# Independence and Low-income Older Persons

## WHEN POLICY MEETS PRACTICE

Picture: Michael Fuery

**The combination of the 'healthy ageing' and the 'burden of ageing' theories presents a challenge for policy makers and service providers in addressing the needs of older people on low incomes.**

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The aim of this article is to explore recent policy debates connected with older people specifically, and health and community services more generally. The article first identifies and analyses two dominant discourses of ageing that are current in policy debates, and then seeks to examine how these discourses enter the lives of low-income older persons and influence their use of health and community services.

The article draws on two recent qualitative research projects undertaken by the Brotherhood of St Laurence over the past two years, involving in-depth interviews with 80 low-income older people living in rented accommodation from across the City of Yarra – an inner city suburb of Melbourne (Leveratt forthcoming).

Given that home ownership has been a major factor in the reduction of poverty among older people in Australia, these research projects were solely concerned with the most disadvantaged who were entirely reliant upon the pension and having to pay rent.

### The discourses of ageing

As part of the research projects mentioned above, extensive reviews of the relevant literature, including policy documents, found two dominant discourses of ageing prominent in current debates.

On the one hand, there is the demographic 'time-bomb' discourse which emphasises the growing burden an ageing population will place upon future health and welfare expenditures. On the other hand, there is the 'healthy, productive, successful or positive' discourse which seeks to enhance the capacity of the individual to maintain an active and meaningful lifestyle, and which also seeks to promote a more positive view of ageing in our society. Australia is not unique in this respect, with both Canada and the United States, for example, having developed national policies on positive ageing (Teshuva et al. 1994).

These two discourses are not unrelated; health promotion is now widely regarded as an important strategy in the containment of burgeoning health costs.

The first discourse, that of the demographic 'time-bomb', has been around for many years. Its simplest expression is to be found in the old age dependency ratio predictions produced by demographers. Thus, Clare and Tulpule (1994:16) have estimated that in Australia the number of people aged over 65 years per 100 people of working age (15–65 years) will rise from 16.7 in 1991 to between 28.4 and 39.9 in 2051, depending on variable rates of fertility and immigration.

A number of commentators have made reference to the problematic, and ultimately unknowable, nature of such age dependency predictions. As McFee and Rowley (1996:50) have said, for example: 'Firstly, they suppose that the older people of the future will be employed to the same extent as they are at present. Secondly, these predictions ignore that there are many people within the 15–65 age band who are also "dependent" in the sense that they receive welfare and unemployment benefits.'

Notwithstanding their debatable utility as a tool for policy analysis and initiatives, the idea of the nation being swamped by an unsustainable number of dependent older people lay behind the Commonwealth Government's decision to introduce up-front accommodation bonds in nursing homes. For example, the then Federal Minister for Aged Care, Warwick Smith, when commenting in the media upon the reforms, spoke of 'a tidal wave of older people'.

This policy initiative had its origins in the recommendations of the National Commission of Audit (NCA) in 1996 which had argued for cost recovery from the deceased estates of pensioners who were asset rich but income poor, on the basis that health expenditure on the aged 'would account for 9.6 per cent of Gross Domestic Product a year by the year 2041'. The NCA considered it 'unlikely that governments and the community will allow health to become such a disproportionate burden on national income' (NCA 1996:138).

Whether taxpayers should effectively subsidise the inheritance of the children of property owners, or whether some form of tax should be levied to recoup some of the costs of nursing home care for an ageing population, is a politically sensitive issue and one which probably merits greater open public discussion. Certainly it could be argued that the Commonwealth, in its nursing home reform proposals, failed to clarify the difference between the accommodation costs of nursing home care and the health care costs.

Whatever the relative merits of this policy initiative, of greater importance to the discussion here is the language used in the public debates which tended to reinforce the image of older people as dependent and needy and, perhaps more damaging, as a burden upon society. This negative language was used by both sides of the debate, with opponents of the reforms also seeking to use the 'vulnerability' of older people to their own advantage. It is this use of language that has led Fox (1995:99) to argue that: 'How we see elders . . . will also frame the social contribution they can make; thus the damaging ageist notion of an uncontainable upsurge of demand needs to be considered critically.'

