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# Private Interests and Problem Frames in Social Policy Reform: A Corpus-Assisted Critical Discourse Analytical Study

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***Abstract***
*This paper has two aims: to contribute to understanding of the role that private providers in social care markets play in social policy-making, and to present a method that enables systematic identification of themes in large bodies of policy-relevant digitized documents. We pursue these aims through corpus-assisted analysis of submissions by providers (non-profit, for-profit and professional) to an Australian inquiry into aged care policy in 2010-11. We show how quantitative methods from corpus linguistics can be used to identify themes, at the level of the word, phrase and construction, and outline how this form of analysis can support critical discourse analysis in the qualitative interpretive tradition. Our analysis reveals clear differences in how the three groups frame policy 'problems' and their 'solutions', and that these framings align broadly with their interests. We find evidence of a 'market frame' in the For-profit sub-corpus, an 'advocacy frame' in the Non-profit sub-corpus, and a 'professionalism frame' in the Professional sub-corpus. We also find some important commonalities between the provider groups, which raise questions for further research about internal diversity within these groups and about the interaction between regulation, system structure, and organizational interests.*

***Key words:*** *problem framing, corpus-assisted discourse analysis, managed market, aged care, Australia*

## 1. Introduction

In most welfare states, governments are increasingly using market instruments to allocate funds and organise social services, and this shift has coincided with an increasing share for *for-profit* providers in social service provision (Brennan et al. 2012; Henriksen et al. 2012; Klenk 2011). These

developments have changed the mix in the mixed economy of welfare and raise important questions about influence in the social policy-process. This paper has two aims: to contribute to understanding of the role that private providers in social care markets play in social policy-making, and to present a five-stage workflow that enables non-linguists to use corpus methods to systematically identify themes in large bodies of policy-relevant, digitized documents. We pursue these aims through analysis of submissions by providers (non-profit, for-profit and professional) to an Australian inquiry into aged care[1] policy in 2010-11.

Our first, substantive aim relates to marketization as a key trend in the trajectory of development of social services in most welfare states. Researchers have sought to explain marketization and to assess its implications in a very large and rich body of work across many disciplines. One major focus has been the analysis of the *organizational composition* of the 'mixed economy' of social services arising from marketization. Theoretical and normative research has debated the threshold question of whether governments should provide social services themselves or fund private organizations to do so (Le Grand 1991; Blank 2000; Unger et al. 2017), and the related question of whether public, non-profit and for-profit organizations have distinctive logics and modes of operation in the social services field (Billis and Glennerster 1998; Aulich 2011; Knutsen 2013). Taking this research on the organizational mix as a foundation, we seek to contribute to understanding of the implications for *social policy-making* of the increasing role of private organizations, non-profit and for-profit, in marketized service systems. While there is research on the role of both non-profits (Mosely 2011) and for-profits (Farnsworth and Holden 2006; Pieper 2018) in social policy-making, *in-depth comparative analysis* of how different provider interests engage in the policy process is less well developed. Our study compares how non-profit, for-profit and professional actors have formulated the problems facing the Australian elder care system, and what reforms they proposed.

Our second, methodological aim takes as its starting point the challenge researchers face in critically analysing the recent, explosive increase in policy-relevant documents available in digital form (Hopkins and King 2010: 229). Without some use of computational techniques, researchers are hindered by 'the massive costs of analyzing even moderately sized collections of texts' with traditional methods (Grimmer and Stewart 2013: 1). Some social scientists have responded to this challenge by automating categorization and coding of documents (e.g., Hillard et al. 2008; Hopkins and King 2010). However, these researchers tend to be seeking data-reduction methods for deductive content analysis, which has different epistemological and theoretical foundations to the more critical approach we are working within. Of course, there are existing studies that combine corpus linguistic approaches with critical discourse analysis, including many articles in this journal.[2] Most of these studies, however, i) have analysed texts that are addressed to the *public* and designed for public consumption, such as newspapers (Fitzgerald 2017; Grundmann and Krishnamurthy 2010), press briefings (de Candia et al. 2013), press releases (Alexander 2013), politicians' speeches (Bevitori 2016; Ghachem 2015) and books (Marko 2010), and ii) have *media* and/or *government* discursive positionings as their predominant focus.

Our empirical focus is likely to make our findings of more interest to researchers in social policy than in political communication and/or media studies. But we also hope the *method and workflow* we lay out here will resonate with social policy researchers, who have become increasingly interested in recent decades in the role of language and ideas in the policy process (Béland 2005). So far, research on these issues has almost exclusively relied on interpretive, qualitative methods, including critical discourse and narrative analysis and so is yet to employ computational strategies to take advantage of new sources of digitized, policy-relevant data. In other words, studies, such as Means' (2012) analysis of four key reports on social care, or Needham's (2011) analysis of tens of documents in exploring narratives of personalization, can be carried out by a single researcher undertaking a close reading of the relevant texts. However, to study the policy process we were interested in, and which is repeated across many policy areas and jurisdictions, it was necessary to prepare, categorize and process more than 400 documents, and to analyse nearly 250. This demanded strategies that support theme identification across a much larger number of texts than is commonly studied in social policy. Thus, our approach uses *quantitative* methods developed in corpus linguistics to support *qualitative* methods of close, critical reading of large bodies of policy-relevant texts. Importantly, our approach does not require specialized knowledge of linguistic theory and method, and so should be accessible to researchers following some basic training.

The structure of the article is as follows: we begin with a brief discussion of provider interests in social policy making. Next, we sketch the contours of the aged care market in Australia, and the particular policy process we study, by way of empirical background. A section setting out our method follows. Our findings are then presented in two parts: quantitative keyword analyses, followed by critical discourse analysis that builds on the quantitative work, both of which compare submissions by non-profit, for-profit and professional providers. We conclude by discussing the implications of our findings for understanding the politics of the mixed economy and methods in social policy analysis.

## 2. Provider Interests in Social Policy-Making: Why and Which?

Provider organizations in marketized service systems have strong incentives to intervene in the social policies that define their operating environment, when the opportunity arises. In such systems, providers encounter opportunity structures generated by government regulation of access to, and the organization, price and quality of, services. Regulation often creates different opportunities for different kinds of providers. Thus, new pressures for change in regulation can arise when the share of different organizations in the system changes, as it has with marketization (Braithwaite et al. 2007).

Our analysis here does not extend to the reforms that resulted from the policy-making process we study. However, we believe that studying the ideas that different kinds of organizations seek to put *into* social policy-making is

important for understanding the roles and interests of private actors in this process. Policy formulation and contestation is about interests, but interested parties make *arguments* – about how things are, why they are that way, and why one action in response the current state of affairs is better than another (to paraphrase Parsons 2002: 48). The language of their arguments is a window into how they construct and express – or frame – their interests and attempt to convince others in the policy process of what needs to change and why (Rein and Schön 1993).

Given our interest in the influence of private actors on social policy, we analyse the submissions of for-profit and non-profit providers. We also analyse the submissions of professional providers, noting Gingrich's (2011: 3) argument that '[w]hen policymakers introduce competition or private actors into the public sector, they take power away from incumbent professionals', and inspired by the idea of professionalism as a third, distinct logic (Freidson 2001).[3]

## 3. Aged Care in Australia: A Managed Market with a Mix of Providers

As in many other rich democracies, aged care policies in Australia have been under increasing pressure to meet demographic, social and political demand for more and better aged care services. And as in other social service fields in Australia, formal aged care[4] is provided by mostly private organizations, both non-profit and for-profit, in a managed market.

At the time the public inquiry we study was undertaken (2010-2011), this managed market for aged care in Australia was organised by a mix of bureaucratic, market and professional logics. *Supply* was managed through allocation of 'places' to approved providers via competitive tendering in annual approval rounds (managed supply), according to a planning formula. *Demand* was managed through rationing via the planning formula, and professional assessment of eligibility for services via the Aged Care Assessment Teams. *Quality* was managed by accreditation of providers and monitoring of services. *Pricing* was managed through government regulation of subsidies and user fees and the business opportunity afforded residential care providers, who can create 'extra service' places, in which residents are able to 'choose to enjoy a significantly higher standard of "hotel" type extras in accommodation, food, and services, in return for a higher charge' that is not capped (Department of Health and Ageing 2008). The structure and operation of this managed market created a specific set of interests and tensions: it was a creature of highly detailed policies, and aged care reform is thus a process of contestation over the content and boundaries of this managed market, access to it and the terms of participation in it, for providers and for older people.

