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Independence in Old Age: Shifting Meanings in Australian Social Policy

"valuing independence as dearly as the national spirit which binds us together"

(Excerpt from the proposed preamble to the Australian Constitution defeated in the 1999 referendum)

Statements about the importance of independence, particularly in old age, have strong popular appeal in Australia. The notion of independence is, however, open to a wide range of subjective interpretations. Research indicates that the desire to maintain independence is strongly held by older Australians (Day 1983; Russell 1994). The promotion of independence is also a principle guiding much service provision for older people (for example, services

funded by the Home and Community Care program). In line with community attitudes, independence is strongly promoted in the policy realm. Reference to the independence of older people appears frequently in policy relating to old age. Gibson states that promoting independence of older people has become a policy catchcry. The increase of home-based care, the call for better assessment and a range of other initiatives are 'gilded by their association with the proposed maximisation of independence' (Gibson 1998, p.26).

Although widely upheld as a good thing, the term 'independence' is not always used in a way that makes the meaning clear. Independence in old age can be interpreted from a range of perspectives. A number of authors have delineated the different realms (psychological, economic, physical and social) in which the notion of independence is employed (Gibson 1994, 1998; Lowry 1989, Paillat 1976, Van den

Heuvel 1976, Viney et al. 1984, White & Groves 1997). The independence desired by older people could therefore be quite different to the independence promoted by government policy. The use of the term independence tends, however, to create a positive image regardless of the intended meaning. Fine and Thompson (1995b, pp. 192-195) found that support for the principle of independence was used, at different times, as the rationale for providing, withdrawing and limiting services.

This paper examines recent trends in ageing policy in Australia, with specific attention given to how the concept of independence is presented. A content analysis was carried out on recent Commonwealth and N.S.W. policy documents relating to community care, healthy ageing and retirement income. It is apparent from this review that independence can be used to mean quite different and at times contradictory things. The immediate appeal of promoting

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independence can be drawn upon to present potentially threatening policy changes in a positive light. Independence is not, however, always a positive experience. Some of the negative experiences associated with independence in old age, such as isolation, marginalisation and ignoring basic needs, will be discussed.

Demographic trends and-policy on ageing in Australia

In 1998, 12 per cent of the Australian population was aged 65 years or over (2.3 million). This is projected to rise to 24 per cent (6 million) by the year 2051 (ABS 1997, ABS 1998). Reasons for this trend towards an ageing population include changing birth rates, immigration and increased longevity. At the turn of the century, average life expectancy in Australia was below 60, whereas females born in 1997 have an average life expectancy of 81 years and males an average life expectancy of 76 years (Australian Government Actuary 1997). How governments and communities have responded and should respond to this changing demography is the topic of much discussion and debate in policy literature (see for example Borowski, Encel & Ozanne 1997; Clare & Tulpule 1994; Gibson 1998; Kendig & McCallum 1990; Rowland 1991; Sax 1993).

Since the early 1980s there has been much government interest in developing policies on ageing to address these changing trends. These policy developments are reviewed by Pfeffer and Green (1997). Howe (1997) describes the interest and momentum generated by the Aged Care Reform Strategy which led to a consolidated

approach and a range of new policies in the 1980s. The interest in developing policies on ageing is evident internationally as well as within Australia (Giles 1993, OECD 1996, UN 1982). Concern about demographic changes and the potential drain on the public purse has been a significant factor contributing to the development of policy responses to ageing. Political responses have been fuelled by concerns about rising social expenditure in a climate of economic rationalism and an emphasis on the effectiveness and appropriate targeting of welfare programs (Shaver & Fine 1995, p. 3). Ozanne (1997, p. 234) points out that another factor influencing developments in policy on ageing is changing social values and standards, which have led to new expectations about acceptable forms of care for older people, in particular the rejection by many of institutional care.

Community care policy

Community care for older people has existed in Australia for as long as family members, neighbours and community organisations have provided practical assistance to older people facing difficulty in managing daily living. Services such as Meals on Wheels and Home Care have long and fragmented histories based originally on voluntary assistance. Since the mid 1980s, however, there has been a concerted effort to expand and better coordinate community care services as a strategy to reduce the number of older people in nursing homes. The Commonwealth Government Home and Community Care Act was passed in 1985. The Home and Community Care Program is a joint Commonwealth and States program. It subsumed the funding

and coordination of a number of existing services (such as meal services, personal care, housekeeping, home maintenance, social support, transport, practical assistance), which had been funded under other legislation and programs. The primary goal of the Home and Community Care program is:

To promote the provision of a comprehensive and integrated range of home and community care designed to provide basic maintenance and support services, both directly and through their carers, to persons within the target population and thereby to assist them to enhance their *independence* in the community and avoid their premature or inappropriate admission to long term residential care (*Commonwealth of Australia, Home and Community Care Act 1985*, p. 5) (author's emphasis).

