Valuing capabilities in later life

The capability approach and the
Brotherhood of St Laurence aged services

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Brotherhood
of St Laurence

Contents

Acknowledgements

Abbreviations

CACP   Community Care Aged Care Package

EACH   Extended Aged Care at Home

EACHD   Extended Aged Care (Dementia)

HACC   Home and Community Care

Summary

This 'Valuing Capabilities in Later Life' research project constitutes a strand in the work of the Brotherhood of St Laurence towards creating a more inclusive society in Australia. The research examines, from the perspective of the Brotherhood's aged service users, what they value in life, what enables them to live fulfilled and meaningful lives, and what Brotherhood aged services can contribute to this.

With its accent on freedoms, opportunities and human rights, the capability approach provides a conceptual framework in which to consider a new model of aged services in which will enhance older adults' human rights and capabilities, especially for those who have been disadvantaged, and ensure that their views continue to inform and shape ageing policies, services and models of practice.

The central concern of the capability approach, first articulated by Amartya Sen (1979) and developed by Martha Nussbaum within a social justice and human rights framework, is the opportunities people have for being and doing what, for them, constitutes a good life. Taking this as the starting point, this research represents the first part of a larger study which will examine what users of Brotherhood aged services value in life, what capabilities they aspire to, how current services enhance capabilities and how the capability approach might be integrated into service provision.

Since, as Martha Nussbaum (2003) argues, the bases of a good life are freedom and justice, there are aspects of living that need to be considered as 'central human capabilities'. She posits a list of ten: the potential to live a normal life-span; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation both in relation to others and dignity of self; living with other [non-human] species; play; and control over one's environment, both political and material. As each of these is a substantive freedom, the need for one capability cannot be satisfied by a larger amount of another.

The Brotherhood aged services and capabilities framework

The Brotherhood aged services and capabilities framework is premised on the concept of the interplay between functionings (what a person is able to be or do at any given time), capabilities (the opportunities and freedom to expand functionings) and the external environment (social, economic, natural) that helps shape the potential for human development (Nussbaum 1999). Nussbaum classifies capabilities into four types—basic, internal, external and combined:

- Basic capabilities are the innate equipment of individuals, that is, the necessary foundation for developing more advanced capabilities.

- Internal capabilities build on pre-existing basic capabilities by processes such as socialisation, exercise, education, and training.

- External capabilities are either freedoms or choices given, or constraints or limits imposed, by a person's social environment

- Combined capabilities are defined as internal capabilities plus the external conditions that make the exercise of a function a live option.

These combined capabilities, the results of the interplay between internal and external capabilities, constitute an individual's potential that may or may not be developed during the life course. To the extent that they are realised, they are the product of maximising the choices and opportunities available.

Nussbaum argues that the aim of public policy should be the promotion of combined capabilities and that this requires two kinds of efforts (1) the promotion of internal capabilities (say, by education or training) and (2) the making available of the external institutional and material conditions.

Examination of several other capability frameworks, for example, Burchardt (2008), Chopra and Duraiappah 2008), Lloyd-Sherlock (2002), Saleeby (2007), helped to guide us in the development of a framework for Brotherhood aged services. This framework (Figure 1) is premised on the concept of the interplay between functionings (what a person is able to be or do at any given time), capabilities (the opportunities and freedom to expand functionings) and the external environment (social, economic, natural) that helps shape the potential for human development (Nussbaum 1999).

