programmes and services that may assist the ageing;
 - (m) to consult with the ageing in relation to the means of promoting their interests and, as the Commissioner considers appropriate, to represent the views of the ageing to the Minister;
 - (n) to report to the Minister on any matter relating to the ageing referred to the Commissioner by the Minister.
- (2) The Commissioner may establish Committees to advise him on any matter related to the performance of his functions under this Act.

Figure 1. Commissioner for the Ageing Act 1984 (extract).

Ageing is clearly a relative phenomenon. Some people seem old in their 40s, others in their 80s are fit, vibrant, and exuberant. The key determinant is dependency (Graycar and Kinnear 1984). Dependency is a matter of status. When one ceases to perform duties and enjoy rights that were part of adult life, dependency risk is heightened.

Leaving the workforce, losing a life partner, having physical and mental impairments are some of the factors that foster dependency. There are therefore financial dependencies, physical dependencies, and emotional dependencies. Interpreting these issues led to policy design challenges.

3. Framework for action

The first part of the framework was achieved by recognizing in a pioneering piece of legislation, older people, and their value. The second was to set up an agency to administer the Act, and make sure it had very high profile.

The government advertised the post of Commissioner and the author, who had a national profile in social policy and demography but was not then living in the state of South Australia, was appointed to the post, and held it for 5 years. This was the first position of its sort in Australia, and one of the first internationally.

The reporting line was to the Minister for Community Welfare, and later to the Minister for Health and Ageing, though the Commissioner met regularly with a range of other Ministers in the government, and appeared several times each year before the Social Affairs Committee of Cabinet. This committee covered a range of social policy issues and it became very clear to the Commissioner that many of the issues cut across organizational boundaries, and more so across jurisdictional boundaries. One challenge was to get coherence across the whole of the State Government. Another was to find synergies with the Federal Government. There was also a large non-profit NGO sector with interests in ageing and delivery of services, and a small, but growing for-profit sector which saw numerous commercial opportunities.

The Office of the Commissioner for the Ageing (OCA) did not have program responsibility. The resources were limited – about a dozen staff, but there were ample funds for information resources and travel. Travel was important as staff covered the whole of the state (SA is 983,500 square kilometers), but also sat on many national committees, and worked closely with the Federal government.

Federalism was a very significant issue at all times. The Commissioner would accompany relevant ministers to meetings with their Federal counterparts, and also conduct negotiations with Federal officials. The Federal government had responsibility for income support, and for the national health and pharmaceutical schemes, as well as parts of disability policy and funding for residential care, which included nursing homes. The Federal government also had been funding day care centers and developed an innovative program called “community options,” designed to keep older people in their own homes. Many services for older people had input from both the Federal and State government, and many also involved local government.

The framework for action therefore involved setting up a government agency with a focus on policy analysis, policy planning, stakeholder engagement, but very little actual delivery, but a keen and reportable interest in what was actually delivered, and how it improved the lives of older people.

The challenges of ageing and the drivers described in the next section were not unique to South Australia or to Australia. While Northern and Eastern Europe had populations that were “older” they seemed to managing comfortably, yet there seemed

to be more of a sense of urgency in Australia. Every Australian state had some sort of bureaucratic unit, which focused on ageing.

South Australia was the only jurisdiction that had specific legislation of this sort, and a post of Commissioner. Other states had units within the health or community services department, or within the Premier's (Head of government) department. One state that had it centrally was less focused on policy than on events for seniors. These events, commonly referred to as "Seniors' Week" were important politically for while they embraced the diversity of ageing; they were also an opportunity for politicians to show that they cared about older people.

The South Australian Commissioner took on a leadership role among the various states and created a nation-wide network of government agencies which met at least once per year. Policy matters that affected the states were discussed, as well as ways in which the states negotiated with the Federal Government. Federal representatives were also invited to these meetings. The Federal Government created an Office for the Ageing, and this was located within the Community Services Department.

The Commonwealth (Federal) government had been paying age pensions since 1909, and in 1954 started paying subsidies to charitable organizations to provide accommodation for older people. In 1960s, it commenced providing benefits to providers of nursing homes (both for-profit and charitable). This heralded a period of rapid expansion, and by the 1980s there were a number of reform measures, as the system had grown in an unwieldy way. The Reform Strategy, as the work of the 1980s became known, developed a range of standards and accreditation, as well as regulation of services funded by the Federal Government. The states did not have substantial financial exposure, but there were some programs, such as the Home and Community Care program which required joint federal and state funding.