The promotion of independence is aligned here with avoiding institutionalisation. This policy development reflected a more general policy trend away from institutionalisation for a range of groups, including people with physical disabilities, intellectual disabilities and mental illnesses, as well as older people. The reasons for these changes are both humanitarian and financial. The assumptions are that most people prefer to remain in their own homes and that costly institutions should be a last resort.

The Home and Community Care Program continued to grow as the number of nursing home beds declined. In 1985 there were 67 nursing home beds per thousand persons aged 70 and over and by 1994, this had been reduced to 52 (Gibson 1998, p. 35). With increased funding for community care services through the Home and

Community Care Program, a number of new community care programs have developed. These programs increasingly targeted older people particularly at risk of institutionalisation. This has provided, over time, a more comprehensive range of closely monitored services offering a real alternative to institutionalisation, such as the Community Options program (commencing in 1986), Hostel Options Care Packages (1989) and Community Aged Care Packages (1992).

Effectively targeting services to those most in need and thus easing the financial costs of frail and disabled older people is a goal discussed in the 1999 *Commonwealth Government National Strategy for an Ageing Australia Background Paper* (Bronwyn Bishop MP 1999, pp. 16-20). Effective targeting was also the subject of a number of reviews (DHHCS 1992a, DHHCS 1992b, DSHS 1994, Fine & Graeme 1992, Fine & Thomson 1995a, Turvey & Fine 1996). Fine (1994) states that community care has been one of the most rapidly expanding areas of social policy in recent times. The rapid growth of services has made decision making difficult and policy makers are still facing questions such as: Can community care replace institutions? Is community care an add-on or another dimension of care? How much is needed? Should community care be rationed? How? Of what benefit are low levels of services for those not currently at risk of institutionalisation?

The meaning of independence in community care policies

The meaning of independence, as it is used in community care policy

statements, is not spelt out but can generally be inferred from the context and manner in which it is used. The *Home and Community Care Act* (1985) and all government publications and brochures relating to Home and Community Care services state that an aim of the program is to help people to be more independent in the community and to avoid early or inappropriate admission to residential care. Independence is sometimes linked in these documents with statements about quality of life, but essentially the message is that being independent means not being in an institution. The focus on preventing institutionalisation has become more stringent over the years of the program's operation. While independence from the constraints of residential care is one interpretation of independence, it is interesting to note that the principle of promoting independence is also espoused in relation to care *within* residential care facilities for older people (Groves et al. 1994, Russell & Sauran 1991b).

Positive and healthy ageing policy

Alongside the development of community care policies that are concerned with addressing the needs of older people faced with frailty and disabilities, there has been a policy trend that emphasises the importance of healthy, active and positive contributions of older people. This has included a number of commonwealth and state policy statements and small funding programs. These aim to challenge the disability and problem connotations associated with old age and promote a positive and successful image of ageing.

The 1995 Commonwealth Government's statement on *Continuing Participation in Community Life* emphasises the importance of older people participating in work, education, sport, recreation and cultural activities as well as accessing community services so as to maintain health and well being. The Commonwealth Office for the Aged released a discussion paper in 1995 entitled *Healthy Ageing and Well-being: Developing a Structure for Action* (Commonwealth Office for the Aged 1995). This paper outlines how, through involvement in health promotion activities and participation in the full range of community activities, the outcomes of improved well being and the prevention, postponement or reversal of many adverse health conditions could be achieved:

Healthy ageing and well-being is a short hand way of saying that older people are and should be healthy, independent and active participants in family and community life (Commonwealth Office for the Aged 1995, p. 3).

The interest in positive ageing policies continued with the change in federal government in 1996. Reference to independence has, however, been dropped from the healthy ageing policy rhetoric at the Commonwealth level. Under the federal coalition government the Commonwealth Government's *Healthy Seniors Initiative* funded a range of local projects aimed at promoting positive images of ageing, promoting involvement by older people in community and healthy lifestyle activities, improving access to information on health services and educational of health professionals on how to achieve healthy outcomes for older people (Commonwealth of

Australia 1999a, p. 5). *The National Health Strategy Discussion Paper* includes healthy ageing as one of its areas of focus, promoting healthy lifestyles, better targeting of services and greater community awareness as the way to making ageing more positive and easing financial burdens (Bronwyn Bishop MP 1999). The healthy ageing policy trend has been influenced by a realisation that long term health and care costs for older people could be reduced if preventative health measures are taken. Some of the other initiatives associated with the positive ageing trend have been the introduction of the Seniors Card to improve access and opportunities for all older people and the promotion of positive images and messages about ageing through Seniors Week (Pfeffer & Green 1997, pp. 285-287).