Constructing a capabilities framework for Brotherhood aged service users

Figure 1 Brotherhood aged services and capabilities framework: how capabilities interact with aged services and social context
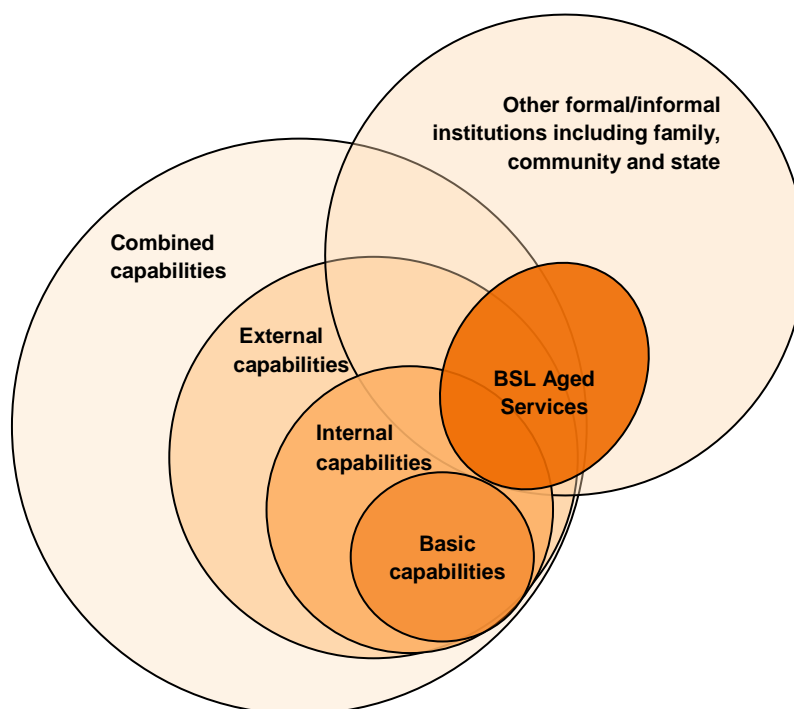
Methodology

We conducted a literature review to examine uses to date of the capabilities approach. The approach has previously been used as an evaluative tool to measure disadvantage; as a basis for development of policy to address disadvantage, for example internationally through the Human Development Index (United Nations Development Programme 2011) and in Australia in Treasury's wellbeing framework (Henry 2009); and recently to improve practitioners' understanding of services (Saleeby 2007). There are a few examples of the approach being applied to older adults (Gilroy 2006; Grewel et al. 2006) but none applied directly to enhancing service delivery.

Drawing on other researchers' experiences of identifying capabilities (for example, Burchardt 2008; Comin 2008), we constructed a questionnaire based on Nussbaum's ten central human capabilities and piloted it with some Brotherhood aged service users and staff before circulating it more widely.

A total of 220 service users responded to the survey and 40 service users took part in nine focus group discussions each comprising three to seven participants. Research participants comprised service users aged 60–90 years of age living in the Northern and Southern Regions of Melbourne. Some lived in residential care, while others who were living in the community were users of Home and Community Care (HACC), Community Aged Care Package (CACP), Extended Aged Care at Home (EACH) and respite services as well as social programs and Coolibah Centre activities and support.

Findings

The most important things in life

Asked to nominate what is important in their lives, the leading item (from 94% of respondents) was 'my health'. Other important things nominated were 'making my own decisions', 'being independent', 'feeling respected', 'my family and friends', 'being safe', and 'the place where I live'. Other things they valued were: being well informed; being active; achieving my goals; being with other people; helping others; the natural environment; and learning new things.

Health

While three-quarters of service users reported that 'I am as healthy as it is possible for me to be', the remainder did not. They believed that they would be healthier if they were more physically active or ate healthier food. They said that they would eat better if they could afford better food, could cook for themselves, had the mobility to buy their own food and did not have to eat alone.

Making my own decisions

Almost half of service users reported that they desired to have greater control over their lives. They attributed their lack of independence to factors such as poor health, lack of money, disability, poor mobility and lack of help and support from family.

Feeling respected

All service users agreed that it is important to feel respected and valued. Such feelings are engendered by being valued for one's presence, knowledge and experience; being listened to; doing something useful; being asked one's opinion; having one's views respected; being appreciated; and being treated as equal.

Family and friends

Only one in three respondents expressed satisfaction with their relationships. One in four did not feel they had enough opportunities to meet with other people and one in ten did not have enough people in their lives whom they loved and cared about.

The place where I live

Some 95% of service users expressed satisfaction with the place where they live. However, one in seven did not feel safe in their place of residence and nearly one in five would like to live where they could go out more often.