So, what has been the scale and profile of providers in this managed market? Tables 1 and 2 show the distribution of 'places' by provider type, for residential care and community care packages respectively.

| Year | Non-profit | Public | For-profit | Total N° of places |
|---|---|---|---|---|
| 1997 | 62.5 | 11.6 | 25.9 | 137,653 |
| 2005 | 61.0 | 7.8 | 31.2 | 158,901 |
| 2010 | 58.5 | 6.4 | 35.0 | 179,749 |
| 2016 | 56.3 | 4.6 | 39.1 | 195,825 |

Sources: Commonwealth of Australia (2005), Department of Health and Ageing (2010), Department of Social Services (2016).

**Table 1: Residential care places by provider type (% of operational places)**

Table 1 shows that more than half all residential aged care is currently provided by non-profits, including religious, charitable and community organizations, but that for-profit providers have increased their share in the last two decades (from 25.9 to 39.1%), and public providers have decreased theirs (from 11.6 to 4.6%). Table 2 shows that non-profit providers clearly provide the majority of home-based services, with the public sector providing a small and declining share, and for-profit companies providing a small but increasing share. In both residential and home-based care, for-profit providers have a stronger presence in more intensive services in which average annual public subsidies are significantly higher, and (in the case of residential care), opportunities to offer 'extra services' are more developed (Department of Social Services 2013).

| Year | Non-profit | Public | For-profit | Total N° of places |
|---|---|---|---|---|
| 2009 | 84.1 | 10.7 | 5.2 | 46,709 |
| 2013 | 84.2 | 9.1 | 6.8 | 60,308 |
| 2016 | 81.9 | 7.7 | 10.4 | 78,956 |

Sources: Department of Health and Ageing (2009), Department of Social Services (2013; 2016)

**Table 2: Community care places by provider type (% of operational places)**

## *4. The Productivity Commission's inquiry: Caring for older Australians*

In 2010, the federal Labor government (2007-2013) asked the Productivity Commission 'to develop detailed options for restructuring Australia's aged care system to ensure that it can meet the challenges facing it in the coming decades' (Sherry 2010). The Productivity Commission (PC) is a statutory agency that provides independent research and advice on economic and social issues to the Australian Government.[5]

One of the means by which the PC develops and offers (non-binding) policy advice is through public inquiries, undertaken at the direction of the federal government, which sets the terms of reference. The terms of reference for the inquiry, *Caring for Older Australians*, were wide-ranging. The document begins by stating the 'challenges': increasing demand arising from population ageing, 'significant shifts in the type of care demanded', and 'the need to secure a significant expansion in the aged care workforce'. 'Detailed options'

were sought in relation to: funding, planning, regulation, business models, financial sustainability for 'the Government and individuals' and financial transparency for services [providers], and consistency with reforms 'in other health services'. Options were also to 'ensure access', with particular attention to 'specific needs groups', 'support independence, social participation and social inclusion', 'minimise the complexity of the aged care system', and allow for 'smooth transitions for consumers' (Sherry 2010).[6]

The PC's public inquiry process involves open consultation through submissions and hearings and '[a]ll individuals, firms, groups and organizations with an interest in an inquiry can participate' (Productivity Commission 2012). All submissions are made available on the PC's website more or less immediately, unless the submitting person or organization requests that it be confidential. (Confidential submissions are listed, but not available.) Submissions are normally offered in two 'rounds', one as input into a draft report, and a second in response to the draft report. The focus of our study was the more than 400 submissions received during the *first* round of the *Caring for Older Australians* inquiry.

Submissions are only part of the process of consultation within the PC's Inquiry, and inquiries such as this one are only part of the process of social policy reform. The PC's Inquiry also involved public hearings, of which transcripts are also available online and the Commissioners undertaking the inquiry also met privately with various stakeholders in roundtables and site visits. Further, when the government announces and establishes a public inquiry in an area, it alerts interested actors of the possibility of reform. Thus, it is likely that *outside* the inquiry process, lobbyists and representative groups seek to use other channels of influence, some more public (e.g. through the media), others more private (e.g. through meeting with relevant ministers). Further, those who make submissions self-select. This means we cannot be sure that submissions present all the concerns and/or proposals of all stakeholders, since not all made submissions, and some concerns and/or proposals might be expressed in private, but not in public consultations.

## 5. Method

Identifying themes in large text data sets is a major challenge, as we have noted, and some researchers are turning to tools developed in corpus linguistics to identify recurrent words, phrases and larger discourse structures as a means of discovering themes that recur across many documents (see, e.g., chapters in Bondi and Scott 2010). In line with this emerging approach, we use corpus-methods to examine a body of documents elicited by the PC's consultation process. These methods allow statistical comparisons across documents to, among other things, enable discovery of statistically significant 'keywords'. We present the results of *quantitative* corpus linguistic analysis, then illustrate how this can inform *qualitative* critical discourse analysis of these documents.

### 5.1 Study Materials, Selection and Processing

As noted above, we analyse the *first* round of 487 submissions to the PC

inquiry, put in between 30 April and 20 December 2010, in response to the announcement of the inquiry on 21 April 2010 (Sherry 2010) and the Issues Paper released in May 2010 (Productivity Commission 2010).[7] We focus on the first round of submissions, because we believe these are most likely to represent participants' attempts to shape the agenda for reform in aged care in their own interest. Further, the PC's terms of reference and Issues paper opened the policy 'conversation', and invited responses to quite specific questions across a range of topics. Thus, we would expect those making submissions, like participants in any conversation, to try to make their responses relevant to their interlocutor's 'topic-setting' moves.

Despite the reservations stated in the previous section, we are reasonably confident that the full range of provider types made submissions, and that most of the major concerns of the provider groups will have been expressed in the submissions. Of the 487 submissions received during the first round, we analyse 429. The difference of 58 is due to: (a) the inclusion of only one of any repeated 'template' submissions); (b) the merging into a single text file of multiple submissions from the same individual or organization, where these files continuations or parts of the same submission; (c) the exclusion of a few files that could not be converted to text; and (d) the necessary exclusion of submissions marked confidential. To make comparison as consistent as possible, we analysed only the text bodies of the submissions; lists of references, appendices and executive summaries and all tables and figures were removed (though table and figure titles were retained). Our assumption was that the included material would contain the substance of each submission's full argument. This approach also made submissions in report format more comparable those in letter format.

Before the corpus analysis, each submission had been coded on a number of dimensions, including whether it had come from an individual or organization, whether the person or organization was on the supply or demand side of the aged care system, organization type (for-profit, non-profit, government, etc.). We also created a single corpus of the 429 available first round submissions (the PC Ageing corpus). However, our overarching aim was to explore *if and how different provider groups framed the problems of the aged care system and proposed solutions differently*. Accordingly, we created three sub-corpora of for-profit (FP), not-for-profit (NFP) and professional (Prof) providers, using the coding frame described above. Table 3 shows the relative size of the corpora, and the size of our principal data set: the three provider group sub-corpora.[8]

| Corpus/ Subcorpus | N° of Submissions | % of submissions | Total words in corpus | % of all words |
|---|---|---|---|---|
| All PC inquiry (PC Ageing) | 429 | | 1,667,248 | |
| Non-profit | 147 | 34% | 613,854 | 37% |
| For-profit | 40 | 9% | 131,431 | 8% |
| Professionals | 60 | 14% | 205,585 | 12% |

**Table 3: The study corpora**

## 5.2. Analysis: Keywords, Collocation and Critical reading

The idea that certain keywords, word clusters or phrases play a significant role in conveying particular social, cultural and/or political meaning is widespread in cultural and social studies (see, e.g., Bevitori 2016; De Candia et al. 2013; Groom 2005; Marko 2010). Thus, specific keywords, clusters and phrases are often taken as diagnostic of particular discourse framings of issues of public interest. There is broad agreement that 'each individual word form contributes to the construction of meaning in text, but only some words are keywords, i.e. words that play a role in identifying important elements of the text' (Bondi 2010). However, analysts have varied widely in their identification and understanding of keywords, key clusters and/or key phrases (Bondi and Scott 2010; Stubbs 2010).

The software package we used for language analysis, Oxford WordSmith Tools 4.0 (Scott 2004), defines and identifies keywords statistically. Roughly, any word, cluster or phrase which occurs statistically significantly more in a text or text corpus than it does in a reference corpus is a keyword. WordSmith (and by inference, this kind of keyword analysis) is less concerned with issues of high or low frequency of occurrence than it is with differences in the *relative* rate of occurrence in two bodies of text. WordSmith's keyword analysis compares the frequency of occurrence of a word in one group of texts (the corpus of interest) with the same word's frequency of occurrence in a reference group of texts to determine if, relative to that reference corpus, the frequency of the word is statistically significantly different or not (having set the threshold of significance desired).