While reference to independence in the context of healthy ageing has diminished in commonwealth policy rhetoric, it remains strong at the state level in NSW. In 1998 the NSW Labor government released its *Healthy Ageing Framework*, which very closely links healthy ageing with independence (NSW Government 1998). The goal of the strategy is:

A society in which all older people lead satisfying and productive lives with maximum independence and well being (p.8).

The first principle that this policy aims to promote is that:

The independence of older people as full and contributing members of society will be recognised (p.8).

In describing the approach the document states:

Healthy ageing keeps all older people involved in society and enables their ongoing independence, participation

and quality of life. Important factors of healthy ageing include:

- attitudes to ageing and older peoples' attitudes to the ageing process
- appropriate housing, safe neighbourhoods and communities, adequate income; and
- access to services such as public transport, health and community services, housing and recreational facilities

A healthy ageing approach for government is about resourcing services that promote and sustain independence, well being and quality of life (p.11).

The aim of the Healthy Ageing Grants program established by the NSW government is to:

Promote the independence and well being of older people by increasing their role in the economic and social life of the community (Ageing and Disability Department 1998, p. 21).

At the state level, in NSW, the abolition of compulsory retirement, the introduction of age discrimination legislation and a concerted media campaign aimed at shaping community attitudes about ageing were significant changes associated with positive ageing (Pfeffer & Green 1997, pp. 287-288).

The meaning of 'independence' in positive and healthy ageing policies

The association between independence and well being, suggested in community care policies, is strong in the context of positive and healthy ageing policies. Here independence is also referred to in terms of making a

valued and active contribution to the community and having a worthwhile social role. Independence is linked with having a place in society that is regarded as productive and positive. Within the healthy ageing policy context, independence is also associated with accessing a range of services and facilities, and feeling well enough to utilise these services and enjoy a quality of life.

Retirement income policy

The shift in meaning of the term independence in old age is evident in commonwealth policy on retirement income, where the use of the term now predominates. The Commonwealth Government's *National Strategy for an Ageing Society*, uses the term independence in the context of financial self-provision (Bronwyn Bishop MP 1999). Here *independence and self-provision* are united as one of five themes in the strategy. This theme of the strategy deals with the effects of the ageing population and early retirement and the need to continue the push toward self-funded retirement through personal and employer funded superannuation schemes, with associated taxation incentives. The government statement *Recognising Older Australians*, released after the first coalition government budget, also had as its central focus the self-provision of retirement incomes (Commonwealth of Australia 1996).

This is not a new trend as policies that promote and enforce superannuation contributions have been in place for some years in Australia. While the 1970s were characterised by universal public schemes, from the 1980s onward there has been more stringent means testing of pensions and

increasing incentives for private provision of retirement incomes (McCallum 1990, pp. 55-58). These changes correspond with policy shifts in other countries (King, Walker & Harding 1999, pp. 3-6). The recent change evident in policies of the Coalition Government is the strong emphasis on self provision as the preferable alternative to the aged pension. This is starkly different to the position presented by Senator Giles in her statement to the United Nations General Assembly on Ageing in 1992: 'the aged pension is the cornerstone of economic independence for older Australians' (Giles 1993, pp. 5-6). Reliance on the age pension is still high in Australia. In 1999 more than 80 per cent of the population over the qualifying age received the aged pension, with about two-thirds of these receiving the full rate (King, Baekgaard & Harding 1999, p. 2). The outcome of this situation is that the income distribution for the older population is very flat (King, Baekgaard & Harding 1999, p. 45).

The emphasis on self-provision is further strengthened by the concerns voiced by government ministers about the problems of 'welfare dependency'. This concern was prominent in the speech given by Senator Jocelyn Newman in September 1999 in which the direction for welfare in the future was focussed on combating welfare dependency among older people, people with disabilities and parents, by emphasising the principle of 'mutual obligation'. This theme has also been observed internationally (Fraser & Gordon 1994). The message is that one cannot be independent and reliant on a government pension.