4. Policy drivers and policy challenges

As can be seen in [Figure 1](#) the Act was largely aspirational. It was to recognize the value of older people, accord them with dignity, appreciation and respect, and to ensure that social structures allowed them to realize their potential. The Act specifically recognized the multicultural nature of the (ageing) community. Section 7 of the Act required the Commissioner to advise on programs and services and assist in their co-ordination, as well as monitor certain activities, compile data, disseminate information, and identify and overcome discrimination against the older people. It was up to the Commissioner to design the policies for the implementation of this aspirational legislation.

The first step was to identify the policy drivers and the policy challenges that flowed from these drivers. The list is not exhaustive, but gives a flavor of what drove the activities. These are merely listed here, as this is not a paper on ageing. Further information can be found in demographic and gerontological literature and in the annual reports of the Commissioner for the Ageing which were presented to the Parliament of South Australia each year from 1986 to 1990.

4.1. Policy drivers

- Greater life expectancy at birth and later
- Declines in age-specific mortality

- Declines in fertility
- High rates of chronicity
- Surplus of women at higher age groups
- Older people with no spouse
- Smaller families
- Greater urbanization and relocation for work
- Dramatic changes in workforce participation of women
- Pressures on women in trying to perform traditional caring roles
- Employment challenges for people over 50, especially as industries were restructured.
- Greater expectations of older people. Greater assertiveness compared with earlier generations who were blighted by World War 11 and the great depression of the 1930s.

4.2. Policy challenges

- Income – adequacy and equity
- Healthy ageing; maintaining independence
- Accommodation for poorest elderly
- Accommodation for dependent elderly
- Ethnicity and ageing – immigrants getting older
- Health care – what sorts of interventions?
- Home care services
- Non-health domestic support
- Safety issues
- Transport policies
- Navigating the minefield of financial services in retirement
- Consumer issues
- Finding employment for mature aged workers
- Changing nature of work and technology

Designing policy requires that questions such as these be addressed:

- What is the problem the policy is meant to address?
- Who owns the issue?
- What evidence base for policy?
- What stakeholder engagement?
- What policy instruments are used?
- What implementation issues?

In very simplistic terms, the problem was one of increasing dependency which often could be mitigated. There was a long-term financial dependency problem as the taxes of a shrinking workforce are needed to support fewer children, but more old people, and all of this against a backdrop of older people being seen as a burden rather than an asset for the community.

The issue was not owned by government alone. There were interests of families, for-profit and not for profit service providers, and on the government front, three levels of government all with different resources and responsibilities.

The evidence base was flimsy. There was a strong evidence base in health as to what worked, but on the social science front there was not a substantial literature on well-being of older people. Health professionals were able to argue that ageing was primarily a medical condition, yet it was obvious that social issues were central to any policy setting. This tension between health advocates and providers on the one hand and social advocates on the other is present to this day. The health concerns and interventions are of enormous importance, but health is only one aspect of well-being. It is not only in this field that one professional group dominates. In crime prevention, for example, politicians often look only to police for solutions, and they are only one part of the input, and not the only genuine players.

There were demographic projections, and some program evaluations. It is important to note that “older people” are not a homogenous category. “Older people” vary enormously in age, health status, income, skill, family support, ethnicity, location, and housing status. Spread across about 40 years of life they are as diverse as the community as a whole, with a higher risk of dependency, but not always medical dependency.

The demographic spread meant that stakeholders covered a wide range of interests and concerns, and dealing with stakeholders took up much of the Commissioner’s time.

Policy instruments (see Althaus, Bridgman, and Davis 2007, Chapter 6) that were available included advocacy, networking, legislation, and general government action. Money is an important instrument but the Commissioner did not have major program funding. The task was to get other agencies to use their money in the best way possible to implement the legislation. This is where the data collection and advocacy roles were prominent.

Implementation was really all that mattered in the end. The annual reports documented outcomes, and some are described below. It was an incredibly hectic 5-year period for the first Commissioner.

5. The process

The Act was used to set the direction. Mechanisms were established to check off most of the items specified in the Act. This formed the basis of the reporting. However, some of the items in the Act were aspirational and judgmental (and hard to attain or to measure). For example Sections 6a and 6b were “to create social structures in which the ageing are able to realize their full potential ...” and “to create a social ethos in which the ageing are accorded the dignity, appreciation and respect that properly belong to them.” If the reporting period were decades rather than one year at a time, then some measures could be taken. However, in the first five years the Commissioner did not set baseline measures for these items.