Place of residence and types of services

Responses to some questions varied according to where people lived and the types of services they used. For example, people receiving CACP community care services were less likely to respond that they are living the best life possible for them than people using HACC, EACH, day centre, or respite services and those in residential care. Indeed all residential care respondents reported that they are living the best life possible. Service users living at home in the northern suburbs more frequently reported not eating what is healthiest for them than did those from the southern suburbs or Fitzroy; and a larger proportion of CACP services users living at home in Southern Region believed they would eat healthier food if they could eat together with others.

It is important to acknowledge the limitations of this study. The research sample comprised users of aged services provided by the Brotherhood of St Laurence. While the value placed on various capabilities may be shared by other older adults using aged services in Australia, the findings are specific to these aged services users and should not be generalised across the overall older Australian population.

Conclusion

The research has resulted in a capabilities framework and identified the capabilities valued by BSL service users. The aged services and capabilities framework was developed to understand the connections between capabilities, services and social context. It will form the basis of the next stage of the overall project which will be to develop and trial a capability approach to aged service provision and to appraise the role of the Brotherhood of St Laurence aged services in enabling and enhancing capabilities.

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1 Introduction

The Brotherhood of St Laurence has long pledged itself to 'working for an Australia free of poverty' and creating a just and equal society through investing in socioeconomically disadvantaged people and their communities. This commitment involves respecting and building people's individual capacities, facilitating access to the material resources that enable people to achieve their human potential, and taking a structural and systemic approach to understanding and overcoming poverty and social exclusion. The Brotherhood's understanding of the complexities inherent in this commitment has deepened over the years to incorporate multidimensional and dynamic perspectives that more accurately capture this social field (McClelland 2005). This has led to an understanding that poverty is broader and deeper than inadequate income and can be described as the absence of freedoms and choices and the lack of access to and enjoyment of things that are essential for people to live meaningful lives.

This 'Capabilities and Brotherhood of St Laurence Aged Services Research Project' forms a strand in the ongoing quest to create a more inclusive society in Australia. The research examines, from the perspective of aged service users, what they value in life, what enables them to live fulfilled and meaningful lives and what Brotherhood aged services can contribute to this.

This research is particularly important because it is leading the Brotherhood aged services towards an enhanced service model which will understand and overcome social exclusion among older adults[1]. Beyond this, emergent inclusion strategies for aged care services will enhance older adults' rights and capabilities, especially for those who have been disadvantaged, and ensure that their views continue to inform and shape ageing policies, services and models of practice as the next generation moves towards later life and places different expectations on aged services.

The project model reflects the Brotherhood's continuous commitment to providing services that promote social inclusion and derive from principles of justice, equity and empowerment. With its accent on freedoms, opportunities and human rights, the capability approach provides a conceptual framework in which to consider a new model of aged services.

This is a two-phase project. This research report is focused on the first phase, identifying capabilities and constructing a capabilities framework for Brotherhood aged services. The subsequent phase will incorporate mapping these services with respect to the capabilities they promote and developing, trialling and evaluating a service model based on the capabilities approach.

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[1] We have elected to use the collective term 'older adults' as it connotes greater agency. We have retained the term 'older people' where it appears in other documents.

2 Literature review

The Australian policy context

Social inclusion and ageing

In the last decade or so, there has been increasing attention paid to the concept of social inclusion and exclusion both in Australian and European social policy. In particular, the federal government has committed itself to social inclusion through its Social Inclusion Agenda and the establishment of the Australian Social Inclusion Board (May 2008). The national statement on social inclusion, *A stronger, fairer Australia*, aims to ensure that 'Australians have the best access to the capabilities, opportunities and resources they need' (Australian Government 2009, p. 2).