The government efforts to address the reliance on public

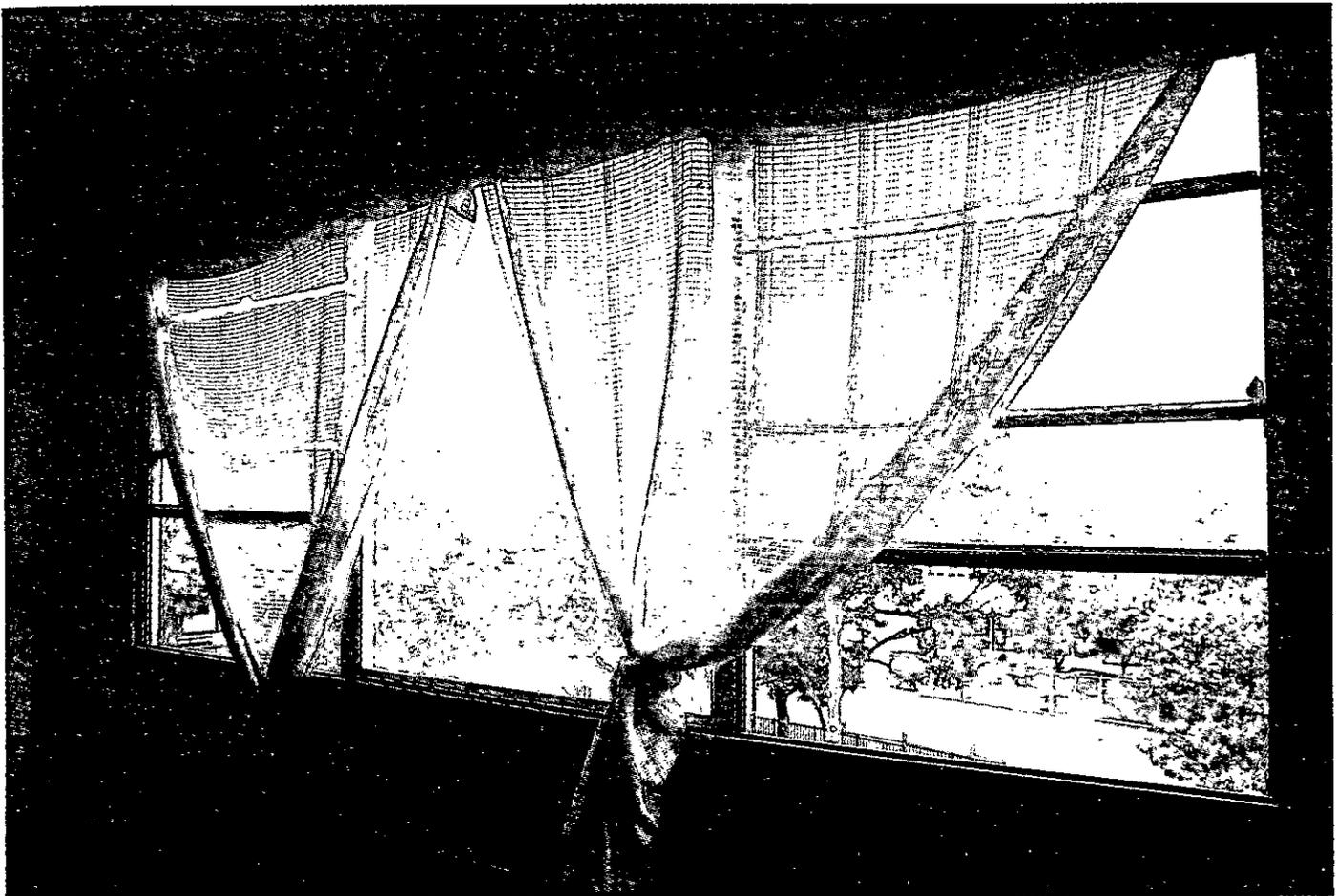
pensions for older people and the fiscal burden this is seen to create has been fuelled by concerns about age-dependency ratios. The age dependency ratio is the number of people assumed, due to age, to be out of the labour force (aged under 15 and over 65) per 100 people of labour force age (15 - 65). The Commonwealth Government Economic Planning and Advisory Council (EPAC) released a paper in 1994 which showed that the dependency ratio has fallen from around 65 per cent to 50 per cent in the course of the twentieth century. It is projected to continue to fall to around 49 per cent by the year 2011, largely influenced by decreased fertility rates (Clare & Tulpule 1994, pp. 14-18). The age dependency ratio is projected to rise steadily after 2011, reaching around 65 per cent by the year 2051, reflecting the impact of the post war baby boom and migration (Clare & Tulpule 1994, p.14). The increasing aged population and the rising age dependency ratio feature strongly in the government rationale for moving toward a policy of self-funding in retirement (Encel 1997, p. 1).