Some items were tangible and feasible – to advise, monitor, compile data, and disseminate information. [Figure 2](#) shows how the Office was organized to meet three tasks in the legislation, and then flows onto the components that were the vehicles for the tasks and then the activities that took place to achieve the task. The three tasks involved are as follows:

- Policy and planning
- Ethnic aged issues
- Community consultation and awareness

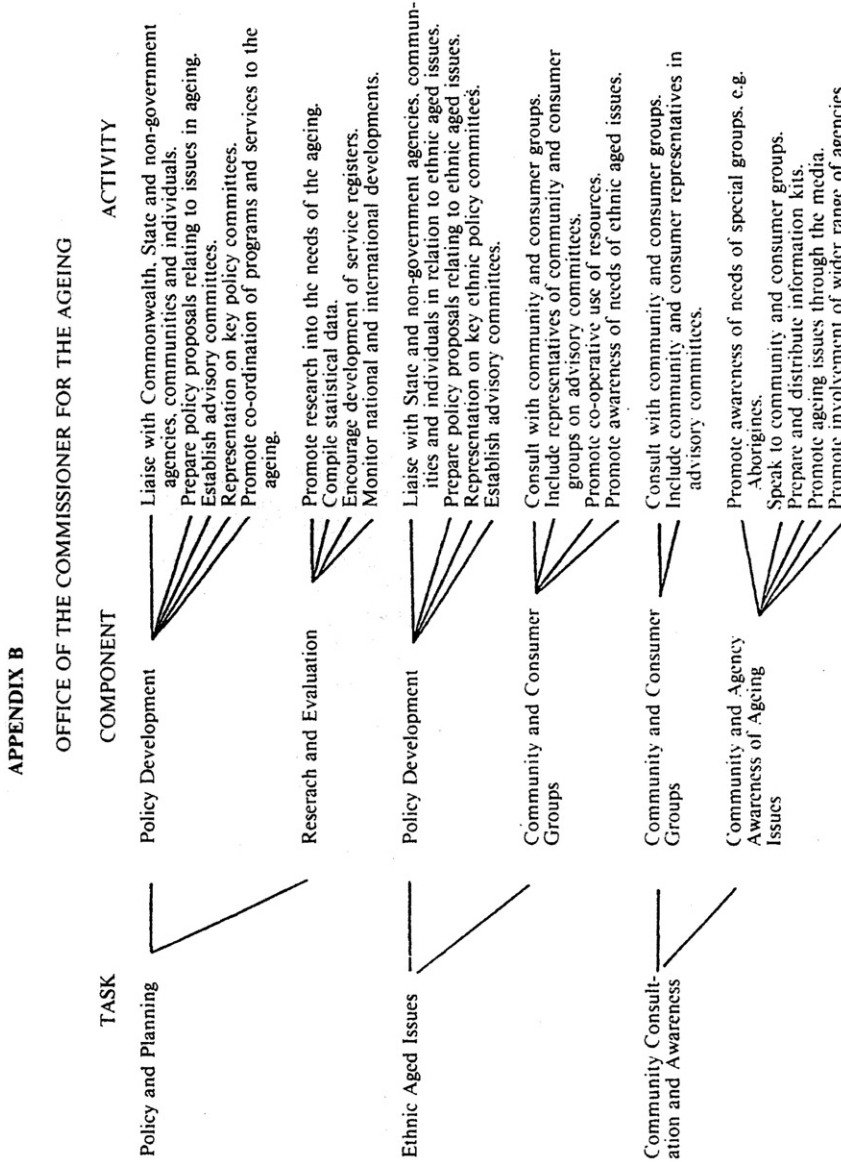


Figure 2. Policy framework.

Section7(2) for example says that the Commissioner may establish committees to advise on any matters related to the functions under the Act. Five committees were established. These were used to ascertain stakeholder interests and to seek input that could be translated into policy. The five committees were

- Older Persons Advisory Committee
- Education Advisory Committee
- Advisory Committee on Ethnic Aged Issues
- Advisory Committee on Housing for the Ageing
- Nursing Homes Reference group

The workings of the committees are not described here but the Annual Reports document the membership, the activities, and achievements of these committees. (These reports are in the public domain, or available on request).