Keyword discovery is important, and can contribute much to broad theme identification. But it does not, by itself, reveal the meanings conveyed in texts, or the frames that organize them. To do this we need to explore which words coalesce to create meaning in a body of texts (again, relative to a reference body of texts). The study of *collocation* (or mutual co-occurrence) is a starting point for examining how meaning is created in larger usage structures. Firth (1957: 99) defined the concept of collocation as 'actual words in habitual company', and argued that different meanings or uses of the same word form would be revealed through different patterns of collocation. We use collocation to refer more specifically to 'the relationship a lexical item has with items that appear with greater than random probability in its (textual) context' (Hoey 1991). We examine how different patterns of collocation reveal larger formal structures (constructions), and illustrate how analysis of these structures enables exploration of usage, discourse framings and meaning formation.

WordSmith offers various calculations to determine whether two words mutually predict each other's presence. Since significant mutually co-occurring words may not always be immediately adjacent to one another, WordSmith allows the analyst to set the number of word positions to the left or right of a given word that will be considered for identifying collocates. We limited the domain of inspection to the level of the sentence, and explored eight positions either side of a given word. The most widely used measure of strength of collocation is the Mutual Information (MI) test (Baker et al. 2006; Church and Hanks 1990). Church and Hanks (1990: 24) observed that, '[a]s a

very rough rule of thumb', collocates with a Mutual Information score greater than three 'tend to be interesting, and pairs with smaller [Mutual Information scores] are generally not'. We explored pairs of words with a Mutual Information score of four or more. The MI test identifies pairs that are interesting to explore, but it is often paired with another statistic of significance to be more confident that pairs identified via the MI metric are in fact strongly associated collocates.

In corpus linguistics, log-likelihood (LL) is the preferred test of statistical significance for both keywords and collocation (mutual information) since (unlike, for instance, the chi-squared test) it does not assume that the data is normally distributed (Dunning 1993). We, therefore, used standard practice in using LL scores of significance. The higher a LL score, the more significant the relation. A log-likelihood value of 15.13 is significant at the level of $p<0.0001$ (99.99th percentile; 0.01 per cent level) and we are interested in LL scores here greater than 15.13.

As noted above, identification of keywords and collocations assists in identifying larger semantic structures, and regularities in these larger structures begin to reveal problem formulations. *Interpretation* as well as *computation* is, of course, required to discern problem formulations and broader frames in the discourse that actors use in the policy process. Interpretation must take into account the genre in which study texts have been written. In this case, the inquiry process itself calls for the formulation of problems and proposals for solutions, and the PC's terms of reference specify particular domains of interest. While keywords and collocation can guide us to sentence level content of interest, interpretation requires us to look at the broader paragraph-level co-text that contain those keywords and larger formal structures. It is at this broader level that problem formulations are fleshed out and that we briefly illustrate corpus-assisted qualitative discourse analysis, drawing on approaches developed within the critical discourse analytic tradition (Fairclough 2013).

# 6. Findings

## 6.1. Keyword Analysis Identifies Broad Themes

We began analysis on the PC Ageing corpus, with the aim of identifying keywords for further exploration. The whole PC Ageing corpus was compared to the single word list of the British National Corpus (BNC), 'a 100 million word collection of samples of written and spoken language from a wide range of sources, designed to represent a wide cross-section of current British English, both spoken and written' (BNC 2010).[9] For identifying single word keywords in the PC Ageing corpus relative to the BNC, the maximum p-value was set to 0.0000001, and a Log-likelihood calculation was performed. Since we are using a collection (corpus) of separate texts in the keyword comparison, we also want to make sure that the identified keywords are distributed across a reasonable number of submissions, and are not identified simply because a handful of submissions use a particular word with unusually high frequency.[10] Accordingly, we determined that, to be a keyword of interest, a word should occur in 25 per cent or more of submissions (actually in 106

submissions or more which is 24.71 per cent in the PC Ageing corpus).

This analysis resulted in a first list of 606 keywords.[11] The top 20 keywords of the PC Ageing corpus relative to the BNC, when ordered according to keyness, were: 1. **care**; 2. **aged**; 3. **services**; 4. **older**; 5. **community**; 6. **residential**; 7. **funding**; 8. **providers**; 9. **health**; 10. **needs**; 11. **residents**; 12. **service**; 13. **carers**; 14. **ageing**; 15. **people**; 16. **Australians**; 17. **support**; 18. **dementia**; 19. **access**; 20. **HACC**.

Again, focusing on single words only, we then compared each of the *provider sub-corpora* with the BNC, and the top 20 keywords of each provider sub-corpus relative to the BNC overlapped with the top 20 in the PC Ageing keyword list (see Table 4). However, each provider type's top 20 also contained words not shared by the other provider sub-corpora; these are shown in bold in the table. Figure 1 shows the shared and unique keywords for each of these sub-corpora relative to the BNC single word list in diagrammatic form.

These differences suggested that further exploration of the distribution of keywords between the sub-corpora could be quite revealing about the (relative) dispersal of concerns among the provider groups. Thus, the next step was to identify keywords and key-phrases in one provider group, *compared to the two others* (rather than to a neutral corpus, as in the first round of analysis), in a series of pair-wise comparisons using WordSmith's keyword identification tool. Accordingly, in addition to the single word lists, lists of 2, 3, 4 and 5 word clusters were created and entered into repeated pair-wise comparisons, allowing us to identify and explore 'key-phrases' as well.

The main results of these comparisons are shown in Figure 2. Each circle contains the keywords and key-phrases of a sub-corpus relative to the other two sub-corpora, and the various overlapping segments show keywords and key-phrases shared between sub-corpora. The outer 'half moons' show those unique to each provider sub-corpus, relative to the other two sub-corpora. The internal 'triangles' contain those shared by two of the sub-corpora, relative to the third. Thus, for example, 'ageing', 'people', 'clients', 'older people', and 'carers' are keywords in the NFP sub-corpus, relative to the Prof and FP sub-corpora, while 'cost/s', 'providers', 'funding', 'consumer/s' and 'choice' are keywords in both the non-profit and for-profit sub-corpora, relative to the Prof sub-corpus.

While our main focus is on exploring any *differences* between the provider groups, it is also important to understand what they *share*. The logic of keyword identification means that the pair-wise comparisons just described could not reveal commonalities. So, the centre of the figure, where all three circles overlap, contains some keywords and key-phrases common to all three provider sub-corpora relative to the BNC determined through a mixture of computational and manual procedures.[12]

| | Not-profit | For-profit | Professionals |
|---|---|---|---|
| 1 | care | care | care |
| 2 | aged | aged | aged |
| 3 | services | services | health |
| 4 | community | providers | **nursing** |
| 5 | funding | funding | residents |
| 6 | older | **accommodation** | services |
| 7 | providers | residents | older |
| 8 | residential | residential | **nurses** |
| 9 | needs | Australians | residential |
| 10 | service | health | funding |
| 11 | health | community | Australians |
| 12 | **carers** | **retirement** | **RACF** |
| 13 | **support** | service | community |
| 14 | **ageing** | facilities | **facilities** |
| 15 | **CALD** | older | **facility** |
| 16 | **people** | **provider** | staff |
| 17 | **HACC** | **industry** | providers |
| 18 | access | **resident** | **workforce** |
| 19 | residents | **Australia** | needs |
| 20 | australians | **sector** | access |