There has, however, been much criticism of this type of calculation of dependency and the implications of fiscal burden on governments drawn from such ratios. Firstly, age-dependency ratios are very rough calculations of reliance on government support. Many people aged 15 - 65 do not work and, due to disability, unemployment or parenting responsibilities, are reliant on government income support. There are also people over 65 who do work and earn their own income. There are people of labour force age who, for a variety of reasons, are not in the labour force and do not contribute to public revenue

through taxation. Changing social norms have meant that there are more women participating in the labour force. A true dependency ratio would need to take these factors into account, calculating labour force dependency rather than just age. Borowski and Hugo argue that while aged dependency is projected to increase, the total burden of dependency is expected to remain fairly constant over the next few decades (Borowski & Hugo 1997, pp. 46-49).

A second criticism of age dependency ratios is that while older people do make demands on the government revenue, both for income support and other services, it has been calculated by some researchers that these demands, in reality, will be quite modest (Borowski & Hugo 1997, pp. 49-50). A substantial proportion of social expenditure in Australia is directed to persons of workforce age (Rowland 1991, pp. 25-27). Many have argued that the substantial contributions which older people make to society in terms of child care, volunteer work, community work and personal support tend to be overlooked (Blaikie & Macnicol 1986; Encel 1994; Kendig 1986; Leveratt 1999; Rowland 1991; Sax 1993).

Despite these arguments the Australian government has continued to push self-funded retirement, which is likely to disrupt the existing flat distribution of incomes in old age. McCallum (1990) argues that while an equitable retirement income system is possible, empirical evidence shows that those who are advantaged throughout their lives are the ones who benefit most from a retirement income system and that there are groups in society, particularly migrants, who are disadvantaged.



The meaning of 'independence' in retirement income policies

In recent Commonwealth government policy rhetoric, the term independence has been associated strongly with funding retirement through personal and employer funded retirement schemes. Reliance on government income support is interpreted in a negative way as welfare dependency. In this context, to be independent and avoid these negative connotations requires that people not rely on the government for financial support in old age. This has become the dominant meaning of independence as it is used in Commonwealth policy. It is a strikingly different use of the

term independence to the associations of quality of life, well being, social involvement and use of services and facilities found in the other policy areas discussed above.

Conclusions

The concept of independence features significantly in ageing policy. Despite its apparent importance and popular appeal, clear definitions of independence are absent. The review of three areas of ageing policy shows that independence is used to mean:

- not living in an institution
- quality of life or well being
- making a valued and active contribution to the community

- accessing a range of community services and facilities
- not relying on government income support in retirement.

While there may be some aspects of commonality, these are very different uses of the term independence. The last two in the list appear to be in conflict, with one advocating the active seeking of services and assistance, while the other advocates self-reliance. The positive meanings of independence as well being, quality of life and active contributions to the community offer a positive guise for the less palatable policies advocating self-reliance.

In analysing policy statements, it is necessary to clarify the

meanings given to the term independence and not to assume that independence equates with improved quality of life. Promotion of independence, in the variety of ways in which it is understood, can have negative implications for older people. Self-reliance is a meaning of independence that is associated with individual achievement, freedom and control. Self-reliance also has a negative side. It can lead to isolation and basic needs not being met. Those people who have been unable to secure adequate finances for their old age are at risk of being marginalised, surviving in poverty on minimal government pensions and being stigmatised as 'dependent'. Those older people who remain self-reliant in their own homes can face isolation from friends and community and a poor quality of life when physical and emotional needs are not adequately met.

An over emphasis on self-reliance minimises the importance of community responsibility for older people. An alternative view of independence is the capacity to access both private and public resources to meet needs and maintain quality of life. The process of accessing public services and facilities is, however, not always a positive experience for older people. It is important that the resources are not stigmatised, the individual has some control over the resources, and needs are effectively met.

Independence can also be understood to mean making an active and valued contribution to the community. Whilst this is a desirable goal, current social and economic conditions make this very difficult for older people. Older people are disadvantaged economically and by dominant

ageist values. Efforts to improve the social independence of older people must occur at the wider community and societal level, if individuals are not to feel inadequate in their personal efforts to make a contribution to society.

An uncritical discourse on the promotion of independence can act as a diversion from more fundamental and important issues facing older people. These are issues of fair and adequate incomes, the availability of services, aids and support to meet needs, and the value placed on old age in society. Ageing policy should go beyond promoting the self-reliance of older people surviving alone in their own homes and aim to promote community responsibility for socially and emotionally rewarding lives in old age.

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