The second discourse of healthy or positive ageing is of much more recent origin and, as mentioned earlier, is part of a broader thrust within health policy towards health promotion and prevention. The extent of government commitment to positive ageing strategies may perhaps be gauged by the Victorian Government publication *Inquiry into Planning for Positive Ageing*. This tome of more than 500 pages states explicitly that it 'does not consider older Victorians and the ageing of the population as being a "burden", either socially, politically or economically' (Parliament of Victoria 1997:38). Precisely how this document's many recommendations will translate into practice is currently the subject of a large inter-departmental effort.

While the aim of presenting older people in our society as vigorous and valuable citizens is to be welcomed, it may not be without its dangers. As McCallum (1997:56–57) has written: 'While positive views claim to be doing older people a favour, they create a positive image of ageing as one for only "the beautiful people". The argument that older people are responsible for their own fate is a short step from the position they need less help than they are currently receiving from public sources or, at worst, that they do not need any help.'

Part of the difficulty with perceiving positive ageing as a radical paradigm shift in public policy on ageing, or as an antidote to the burden thesis, as Sol Encel (1997) has said, lies in the gap between the rhetoric and actual funding commitments. Indeed, without such commitments, it is possible to see positive ageing policies as part of a general trend away from government involvement in service delivery systems and towards increased emphasis upon individual responsibility for health outcomes in particular.

In Victoria a number of recent developments have occurred which would support this premise. For example, in terms of clarifying the relationship between government and service providers, the Victorian Department of Human Services is promoting the amalgamation of services to create a large Primary Health and Community Support (PHACS) platform at a sub-regional level (Department of Human Services 1998a). These 'platforms', like the Healthcare Networks, will become intermediary bodies between the government as funder and actual services as providers. In addition, the services to be provided will be subject to increased targeting practices, tighter eligibility criteria and, in the case of Community Health Centres, the introduction of fees. The explicit purpose of these reforms is to target public services to those with complex care needs.

Policy changes such as those mentioned above are not unique to Australia. Governments around the world have been re-thinking the balance between governments, markets and individual responsibility. Nonethless, two aspects of the current reforms in Victoria deserve mention. On the one hand, the reforms may allow governments to distance themselves from responsibility should service quality or funding levels decline. On the other hand, governments can increasingly restrict the use of public services *only* to those members of our community deemed incapable of accepting individual responsibility or risk for their own health status.

The implications for low-income and disadvantaged older people are clear. Because low-income status in later life often mirrors a lifetime of low paid employment – as the Brotherhood's research found – and poor self-esteem, this group of older people is precisely those who are reliant upon publicly-provided pensions and services. Thus, when policy makers, demographers and politicians speak of the growing burden of older people, it is those who cannot exercise choice who may feel themselves to be the target of this discourse.

At the same time, lack of resources, when combined with a life-time of disadvantage, also translates into a lack of choice when it comes to positive ageing. This is particularly true for older people who are living in the private rental sector, including rooming houses, where high rents – Rent Assistance notwithstanding – can consume as much as half of their income. It is perhaps unfortunate that a recent Ministerial Taskforce has chosen to refer to this form of tenure as 'low-cost accommodation' (Department of Human Services 1998b).

### *Interpretations of independence*

In the context of these two discourses, how low-income older people construct meanings of independence is complex and often contradictory. For not only are they the explicit subjects of the ageing as burden or dependency discourse but they are also those who cannot attain the idealised notion of independence promulgated by the positive ageing discourse.

Implicitly, both these discourses assume independence to be coterminous with financial status. To be an independent person is to be reliant upon your own or family resources rather than the government. By contrast, to be a dependent person is to possess no resources.

Dean and Taylor-Gooby (1992:157) have argued that dependency has been fetishised by both sides of politics: 'The path to welfare dependency prescribed by the right . . . usually involves a new emphasis upon "consumerism" and "consumer choice". An alternative path prescribed by some commentators of the left . . . involves the restoration of individual autonomy through the introduction of measures such as a basic income guarantee or social dividend.'