**Table 4: Top 20 Keywords in the provider sub-corpora, relative to the BNC**

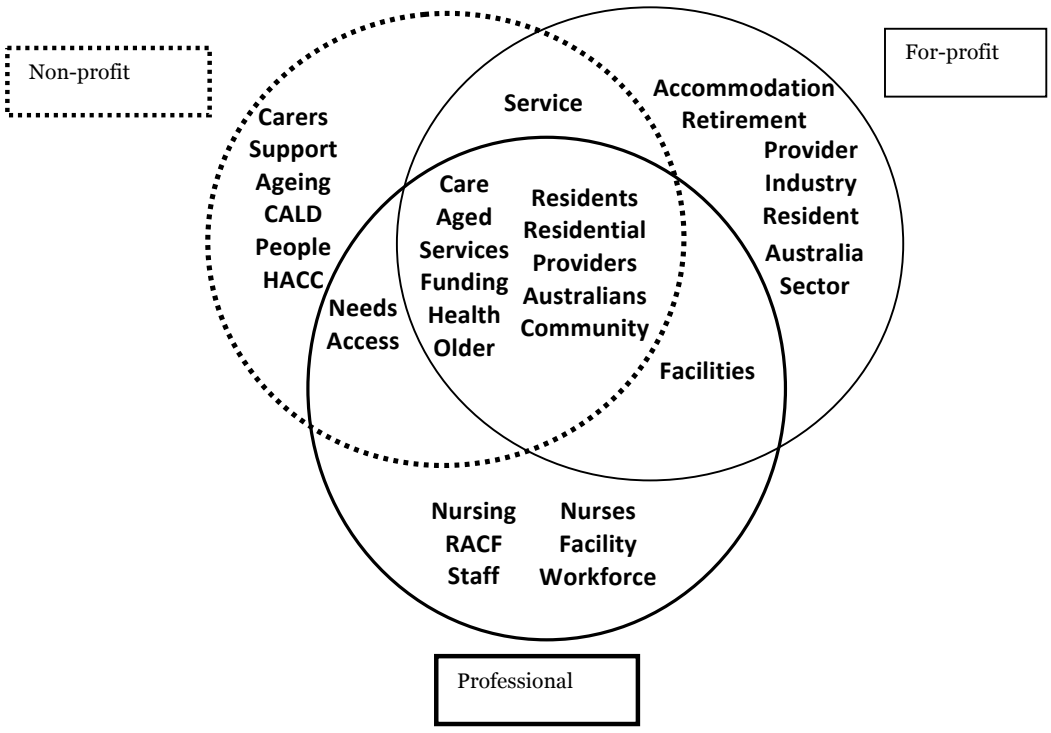


**Figure 1: Venn diagram for top 20 keyword comparison, provider sub-corpora vs BNC**

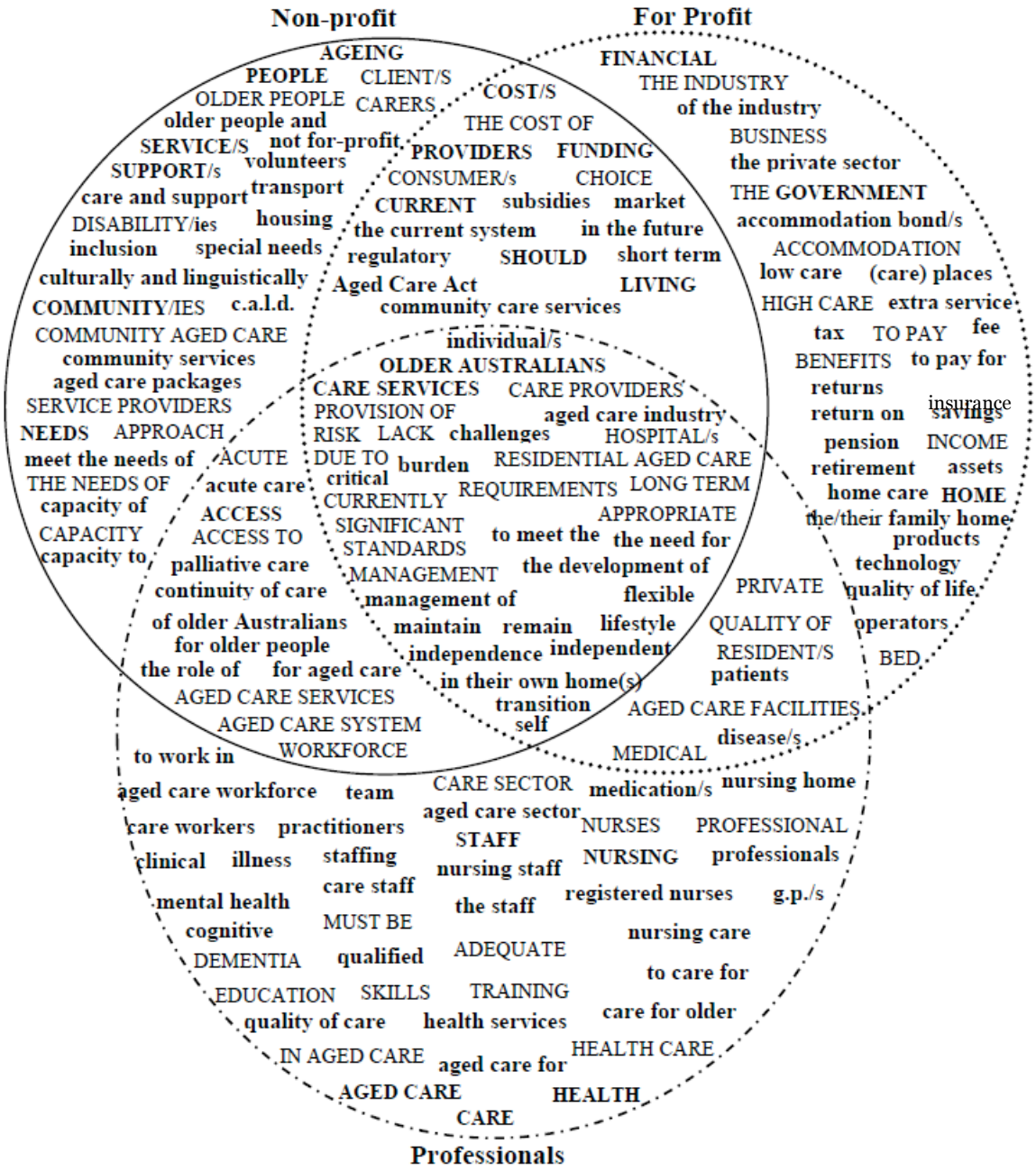


**Figure 2: Venn diagram showing keyword comparison of provider sub-corpora***

* All words in the figure are significant keywords with a log likelihood of > 15.13 (p<0.0001). Words in **BOLD CAPITALS** were found in 75-100% of submissions in the relevant corpus/corpora; words in CAPITALS were found in 50-74% of submissions in the relevant corpus/corpora; words in **bold lower case** were found in 25-49% of submissions in the relevant corpus/corpora. For a larger version of this figure, see Appendix 4.[13]

The way the words and phrases in Figure 2 are distributed strongly suggests some important differences in the priorities of the three provider groups, although the words and phrases do not, by themselves, reveal *positions* taken on the themes they index. It is also important to note that the majority of words and phrases in the figure (85%) are also found in the PC's circular and Issues paper,[14] which suggests that while the submissions are picking up on themes in the PC's documents, they are choosing different foci.

These results support our decision to create distinct sub-corpora of submissions for these three provider groups, and offer some support for theories of organizational differentiation. 'Non-profit' and 'volunteers' are unique keywords in the NFP sub-corpus; 'business', 'the private sector' and 'the industry' are unique keywords in the FP sub-corpus, and 'professional' and 'professionals' are unique keywords in the Prof sub-corpus (in each case relative to the other two sub-corpora). In other words, the language used within the three groups suggests self-identification that accords with the pre-analysis categorisation of the texts. The results also map fairly closely to where the provider groups fit into the Australian aged care system, which shapes their specific interests in the reform process.

Among the keywords in the *NFP sub-corpus* are 'community services', 'community aged care', 'aged care packages', 'service providers', 'c.a.l.d' (a much used acronym for 'culturally and linguistically diverse')[15] and 'communities', which index the dominance of non-profit providers in home-based care provision, and the fact that many smaller, community-based non-profit providers have been established by ethnically-identified groups.

Among the keywords in the *FP sub-corpus* are 'accommodation', 'care places', 'bed', the various designations of residential care: 'high care', 'low care' and 'extra service', and 'products' and 'technology', which index where for-profit actors fit into the system, primarily as providers of residential care and assistive technologies.

Among the keywords in the *Prof sub-corpus*, we find 'care', 'aged care', 'health', 'health care', 'nursing care', 'care sector' and terms for personnel such as 'nurses', 'g.p.s' [GPs; see endnote 14], 'staff', 'workforce', 'practitioners', 'aged care workforce'. Professionals work across non-profit, for-profit and public sectors in both health and aged care. These keywords indicate that the submissions in the Prof sub-corpus focus on the activity, organization and personnel of direct service provision, with a health orientation.

Overall, we see that the main distinctive roles of the three provider groups within the system are also self-identified in the sub-corpora.