The 1988 Annual report lists 23 committees within and outside government on which the Commissioner and staff were members. These ranged across Federal Government planning committees, the Aboriginal Aged working party, the Local Government Human Services Task Force, the Migrant Women's Advisory Council, the Standards Association of Australia committee on standards for access for mobility, the continence promotion committee, the social work advisory committee of a local university. There were also committees that allocated grants for various activities and the Office was represented on these. In essence, the role of the Office was to balance interests, and where appropriate advocate for the stakeholders.

Information dissemination was key to the success of the Commissioner. He gave hundreds of speeches to local community groups, interest groups and also to major national and international conferences. Printed information products were also distributed widely, and these are discussed below. A telephone information service was established and this provided information and took complaints about service providers

Knowing that the Office with its meagre resources could not implement everything in the Act, it also produced a longer term ageing strategy.

6. The product

Assessing whether the aspirational aspects of the legislation were achieved is hard to measure, but certainly there was no shortage of stakeholder engagement and public media attention to the issue of ageing. One thing that was certainly achieved was the placing of ageing issues firmly in the public consciousness, and on the policy development agenda.

There were tangible outcomes that are on the record. These fall under four categories

- Legislation
- Guidelines
- Programs/services
- Information

6.1. Legislation

The Commissioner was involved in three significant pieces of legislation. These were introduced by ministers other than the minister to whom the Commissioner reported. However, in all cases substantial policy work for the framing of the legislation was done in the Commissioner's office, and the Commissioner himself undertook many of the consultations and stakeholder negotiations. The policy work involved preparing briefs for the Minister who would introduce the legislation, and preparing material for parliamentary counsel who would draft the legislation.

The first was the development and passage of the Retirement Villages Act 1987. The reduction of Federal funding for independent living units led to an increase in self-funded (resident-funded) units. These were often in "retirement villages" operated by NGOs or for-profit providers. Residents had to make monumental decisions, often quickly, and many were unsure of what they were getting into. Many thought they were buying real estate when in fact they were buying a license to occupy a unit. The objectives of this legislation were to increase security of tenure and to increase residents' awareness of the issues when considering a contract, and also to provide mechanisms for the resolution of disputes. This legislation was introduced by the Minister for Consumer Affairs.

The second was the abolition of a mandatory retirement age. In most businesses, and in public sector agencies the age of retirement was set at 65. Abolishing this allowed older people more flexibility, and communicated the self-worth that comes with knowing that a contribution can be made after an arbitrary date. This proposal had significant industrial relations ramifications, as well as public finance and public pension issues. The legislation passed in 1990, was introduced by the Attorney General and was an amendment to the Equal Opportunity Act "to make unlawful, discrimination on the basis of age".

The third piece of legislation related to "supported accommodation". A certain category of boarding house was licensed under the South Australian Health Act. These boarding houses which received no government funding were distinct from nursing homes and "hostels" both of which received funding from the Federal and/or State governments. These "rest homes," the term by which these boarding houses were known, did not provide any care or services, just accommodation. Although the Commissioner's office did not fund or license these, it received numerous complaints about poor conditions and standards. Staff wrote a discussion paper about "rest homes." This went out for comment and consultation. The overwhelming response was for consolidated legislation as a step toward improving standards. The Commissioner chaired two working groups, one to develop draft legislation, and another to examine the implications of further regulation. This legislation was introduced by the Minister for Health.

It would be fair to say that without the activities of the Office of the Commissioner for the Ageing these three legislative changes would not have happened.

6.2. Guidelines

The Office had a substantial role in the development of guidelines. These were attached to codes or were self-regulation matters.

Building codes did not distinguish accommodation that was purpose built for older people. The Office made representation to the Minister for Planning that there should be a code. The Minister set up a working group to explore this issue and the result was to design guidelines for purpose-built accommodation. These were subsequently incorporated into planning codes

At a different level new technologies were (and always are) being implemented, often to the confusion of older people. The Chief Policy Officer sat on a committee convened by a national association, the Standards Association of Australia and this developed guidelines for new technology and equipment used by and with older people. These were not incorporated into legislation, but were voluntary standards for product design and manufacture.

Investment advice was (and continues to be) an issue of great concern for older people. Many investment advisers were ethical, but there were some who were unethical and unscrupulous. People seeking retirement planning advice were easy targets for disreputable financial advisers. Where there was clear fraud the police would play a role. However, most did not break any laws in ripping off old people. The Commissioner called together the industry leaders in the state and a voluntary code of practice was developed for South Australia. Investment advising, however, crosses state boundaries and operates in areas in which the Commissioner had no jurisdiction. The development of the voluntary code nevertheless, raised public awareness of the issue in South Australia.