The key point they are making is that by stressing independence as an ideal state to which all should aspire, commentators from both the right and the left have obscured, for example, the state of dependence involved in wage labour. Other commentators, most notably Foucault, have sought to bring into question the notion of independence itself as an essential human condition by suggesting that it is, rather, a product of Enlightenment thought which posits history as a progressive project (Leonard 1998).

Most of those interviewed for the two Brotherhood of St Laurence projects did make a strong connection between independence and their financial situation. When asked what would improve their lives and why, several expressed the desire for more money or a win on Tattslotto so that they could buy a home of their own and not be dependent upon landlords or the Office of Housing.

However, during the course of the interviews a more complex notion of independence emerged which, while related to their low-income status, was also integral to their sense of identity as working-class people.

In a recent article on her experiences living in the East End of London, Maitland (1998:28) reported: 'The highest virtue on our estate was a complicated quality called "getting by", as in "she may be a slag but she gets by". It did not involve anything to do with sexual morality, nor with the law. Getting by meant managing the household finances, keeping the flat reasonable (not just clean but decorated), not doing anything that got social workers in, supporting your neighbours, bettering yourself and your family by any means, and above all caring for your children.'

Maitland (1998:29) concludes that, in Britain at least (and in Australia this is exemplified by the term 'battlers'), 'class plays a fundamental role quite other than the function of wealth'. In other words, it is the cultural basis of class that is critical.

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### *Two views of independence*

'Dulcie' and 'Lilian' were two examples of people 'getting by' in the Brotherhood of St Laurence projects.

Dulcie is 76 years old and cares full-time for her husband who has had a number of strokes. They are both reliant upon the pension and pay $180 a week in rent for their privately-rented two-bedroom house. Dulcie was adamant that she would not let anyone help her and framed this in the context of a lifetime of getting by with very few resources.

> *'That's just our way. See, when we first got married nobody had anything so you had to make do with what you had, and I think that's just gone on right through our whole lives. Yet I'd do anything for anybody else and I'd get riled if they didn't come and ask me . . . But I like to do it myself. That's just me.'*

Dulcie also used her own experiences as a yardstick against which she measured others. She was particularly scathing towards those who sought help from charitable agencies.

> *'I'm not one of those people who've got to be going around getting everything for nothing all the time. I can't stand that . . . I mean, I see people every day of the week – like the things that they go and get for nothing and that. I could really scream and yell at them . . . They get their pension the same as what I do and if they can't stretch it like I've got to stretch mine, well I get crook at that.'*

Dulcie's experiences of having long been reliant upon her own resources had produced a strong sense of ambivalence towards using Home and Community Care (HACC) services that might ease her load. She reported that a worker at her local Community Health Centre wanted her to take up these services but so far she had refused. Dulcie said

that when the time came she would ask although 'it would take me a long time to get around to it'.

Similarly, Lilian, a woman of 90 who has lived in public housing for more than 40 years and who is also caring for a sick husband, defined independence as 'doing for myself'.

> *'I never depend on my family, they've got their life . . . I've never expected them to. While I can do for myself, I'll do for myself.'*

Lilian receives home help once a week but no other services, apart from the nurse who comes around with her husband's medication. While she had no qualms about using the home help, Lilian was very unhappy with the quality of the work done. She reflected on the time before the service was contracted out, when she had known the workers over a period of several years. However, she was prepared to forgive the poor quality of the work today if she felt she could trust the worker. Thus, for Lilian the relationship she could establish with the worker was more important than the work itself.

When it came to possibly being more dependent upon services in the future, Lilian was quite philosophical, saying 'you've got to take what comes along', even though the prospect was clearly unpleasant.

Both Dulcie and Lilian had constructed their lives around managing. They had never been in debt and both women were proud of the fact that they could pay their way on a pension. For Dulcie, managing also meant wanting to be in control of determining if and when she would use HACC services. Lilian, however, interpreted this as not relying upon her extensive family.