We can also get a sense of the *specific interests* of each provider group from the keywords unique to it, relative to the other two groups:

Among the keywords in the NFP corpus, we find variants on 'needs' and 'capacity', including 'special needs'; a range of words connoting social groups and roles, such as 'people', 'clients', 'older people' and 'carers'; words such as 'support/s', 'care and support', 'housing', 'transport', which fill out types of need and ways of meeting it, and 'disability' and 'inclusion'. Together these keywords suggest what we might call an advocacy orientation, which focuses on the subjects of the aged care system and their needs.

Among the keywords in the FP corpus, we find many general, money-related terms, including 'financial', 'fee', 'to pay', 'to pay for', 'returns', 'insurance', 'income', 'saving', 'assets', 'tax', 'pension', which reflect the business orientation of for-profit providers.

Among the keywords in the Prof sub-corpus, in addition to many words naming occupations of, and collective nouns related to, personnel, we find 'clinical', 'illness', 'mental health', 'dementia', 'cognitive' and 'medications', and these more concrete terms fill out the health orientation of professional providers. We also find words that suggest the professionals' orientation towards service quality: 'education', 'skills', 'training', and 'qualified' appear, as do 'quality of care' and 'adequate'.

These specificities are interesting, but to avoid exaggerating differences shown up in the previous paragraphs, we also need to examine keywords *shared* by two provider groups relative to the third, or by all three relative to the BNC. We do not have space to discuss all three sets of keywords shared by two provider groups relative to the third (the 'triangles' in Figure 2), but offer some brief remarks on the keywords shared by the NFP and FP sub-corpora, relative to the Prof sub-corpus. Here we see evidence that both for-profit and non-profit share the structural position of publicly subsidized providers – indeed, the term 'providers' is a keyword here, appearing in 75 per cent or more of submissions from both groups, and 'regulatory' and 'Aged Care Act' are also keywords. We saw that financial issues dominate the FP sub-corpus's unique keywords, and a more people-centred, possible advocacy orientation characterized those of the NFP sub-corpus. But the keywords shared by both include 'costs', 'the cost of', 'funding' and 'subsidies', which show that non-profits are not above concern with money. Interestingly, given how important person/role terms are in distinguishing the NFP sub-corpus, 'consumers' is also keyword shared with the FP sub-corpus. Several of the remaining shared keywords, such as 'should', 'current', 'the current system', and 'in the future' suggest formal persuasive text used to identify problems and propose solutions, such as we would expect in the genre of submission to policy consultation.

We conclude this brief commentary on the keywords of the provider sub-corpora with two remarks on the centre of Figure 2, which suggests themes shared across all three provider groups. We get indications of a shared frame with the presence of 'maintain', 'remain', 'independence', 'independent' and 'in their own homes', which points to the axiomatic assumption current within aged care policy discourse in Australia that older people prefer to stay in their own homes as long as possible. We also find, unsurprisingly, keywords that index problem formulation: 'critical', 'lack', 'challenges' and 'currently'.

## 6.2. Collocation Analysis Identifies Constructions

The keyword analysis shows that keywords index themes and thematic differences in the concerns of the three provider groups. Going beyond keyword analysis, collocation patterns help reveal the larger constructions that enable us to identify meaning formation, because 'meaning is attached to frequently-occurring sequences rather than to their constituent lexical or grammatical items' (Hunston 2003). Our particular interest in this research is

how different provider groups formulate the problems of the aged care system and what reform proposals they make. Accordingly, we explored what kinds of constructions contain keywords that index problem identification and proposals for solutions. Here we illustrate how interpretation can build on computation, through the example of a construction containing the keyword 'critical'.

## 6.3. 'It is critical' … Signalling Importance and Making Meaning

Figure 2 shows that 'critical' was a keyword for all three provider groups against the BNC. In the complete PC Ageing corpus, critical appeared 718 times in 129 submissions (30%), with LL=394.24. Collocation analysis showed that 'it' and 'is' were its most significant collocates (with LL=229.79 and LL=635.38 respectively). The construction 'it is critical' and 'it is [also/therefore] critical' appeared in 8% (33) of submissions in the PC Ageing corpus. More than of half these examples are found in the provider sub-corpora (see Table 5). (The next most significant pairing of critical was with 'issue', to give 'critical issue' (LL=64.47); this construction appeared in 10 texts in the PC Ageing corpus.[16])

| Non-profit | Freq. | per mill. | Submissions | % of texts |
|---|---|---|---|---|
| it is important | 66 | 108 | 37 | 25% |
| it is essential | 20 | 33 | 18 | 12% |
| it is imperative | 10 | 16 | 10 | 7% |
| it is critical | 9 | 15 | 9 | 6% |
| it is vital | 12 | 20 | 10 | 7% |
| it is necessary | 5 | 8 | 4 | 3% |
| Total | 122 | 199 | [62] | [42%] |
| **For-Profit** | | | | |
| it is important | 12 | 91 | 5 | 13% |
| it is essential | 2 | 15 | 2 | 5% |
| it is imperative | 7 | 53 | 6 | 15% |
| it is critical | 3 | 23 | 3 | 8% |
| it is vital | 1 | 8 | 1 | 3% |
| it is necessary | 0 | 0 | 0 | 0% |
| Total | 25 | 190 | [14] | [35%] |
| **Professionals** | | | | |
| it is important | 19 | 92 | 11 | 18% |
| it is essential | 10 | 49 | 5 | 8% |
| it is imperative | 5 | 24 | 4 | 7% |
| it is critical | 8 | 39 | 5 | 8% |
| it is vital | 3 | 15 | 3 | 5% |
| it is necessary | 1 | 5 | 1 | 2% |
| Total | 46 | 223 | [18] | [30%] |

**Table 5: 'It is +[adjective connoting importance]' constructions in the provider sub-corpora**

Previous linguistic research has shown that adjectives that occur in constructions such as 'it is [adjective] [to/that]' fall into a small number of meaning groups: adequacy, desirability, difficulty, expectation, importance and validity (Groom 2005). Groom (2005: 260) points out that 'introductory

*it* patterns' are a valuable persuasive device, inviting the reader to share the evaluative positioning the adjective offers, while disguising the subjective nature of the evaluation through use of 'it' as a grammatical subject. 'It is critical' falls into the *importance* meaning group; this construction invites the reader to agree that priority be given to the issue or action that follows, while presenting its importance as self-evident (by use of the impersonal 'it').

Groom's analysis alerted us to the possibility of related constructions using 'introductory *it* patterns', and further investigation revealed that 'it is critical' was not the only 'introductory *it* pattern' connoting importance in the submissions. Table 5 shows a range of semantically related constructions we found, which use different adjectives to signal importance. Of these, only 'critical' and 'essential' were keywords in the provider sub-corpora against the BNC, and 'it is critical' was the most proportionally distributed among the three sub-corpora.

We now illustrate where exploration of the keyword 'critical', via the construction 'it is critical' leads us, by undertaking a fine-grained, critical-interpretive reading of the construction in context.

### 6.3.1. 'It is critical' – for-profit providers

We begin with analysis of the three examples of use of 'it is critical', with its larger, discourse level co-text, found in three texts of the for-profit provider sub-corpus. These are the examples in full:

(1) Safeguards against exploitation are essential in any market system. We understand that in most markets there is unequal access to information among service providers and consumers. In aged care, **it is critical** that there are safeguards have to be put in place to ensure vulnerable older Australians are not exploited. However, the need for these safeguards does not negate the necessity for the development of a vibrant market. |It is not possible for the taxpayer to fund all possible choices indefinitely into the future. The development of this market of products and services within the non-profit and for-profit sector is essential. [FP sub281]

(2) Seasons were pleased to see the Government moving in the right direction with the recent Innovative Pool funding – Consumer Directed Care, which will support our residents better. However funding needs to go further to ensure equality between all care recipients which allows them to choose the type of care that suits them when they need it. | **It is critical** that these changes occur now and consideration be given to changing funding models to match innovative care models such as Seasons. Our growth demonstrates the demand for our model of aged care, its first in Australia. [FP sub136]

(3) KinCare is presently working on innovative technology solutions in workforce management and scheduling, telephones, assessment and care planning, and service delivery systems. As demand increases and more flexibility in services is required **it is critical** that service providers implement flexible and scaleable systems. Government policy and funding should stimulate industry investment and decision-making rather than attempting to develop technology solutions. [FP sub324]

In example (1), what 'is critical' at the sentence level is 'safeguards' against 'vulnerable older Australians' being 'exploited' in the aged care 'market'. Yet the point of this paragraph is actually to argue for the 'necessity for the development of a vibrant market' of 'products and services'. Rather than using 'it is critical' to state what is important to the authors of the submission, the construction is used here to demonstrate agreement with a point that it would be hard to disagree with, as a prelude to setting that point aside (signaled by 'However'), and saying what is actually important to the maker of the submission. In short, the argument in this example is that consumer safeguards are important, they should not be so great as to get in the way of business opportunities.