6.3. Programs and services

The Office of the Commissioner did not deliver any programs or services (other than an information service which is described below). The Office did, however, work with providers to ensure that as far as practicable the services were appropriate, of high quality, and met the interests of the client groups. There were also innovations, and these were often presented by the Office to the responsible agency. In some cases the Office did the policy work on services, noting demographic issues, planning issues, delivery issues, and taking note of the evidence base that supported various interventions.

In other cases the Office worked as an advocate, bringing community concerns and expectations to the attention of service providers and politicians, and worked with other agencies to develop better policy and practice models. Overall, however, the Office saw stakeholder management as one of its key policy design tools.

One such innovation was the development of a Senior's Card. This allows for Seniors to travel on public transport at a significant concession rate. The card is also used for other benefits in the public and private sectors. The main cost to the state of the Senior's Card is in transport concessions. Noting that the provision of accessible transport services is fundamental to the well-being of older persons, a working party of officials from the Office of the Commissioner, the State Transport Authority, the Department for Community Welfare, and the Treasury devised the program. The costs of the concessions did not come from the Commissioner's budget, but rather from the Transport Authority's budget, and thus the Treasury had to be involved.

It is not always an easy thing, as the Commissioner found, to design a policy and have somebody else bear the cost.

There is no simple formula for success in doing this. In short, the way in which it happened was through promulgating a vision with persistence, as well as sitting in many meetings for many hours, and having good negotiating skills. Evidence is important, but it does not always exist, so visibility, presence and persistence are required in policy design where one does not have resources to achieve the desired outcomes.

Some of the services in which the Office played a key role are listed here. The list is not exhaustive, and more detail on each of these can be found in the Annual reports (PDFs available on request).

- Transport
 - Access subsidized taxi service
 - Mini buses for community groups
 - Petrol reimbursement for volunteers
 - Public transport concessions (Seniors Card)
- Electricity
 - Prevention of automatic disconnection if bill not paid
 - Concessions
- Insurance package for older volunteers
- Home Maintenance Services
- Safety and Security Scheme
- Podiatry services funding
- Continence Advisory Group
- University of the Third Age
- Employment services (DOME)
- Grants for Seniors (\$181,000 in 1989)
- Numerous other health and home service programs

6.4. Information

The most visible aspect of the Office was in information services. This required careful strategic design. One had to make sure the information was accurate, was targeted, not duplicated, and balanced (operationally, spatially, and ethnically and culturally). The Annual reports list the community engagement and information sharing, as well as details of the information products. Examples of the following can be found in the reports.

- Demographic information
- Research and information on elder abuse
- Crime prevention and safety guidelines
- Nursing Homes and Hostels Inquiry Service
- Age Line (phone information service)
- Age Pages (health information)
- Hundreds of speeches and presentations

As was the case in those days, all of the material was on paper. The Age Pages, which provided health information, were available in doctors' offices and community centers across the state. They covered topics such as caring for eyes, bladder problems, arthritis, care of teeth and mouth, foot care, nutrition, loss, as well as safety in the home and hints for shopping, cooking and enjoying meals, and more. These popular products were also translated into numerous community languages.

The Age Line (a telephone phone information service) and the Nursing Homes and Hostels Inquiry Service required the hiring of additional staff, and rental of additional office space. These helped older people navigate the complexities of aged care systems and also took complaints.

7. Policy design lessons for today

There are lessons here for policy design today. In today's environment policy professionals need to deal with complexity, contestability, and constraint. Everything is hard and complex, nothing is unambiguous, and there are always boundaries such as jurisdictional restrictions and financial constraint. There is never enough money and often too many rules. The lessons from the story above are that there is not a simple recipe book for policy design. There is always a requirement to identify the problem, and focus on this rather than the symptomatic conditions of the problem. This will then set us on a path to co-ordination and perhaps coherence.

When embarking on a policy design exercise, it is sometimes helpful to ask two questions. First what is the problem, and second, who owns the problem. It is always important to distinguish a condition from a problem. Ageing is a condition, and is not necessarily a problem. Understanding for whom it is a problem is fundamental. Policy is designed to anticipate and to respond to problems. Ponder, for a moment whether policy should be designed to respond to conditions that are not necessarily problems. Second, is the problem at hand owned by the individual, the family or the society? Never is it simple and clear cut. Understanding the dimensions of ownership of the problems will point us in the direction of ownership of the solutions. Solutions are not universal, and any analysis is laden with values and contested assumptions.