Despite their difficult circumstances, both women were implicitly rejecting the discourse of older people as needy and dependent, to the extent that they were under-using the services to which they were entitled.

Dulcie's refusal of services mirrors the results of research conducted overseas. For example, Dant (1998:184–185) concluded that: 'The complexity of the power relationship involved in dependency is reflected in the refusal of services and benefits by elderly people – often in a way that is at one level clearly not in their interests.'

## Meeting complex human needs

Governments appear unable to grasp the complex way in which low-income older people interpret independence. From a governmental perspective, independence is increasingly being defined as not being dependent upon the state. Even where government programs such as Home and Community Care are available, its main purpose is to maintain independence at home; in other words, older people are not to become an additional burden through costly institutional care. While this, perhaps fortuitously, coincides with older people's own wishes, it nonetheless sends out mixed messages.

The fact that one of the few ways that low income older people *can* exercise independence or choice is through either refusing services, or only using a bare minimum, presents serious problems for the service delivery system.

One solution proposed by the Victorian Department of Human Services, that of a single entry point and streamlined assessment system under the PHACS, is only likely to alienate this group further as it would not appear to be conducive to the essential preparatory work of building a relationship between clients and service providers. Thus, this one-stop shop approach may not be so much a consumer focused system as the Department claims, but more an administrative solution to complex human needs and desires. A truly consumer-focused system would be one which caters for the cultural diversity of the client group in a flexible manner, taking into account client preferences. The City of Yarra, for example, is currently experimenting with its meals on wheels service, including the possibility of using vouchers at local cafes.

More important, however, is the need for services to be able to incorporate community development in their work. Through this means, relationships of trust (rather than that of 'the authorities' and recipient) can be established between providers and client.

This may turn out to be the crucial factor in determining whether low-income older people enter the service network.

### References


Clare, R. & Tulpule, A. (1994), *Australia's Ageing Society,* Background Paper No. 37, Economic Planning Advisory Council, AGPS, Canberra.

Dant, T. (1998), 'Dependency and old Age: theoretical accounts and practical understandings', Ageing and Society, vol. 8.

Dean, H. & Taylor-Gooby, P. (1992), *Dependency Culture: The Explosion of a Myth,* Harvester Wheatsheaf, New York.

Department of Human Services (1998a), *Towards a Stronger Primary Health and Community Support System: A Discussion Paper,* Department of Human Services, Melbourne.

Department of Human Services (1998b), *Ministerial Taskforce on Support Services for Tenants in Low-Cost Accommodation,* Department of Human Services, Melbourne.

Encel, S. (1997), Healthy Ageing: New Paradigm or New Buzzword? *SPRC Newsletter No. 67*. University of New South Wales.

Fox, N. (1995), 'Charging elders: perverse incentives and poverty', *Critical Social Policy,* vol. 44/45, Autumn.

Leonard, P. (1998), *Postmodern Welfare*. Sage, London.

Leveratt, M. (forthcoming), 'There's always someone worse off than you: a research project investigating whether low-income older persons living in insecure accommodation in the City of Yarra are able to gain access to the support services they may require', Brotherhood of St Laurence, Melbourne.

Maitland, S. (1998), 'They do things differently in the East End', *New Statesman,* 11 September.

McCallum, J. (1997), 'Health and ageing: the last phase of the epidemiology transition', in A. Borowski, S. Encel & E. Ozanne (eds) *Ageing and Social Policy in Australia,* Cambridge University Press, Cambridge.

McFee, G. & Rowley, N. (1996), 'Developing a positive aging agenda', in V. Minichiello, N. Chappell, H. Kendig & A. Walker (eds) *Sociology of Ageing: International Perspectives,* International Sociological Association Research Committee on Ageing, Melbourne.

NCA (1996), *Report to the Commonwealth Government,* National Commission of Audit, AGPS, Canberra.

Parliament of Victoria Family and Community Development Committee (1997), *Inquiry into Planning for Positive Ageing.*

Teshuva, K., Stanislavsky, Y. & Kendig, H. (1994), *Towards Healthy Ageing: Literature Review,* Collins Dove, Melbourne.



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