By contrast, examples (2) and (3) use 'it is critical' to state something that is important to the businesses making the submissions, and their use of this impersonal, persuasive construction invites the PC/government to believe that what is important to the submission writers should be considered to be important in general. Interestingly, both examples also use what we might call the 'organizational first person', by naming the business behind the submission ('Seasons' and 'Kincare'). What 'is critical' in both is that the government make reforms that would enable these two businesses to do more of the 'innovative' work they claim they are doing – with the support of government funding.

While examples (2) and (3) use the 'it is critical' construction in a different way to example (1), the three examples are alike in 'warning' the PC/government that the wrong kind of government involvement would be a problem for the future development of aged care, and advocating the superiority of more market-like solutions. Example (1) admits the need for government involvement in the form of consumer safeguards as a prelude to advocating a 'vibrant market'. Example (2) advocates devolved, rather than government controlled, funding models (consumer directed care), in the interest of 'care recipients'. Example (3) says that, 'rather than' government itself 'attempting to develop technology solutions', it should 'stimulate' 'industry investment and decision-making'.

We also find that, where present in these examples, people who use aged care services are 'residents', 'care recipients', 'consumers' and 'vulnerable older Australians'. Other roles (apart from the submitters themselves) are 'the Government', 'service providers', 'the taxpayer', and 'the non-profit and for-profit sector'. Overall, the roles are rather abstract (with the exception of the emotive use of 'vulnerable').

In the context of the larger co-texts, and using critical interpretive methods, we see how the business-related themes identified at the *word* level in the keyword analysis are deployed to create arguments that express the interests of for-profit providers. Several keywords unique to the FP sub-corpus are present in the examples: 'products', 'technology', 'industry' and 'the Government', as are several shared by the for-profit and non-profit sub-corpora relative to professionals: 'market', 'consumers', 'funding', 'should' and 'providers'. But we also find that we need the higher level co-text beyond the sentence containing 'it is critical' to see how the keywords and this construction enter into the formulation of problems and the building of arguments for specific solutions.

### 6.3.2. 'It is critical' – not-for-profit providers

There were nine uses of 'it is critical' in nine texts of the not-for-profit sub-corpus. As the keyword analysis showed, the unique keywords for this sub-corpus pointed to a people-focused advocacy orientation, and several of the examples flesh out this orientation. The keyword findings also suggested that non-profits share with for-profits the structural position of being publicly subsidized providers, and we also see how arguments take shape around interests shared with for-profits in one example. Having illustrated our approach to analysis in the previous section, we do not present the full examples here.[17] Instead, we present the sentences containing 'It is critical [that/to]' and our analysis of the examples that are formed by these sentences and their larger co-texts.

Five of the nine examples fit the 'people-focused' orientation identified in the keyword analysis. In these five examples, there is frequent and explicit mention of various social groups whose needs are meant to define the purpose of the aged care. Example (4) mentions 'people with disabilities', 'older people', 'people with mental health conditions', 'people needing support', 'carer', 'person with a disability', 'carers' [x2], and 'carers of people with a disability'. The other examples in this group are not quite so dense with service user roles, and include reference to 'clients' (example (7)), 'individuals', 'older person', and 'people' (example (8)), 'people with disabilities' and 'person' (example (5)), 'the person', 'older Australians' and 'younger Australians living with a disability' (example (6)). It is interesting to note that most of these terms are more *concrete* than those in the FP sub-corpus.

We also find that, in three of these five examples, what 'is critical' is quite directly related to these people:

(4) In arguing the rights and opportunities that should be available to carers, **it is critical to** recognise that people with disabilities, older people and people with mental health conditions have a right to equal opportunities and choice in their lives. [NFP sub102]

(5) **It is critical that** people with disabilities are consulted about what they want, their needs and how these will be met as they age, and to have real choice about support options. [NFP sub222]

(6) **It is critical** [,] if we are to stem the flow of resignations of qualified and experienced people from the aged care industry, **that** a paradigm of respect for carers be adopted by those representing the Australian Government, in whatever their responsibility. [NFP sub269]

In the other two of the five, what is critical is that the government make available/maintain funds for specific, identified groups.

(7) In this user-pays environment **it is critical that** Commonwealth funds be available to ensure equity of access for those who cannot afford to pay large sums for their accommodation or care. [NFP sub173]

(8) **It is critical to** maintain dedicated funding for these services, outside of the pack-aged care approach. [NFP sub196]

In example (7), the group is 'those who cannot afford to pay large sums for their accommodation or care'. In example (8), the sentence containing 'it is critical' mentions funding for *services*, but the co-text specifies in concrete detail that funding is for services for people who 'may benefit' from a wide range of 'lifestyle/social programs', 'outside of the packaged care approach', such as 'Example: An older person who is feeling very low after the death of a spouse and who is starting to withdraw' (NFP sub196).

In these examples, as with those from the FP sub-corpus, the construction 'it is critical' establishes a platform for an argument. In all of these examples, what is critical is critical to the submission authors, who want to persuade the PC/policymakers of its importance. In example (4), 'it is critical' sets up the contrast between the rights of two groups (carers on one hand and people with a disability, older people and people with mental health conditions on the other), and uses this contrast to launch its reform proposal. Examination of the co-text reveals this example's purpose, namely to argue that policy instruments (tenders, service agreements) should explicitly recognize the 'dual purpose' of respite care: to meet the needs of the person with a disability *as well as* those of the carer. The implied problem formulation here is that, in the respite care system, carers' needs are currently favoured over the needs of people with a disability, and that reform should address this imbalance.

In examples (5)-(8), the arguments are around either the level or organization of funding – which keyword analysis suggested is a concern shared by non-profits and for-profits. As we saw, in examples (7) and (8), what 'is critical' was funds/funding, mentioned in the same sentence as the construction, and we now look at how the argument is put together around this. Example (7) accepts the strong suggestion in the PC's Issues Paper that, in the future, user contributions to the cost of aged care will have to increase, with the statement that 'co-contributions from clients will become all the more necessary to complement the funding injected by the Commonwealth'. The next sentence uses 'it is critical' to emphasize the need for funds 'to ensure equity of access for those who cannot pay large sums'. The implied problem formulation is that relying on increased user contributions to fund the system will result in *in*equity, and reform needs to include government funds to prevent this outcome.

In examples (5) and (6), funds/funding are not mentioned in the same sentence as 'it is critical', but are part of the co-text which sets out the problem formulation. The larger co-text of example (5), like that from (for-profit) example (1), argues for 'self directed funding options' as the care model within people with disabilities would be consulted. And, just as in example (1), a rationale for this funding model is increasing service users' choice, although the 'rights' justification for increasing choice is considerably more prominent in the non-profit example.

In the next text, example (9), 'it is critical' introduces a clear statement of the organization's problem formulation and recommendations for reform:

(9) UnitingCare Australia believes **it is critical to** improve current inefficient and ineffective government processes and ensure that new and existing regulations are managed in a manner that considers their impact on social service systems, processes and resources prior to implementation. [NFP sub406]

The co-text within which this excerpt sits reiterates in different words the problems with government ('unnecessary regulation and compliance administration'), removal of which would 'enable reinvestment of resources … into service delivery'. This example shares much with the for-profit examples. Like them, it uses the 'organizational first person' within the text of the submission ('UnitingCare Australia'). It also formulates particular kinds of government involvement as the problem that reform should remedy. 'Current' is the only keyword from the NFP sub-corpus used in this example (one shared with the FP sub-corpus), and older people are not mentioned at all.

The final examples where not-for-profit submissions use the construction 'it is critical' are about the process of reform to the system as a whole. In these examples, 'it is critical' seems to express anxiety that change will not happen, that its implementation will create new problems, or that policy makers do not recognize the magnitude of the change required.