For example, the Commissioner's task was to devise good policies for ageing, yet the industries and the community, and the Federal Government were more focused on aged care.

As we look to the future we see continuing demographic shift. The proportion of older people is increasing. Health is generally better, and people are living longer, but they are more likely living longer with disability. Science and medicine have given people more years in which to live, but have also given people more years in which to die. The policy consequences of this are significant.

Today's older people have lived through good times and now are more assertive than were previous generations of older people. However there are issues with technological change forcing people out of the workforce many decades before death. Never before have we had people in a state of financial dependency for so many years. The taxpayers who support them now will not have it as good in future years.

This paper has described an issue through a policy design framework that has four components

1. The philosophy shaping the policy
2. The framework for action
3. The process
4. The product

All of these are integral to the ultimate practice. The policy worker should have some idea of what might constitute each of these elements. However, no policy worker acts alone, and many of the philosophical issues shaping the policy are highly contested. But some clear vision is needed, as was expressed in the aspirational tone of the legislation.

The framework for action was challenging, as the nature of Australian federalism made what might appear obvious, absurdly incoherent. For example when government provided services for older people, hearing and vision services were funded or provided by the Federal government, and dental services by the State government. It was an irony that eyes and ears were a federal responsibility, while teeth were a state responsibility. Furthermore, the biggest government expenditure item for older people in Australia was for the age pension, Australia's social security. The dollars here were much larger than any other part of the budget, including defense. Policy issues relating to social security were exclusively in the Commonwealth domain and the states had no influence on these whatsoever.

The looming challenge was in the balance, not just of federal and state expenditure (and the policy design that underpinned this), but the philosophical issues of what role should family members play in the support of their elders, and what of the charity and for-profit sectors.

The process and the product are fairly clear. The process involves organizational and management issues, and these can be challenging if not developed and implemented with reason and effectiveness. This is not always easy. The product was available for all to see, and used often for political advantage or a basis for further claims.

One point that challenges all policy design is that of the core business of the agency, and what other agencies can contribute to that agency's core business. For example the core business of the Transport department is to run an efficient transport service, not to make older people feel comfortable in the community. However, representing a range of community interests adds to the value of the core business, but there are costs involved. In other areas sticking only to core business and minimizing the impact of by-products can have effects on the core business of other agencies. For example, the core business in education is to teach the children who come to school. Those who play truant are not their core business, but they have a higher risk of becoming the core business of the juvenile justice system, and later the adult corrections system. Policy in ageing is full of core business and by-products. (These themes are explored in more detail in Graycar 2007). The lesson from the Office of the Commissioner for the Ageing is that policy design that crosses boundaries of core business is likely to be more successful than that is narrowly prescribed.

8. Epilogue

The Commissioner for the Ageing Act was repealed and replaced in 1995 by the Office for the Ageing Act 1995. The aspirational nature of the newer Act is hardly changed. The Office is now a unit within the Department of Health. The annual report says the functions of the Office “are carried out with other divisions of SA Health, across State Government departments and the Commonwealth, as well as with many other external stakeholders including local government and non-government organisations.” Today’s main strategic priorities are creating a vibrant city environment, maintaining safe communities and healthy neighborhoods and an affordable place to live for everyone. Implementing the Retirement Villages Act 1987 and the Seniors Card program are major activities, and a community based Ministerial Advisory Board provides strategic advice on issues relating to the ageing. (S.A Office for the Ageing Annual Report 2016)

It seems that the foundations laid 30 years ago are bearing fruit. Examining the long term efficacy of programs in areas such as transport, utilities, retirement villages, or the impacts of abolishing mandatory retirement would require a substantial new research project. There is, however, a well-funded national research organization, The Centre for Excellence in Population Ageing Research (<http://www.cepar.edu.au/>) and some of the answers can be found in its many research papers. The only real test of whether the policy design 30 years ago was successful is whether older people today are better off than they were 30 years ago. The answer to that question is still elusive.

Note

1. Verification of items in this paper can be found in the annual reports of the Commissioner for the Ageing (South Australia). They are in the public domain. The author has PDF versions of these reports, and will email these on request to interested researchers.

Disclosure statement

No potential conflict of interest was reported by the author.

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