10) Notwithstanding, **it is critical** that changes are made. [NFP sub098]

11) Transition | **It is critical** that any reform process proposed by the Productivity Commission includes a well structured transition process. [NFP sub110]

12) When considering the future of Australian aged care, **it is critical** that we assess the market it comprises and the operating environment which exists. [NFP sub124]

Example (10) uses 'it is critical' to agree with the widely accepted view that change is necessary, while the co-text that surrounds this excerpt challenges the government to actually implement it, by expressing concern that necessary reform will fall victim to the government's lack of courage and bureaucratic inertia. What 'is critical' in example (11) is that reform 'includes a well structured transition process', and the co-text lists 'key considerations', several of which are recommendations for structuring a smooth transition and improving integration within the system (connoted by the words 'strategy', 'consolidat/e/ion', 'single program structure', 'align', 'strengthening', 'enhance'). The problem formulation here is that, from a provider perspective, policy design can be flawed and/or implementation can fail or be disruptive, and the solution is careful planning. In example (12) 'it is critical' is also used to emphasize something important to the submission authors to which they want the PC/government to pay more attention, and the co-text also suggests anxiety that policy-makers will not rise to the challenge of rapid change in Australia's demographic characteristics 'from those for which the Australian aged care system was designed'.

In examples (10)-(12), the people-related keywords that appeared in the co-text of the examples (4)-(8) discussed above are completely absent. Keywords

that appear in the co-texts of examples (10)-(12) include 'community' (unique to the NFP sub-corpus) used in the context of 'community care programs', 'market' (shared by the non-profit and for-profit sub-corpora), and 'transition' (shared by all three sub-corpora).

In sum, in the context of the larger co-texts, examples in the NFP sub-corpus again confirm that themes identified at the *word* level in the keyword analysis are deployed to create arguments that express the interests of not-for-profit providers. The patterns of overlap with the for-profit providers are interesting. Funding is a major concern shared by the 'people-oriented' examples and the for-profit providers, while the four examples from the non-profits that have a provider/system orientation share with the for-profit providers a sceptical orientation towards government.

### 6.3.2. 'It is critical' – professionals

Eight examples in five texts[18] of the **professional** sub-corpus used the construction 'it is critical'. Once again, we do not present the full examples with co-text here,[19] but include the sentences containing the construction and our analyses. Keyword analysis indicated that submissions from professionals were much more likely than the other two provider sub-corpora to focus on the activity, organization and personnel of care provision, oriented towards health care and service quality. Shared keywords with the NFP sub-corpus include 'access', 'continuity of care', 'acute care', 'workforce' and the 'aged care system', while shared keywords with the FP sub-corpus include 'private', 'quality of', 'resident/s', 'patients', and 'aged care facilities' (see Figure 2).

A focus on the personnel delivering health care and aged care is strong in the examples containing 'it is critical'. Of the eight examples, five (one from each of the five texts) are about specific professional groups, and their roles, training and/or numbers in the system.

(13) **It is critical** to encourage younger GP's to adopt RACF [residential aged care facilities] as a major component of their practices. [Prof sub018]

(14) **It is critical** to better understand incentives and barriers to recruitment, training and retention of old age health workers including psychiatrists, psychologists, nurses, social workers and occupational therapists. [Prof sub073]

(15) This has created workforce issues around recruitment and retention and severely impacts on aged care sector work force planning and modelling and **it is critical** that this issue is addressed. [Prof sub086]

(16) While RCNA acknowledges that the initial models of NP [nurse practitioner] practice pertain to hospital-type contexts, **it is critical** that NPs be able to set up practice in contexts such as residential aged care, community and primary care as well as in hospital units. [Prof sub352]

(17) **It is critical** to ensure ongoing access to education and training in end of life care for all RACF staff providing direct client services. [Prof sub295 eg 1]

In these examples, 'it is critical' is used in every case to highlight the importance of some action that the submission writers want to persuade the PC/government to undertake. In examples (13)-(16), supply of one or several professions is the problem, and the construction 'it is critical' points to various solutions: encouraging GPs to work in residential aged care facilities (RACF) (example (13)), understanding what would increase the supply of health workers in aged care (example (14)), addressing supply issues through addressing the disparity of remuneration between aged and acute care nursing (example (15)), and allowing nurse practitioners (NPs) to practice in aged and primary care settings (example (16)).

In example (17), the problem is a lack of 'capacity of RACF residents to access palliative care' – in other words, the lack of a service, rather than a direct statement of a lack of personnel. However, the proposed solutions are to 'ensure that suitable referral pathways for palliative patients are established' and to ensure that RACF staff have access to education and training, both of which come back to personnel.

In these examples, older people as service users are not strongly present. They are not mentioned explicitly in the co-texts for - examples (13) and (15). They appear as 'older people', that young people don't want to work with, in the co-text for example (14), and as 'older Australians' who would benefit from 'highly advanced nursing services' in the co-text for example (16). In example (17), older people appear as 'palliative patients' and 'RACF residents'. The assumption seems to be that if the right personnel are available in the right numbers and with the right training, older people's needs would be (better) met, but older people and their needs are not in the foreground.

The remaining three examples, all from a single text in the Prof sub-corpus, also use 'it is critical' to persuade the PC/government of an action the submission writers believe is important. These three examples address service or system related issues, as these sentence extracts show:

(18) To ensure timely access to aged care assessment and community care services to support older Australians to live well in the community **it is critical** to increase the number and/or capacity of assessment teams and community care packages to that required to meet community needs. [Prof sub295 ex2]

(19) We believe **it is critical** that any comprehensive approach to the quality, viability and future of Australia's aged care system consider the interface between the aged care system and the primary health care (PHC) system and the quality of care for older Australians that this supports. [Prof sub295 ex3]

(20) Whilst both nationally-coordinated and regional initiatives are driving development in this space **it is critical** that this is prioritised and supported through financial support or funding incentives for the aged care sector to develop the infrastructure necessary to support shared electronic health records and electronic messaging as well as incentive programs to support electronic transfer of clinical data. [Prof sub295 ex4]

In example (18), timely access to services is the problem, and increasing the scale of assessment and care provision is the proposed solution. In this case

expanding *personnel* is not the focus of the solution: the co-text 'demands substantial increases in investment in these services'. Interestingly, this argument clearly overlaps with arguments made by non-profit providers discussed in the previous section. Indeed, this short example of just over 50 words includes several words that are unique keywords in the NFP, rather than the Prof sub-corpus: 'support', 'community', 'capacity', 'needs', and 'services', along with 'access', which is shared by the non-profit and professional sub-corpora.

In example (19), the focus is integration of health and aged care services at the *system* level. The larger co-text emphasizes that this interface impacts on both 'the quality of care older Australians receive as well as on the performance and efficiency of each of these service sectors'. In example (20), the problem is lack of access to timely and up-to-date information for health professionals in care provision and decision-making. The solution proposed is 'the widespread uptake of information and communication technologies', with the support of 'financial support and funding incentives', presumably from the un-named government. Despite the focus on technology and money, however, the broader co-text mentions professionals several times: 'GP/s' (x5), 'PHC [primary health care] professionals' (x1), 'health practitioners' (x1). The proposed reforms are also directly linked to improvements in the timeliness, quality and safety of care.

Overall, the central role of professionals, particularly health care professionals, in aged care comes through clearly in most of these examples from the professional sub-corpus. Many reforms they proposed to fix important problems in the system address personnel-related issues. Most of the roles mentioned are professional and/or worker-related, and when older people are not presented as 'patients' or 'residents', they are mostly 'older Australians'. This suggests that professionals lack a vocabulary for talking about older people outside their institutionalised roles in health care, and when they need a more general term, they seem to 'hitch on' (Rein and Schön 1993)[20] to the vocabulary of the PC's Issues paper. We also find money talk from professional providers – 'remuneration', 'incentives' and 'investment' are all mentioned, and in one case, what 'is critical' is 'financial support or funding incentives' (Prof sub295). However, relative to the for-profit and non-profit providers, money is a less prominent theme, exactly as the keyword analysis – and the different way that most professionals fit into the aged care system – would lead us to expect.

That 'it is critical' is one of a set of closely related constructions suggests that careful comparative analysis of how this particular construction is used in a subset of texts will be somewhat generalizable to related constructions. Further research needs to be undertaken to confirm that, and could also explore whether there are any regularities in the issues that cluster around particular importance constructions within a sub-corpus.

## 7. Discussion and Conclusion

This paper is based on a five stage analysis of a body of texts created from 429 submissions to a public consultation about reform of the aged care system in

Australia. We hope we have demonstrated the methodological possibilities of corpus-linguistic analysis, and that quantitative methods can support robust identification of themes for closer analysis by qualitative methods, such as critical discourse analysis in large bodies of documents. We also hope that our analysis has demonstrated that aged care providers in Australia have sought to pursue their interests in the social policy process in ways that align with previous research on differences in the institutional logics of non-profit, for-profit and professional organisations.[21]

**First**, we compared the PC Ageing corpus with the British National Corpus (BNC) to reveal 606 keywords specific to the submissions. This analysis supports our first finding; that 'policy talk', in the form of these submissions, has particular features, some of which are genre-specific (related to the texts being government submissions), some of which are topic-specific (related to the texts being about aged care in Australia and some of which demonstrate response to specific existing texts (the call for submissions, terms of reference etc.).

**Second**, we compared each of the three provider sub-corpora (non-profit, for-profit and professionals) with the BNC, and this analysis began to show how provider interests tend to be characterised by particular keywords. We also found some keywords the three groups shared. In other words, clear evidence of different language use between the provider groups began to emerge at this stage (see Figure 1), alongside some commonalities.

**Third**, we compared the provider sub-corpora to each other. These pair-wise comparisons further clarified which keywords or key-phrases were significant for each group relative to the others, and offered evidence about how the three groups are deploying language differently in their attempt to influence aged care policy (see Figure 2).

**Fourth**, we used collocation analysis to build on findings from the first three stages. These findings revealed 'critical' to be a keyword in the PC Ageing corpus and in all three provider sub-corpora against the BNC, so we chose it as a semantically promising word for collocation analysis. This collocation analysis revealed the construction 'it is critical', and drawing on previous research (Groom 2005) that had identified the 'introductory *it* pattern', we explored 'it is critical [to/that] …' as one example of a general semantic construction connoting assertion of 'importance' in all three provider sub-corpora.

**Fifth**, by way of building a bridge from the quantitative analysis to close reading of the texts, and to illustrate how quantitative methods can support qualitative critical discourse analysis, we briefly explored the rhetorical uses to which the three provider groups put the 'it is critical' construction. This sketch began to reveal their frames or ideologies in action, shaped by their instrumental goals. Across the stages of the quantitative and qualitative analysis, we see emerging evidence of a market frame in the FP sub-corpus, an advocacy frame in the NFP sub-corpus, and a professionalism frame in the Prof sub-corpus.

Note that the progression that narrowed our focus from the total corpus down to individual texts is mirrored inversely by our expansion from word-level analysis up to constructions and on up to connected discourse, used for

particular rhetorical effect. The discourse analysis has clear resonances with – and confirms that further such work would make important developments on – the findings of the quantitative analysis presented in Figure 2, which reduced the 950,000 words of the provider sub-corpora to around 300 keywords. This data reduction was a powerful method for systematic identification of possible *themes*, but *problem formulation* can only be explained by close critical analysis of usage of the texts, exemplified here in study of key constructions ('it is critical [to/that]…') within its larger co-text.

By illustrating how qualitative analysis can be built on quantitative, we have presented some strong language-based evidence that the problem formulations and reform proposals of the three provider groups, which have different structural positions and/or forms of economic organization, do clearly vary.

Rephrasing Van Gorp's (2007) description of framing in the media, we can say that framing involves the interplay between the textual level (frames applied in the formal submission call-and-response process), the cognitive level (the submission writer's local, interest-shaped, perspective on the aged care sector and government's role in it), the extra-medial level (the shared discourse of particular 'frame-interest groups', here our different provider groups) and, finally, the stock of frames available in society more broadly (such as the ideas that government subsidized aged care is a form of welfare, that the aged care system is in dire need of reform, and that older people want to live 'independently' in their own homes until death). In the thick of analysing an actual text, it is difficult to keep all these levels in mind. The problem becomes infinitely more difficult when comparing 429 texts. Clearly, different tools and methods are needed to explore and cross-compare each level. This paper has presented a workflow that combines quantitative corpus linguistic and qualitative corpus-aided critical discourse analysis to undertake this exploration and comparison, and further research is needed to confirm that this combined approach can capture the full complexity of framing processes in social policy contestation. Still, the first fruits are promising and each of the analyses presented here presents both a unique snapshot of the discourse of aged care policy formation in Australia and a replicable model for research in other policy domains.

## Notes

1 'Aged care' is the official collective term for policies and arrangements providing support for older people with domestic assistance, personal care and nursing in their own homes or in residential settings.

2 See also the special issue of *Discourse and Communication*, in 2015 (volume 9, issue 2), edited by Paul Baker.

3 Freidson contrasts professionalism with consumerism and bureaucracy, whereas we contrast it with for-profit, market institutions (cognate with consumerism) and not-for-profit or civil society institutions (which, as an ideal type have roots in association, not expertise).

4 The majority of assistance and support for older people in Australia is provided by family members, and much of this is unfunded. The focus in this paper is formal services – residential aged care and community aged care –provided by a range of organisations and,

as noted, primarily funded by the federal government from consolidated revenue. We used 'aged care' to refer to formal, publicly subsidised services only. For a detailed description of the system, see Department of Social Services (2013).

5 The PC forms part of a broader, multi-institutional formal system of national policy making in Australia, which also includes ministerial advisers, the departments of the public service, committees of the two houses of federal parliament, the Council of Australian Governments (through which the federal and State governments collaborate) and other ministerial councils, and *ad hoc* public inquiries by other institutions and occasional Royal Commissions (Prasser 2006).

6 The PC released its draft report in January 2011 and its final report on 8 August 2011. In April 2012, the federal Labor government released its reform package, which was informed by, but did not enact all the recommendations of, the PC's final report. Further reforms were announced by the conservative Coalition government in 2014 and 2015.

7 A further 438 submissions were received 'post draft report' between January and June 2011.

8 The remainder of the submissions came from government bodies (28), research organisations/individuals (30), individual service users or informal carers (43) and organisations representing service users/older people (45), alliances of consumers and providers (13), and other (23).

9 Since no similar large, balanced reference corpus currently exists for Australian English, we chose the BNC because the written spelling and grammar of Australian English is much closer to that of British than American English.

10 As an example, on a preliminary analysis, 'Greek' was a keyword against the BNC. It occurs 204 times, but was found in only two per cent (i.e. 10) of the submissions. Because its spread was so limited, it was not a keyword for the purposes of our analysis.

11 The full list is available as Appendix 1 (ranked by keyness) and as Appendix 2 (ordered alphabetically): [download it from this issue's webpage]

12 For a detailed account of how the centre of the figure was populated, see Appendix 3: [download it from this issue's webpage]

13 A larger version of Figure 2 is available as Appendix 4: [download it from this issue's webpage]

14 See Appendix 5: [download it from this issue's webpage]. As with the submissions, we removed references, tables and figures from the Issues paper, to maximise comparability with the texts in our corpora.

15 'c.a.l.d' actually appeared in the texts as CALD (i.e. culturally and linguistically diverse) – we present it, and similar abbreviations in the figure in lower case because we use case to mark frequency of occurrence in a sub-corpus.

16 The remaining uses are adjectival: some, like 'critical issue' connote importance (e.g. 'critical implications'), others connote a strong negative evaluation (for example, 'critical shortage'). Because the threshold for identifying key-phrases was set at 25% of texts, none of the importance-signalling 'it is +[adjective]' formulations attained key-phrase status. Our broader point is to show how collocation analysis around a single keyword assists in identifying important constructions that shape meaning.

17 For the examples with their co-texts, see Appendix 6: [download it from this issue's webpage]

18 Four examples were found in a single submission: Prof sub295, which are labelled 'Prof sub295 ex1', 'Prof sub295 ex2'etc.

19 See Appendix 6: [download it from this issue's webpage]

20 Schön and Rein (1993: 151) discuss how actors hope to 'purchase legitimacy for a course of action' by '"hitching on" to a dominant frame and its conventional metaphors', a practice they also call 'gaming'. We adapt the concept of 'hitching' here to refer to use of words, rather than metaphors or frames.

21 At the word level, it is clear that the submissions, as a group, reflect both the genre and discourse features of the policy process in which they are engaged, as the comparisons with the BNC revealed. However, despite the common genre and discursive contexts, which might have led to 'discursive convergence', comparisons between the institutionally-differentiated sub-corpora revealed significant differences in their keywords. Further, the qualitative critical discourse analysis showed how they argued for positions that represented their own interests.

## Appendices

You can download the appendices on the webpage containing this issue's article.

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