However, the Social Inclusion Priorities (Australian Government 2010b) are grounded in what Levitas (2003) calls the social integration discourse which represents paid work as the primary or the sole legitimate means of integrating people of working age into society and thus excludes those who are 'workless' such as most adults in later life. Not surprisingly then, there is no specific reference to older adults and only the broadest statements of the agenda can be interpreted to include them. Their exclusion is confirmed by the three Intergenerational Reports (Australian Government 2002, 2007, 2010a) where Australia's ageing population is regarded primarily as an economic burden. For older adults an adequate strategy must not only support participation in the workforce where it is relevant but also invest in areas of social inclusion not related to employment. For example, 'social relationships and networks are key determinants of social integration for those older adults not engaged in the workforce and this aspect of social integration needs to be recognised' (Naughtin 2008b, p. 5).

Ageing policy

It could be argued that neglect of older adults in Australia's social inclusion agenda is underpinned by the dominant view of ageing as deficit and as equated with illness and disability rather than with living a fulfilling life and being of value to society. However ageing is in itself neither a disability nor an illness, although these may accompany ageing for some people. Most older adults in Australia are relatively fit and healthy and the bulk of spending on care required for age-related health and disability is limited to the two years of life preceding death. This leads to disjunctions between overall social policy frameworks such as the Social Inclusion Agenda, specific state and federal policies related to ageing and policies about the provision of aged services. While ageing policies emphasise 'active' or 'healthy' ageing, aged care policies and funding generally focus on the pathological aspects of ageing and are concerned much more with management of illness and disability[2]. The latter policies largely neglect social relationships and networks as determinants of health, the promotion of human rights and responsibilities, independence and a valued place for older adults in society. As Stephen Judd, speaking at the HammondCare 8th Biennial International Conference on Dementia in June 2010, commented:

> The rights of our older citizens are being eroded [and] the aged-care industry and
> government regulators are deliberately or carelessly conspiring to erode those rights of
> citizenship (Judd 2010).

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[2] This discrepancy is no doubt influenced by the fact that ageing, on the one hand, and aged care policies and programs, on the other, are the provinces of different government departments at both national and Victorian state levels.

Aversion to risk also undermines older adults' rights and independence and insinuates itself not only into care programs and relationships between professional carers and service users but also into restricting the choices that older adults are able to make. Social activities such as going to the movies or a picnic in the country or participation in adult education, if organised by aged services providers, are subject to a myriad restrictions to comply with the care system. Yet other adults of the same age and level of health are free to engage in whatever activity or take whatever risk that they choose. It appears that care staff often take on the responsibility implied by *in loco parentis*, like staff in schools and kindergartens. This undermines older adults' capabilities, threatens their dignity and subverts their human rights and responsibilities. As the National Aged Care Alliance (2009, p. 9) has argued, older adults in Australia cannot rely on 'a care and support system that ensures them the same freedom and choices' that other social groups enjoy. Infantilisation reaches its pinnacle in many residential aged care facilities where not only are capabilities overlooked but also adult rights are undermined by ceding of decision-making and control to those in control of the facility. At its worst there is a

> perception of the social category of the old as a 'problem' for which 'solutions' are to be sought in the engineering of specially designed environments that ignore differences among elderly inhabitants and efface their past (Hazan 1994, p. 6).

Current Brotherhood aged services provision

The Brotherhood's aged services have progressively rejected such deficit constructs in their movement towards models that foster agency, opportunity and choice. Their emphasis is on viewing people as 'active agents' who make significant contributions to society and know best how to determine their own lives, rather than as 'passive recipients' of care. To this end, over the last five years the BSL has already incorporated person-centred care, self-directed care and active service models into its program delivery.

Person-centred care

Person-centred care includes the principles of active involvement of service users in making decisions about their own care, supporting individual choice, respecting user views, promoting independence and autonomy, and creating flexible services (Innes, Macpherson & McCabe 2006). It therefore highlights the crucial importance of the person in the care process, perceiving them 'in their full humanity' (Kitwood 1997, p. 7), incorporating their experiences and needs, understanding care from their perspective, and taking account of the care-giving family. Person-centred care planning involves service users and their relatives in the care development process, recognises the knowledge people have about their own lives and identities (Epp 2003) and thereby promotes trust and 'therapeutic relationships' between professionals, patients and their families (McCormack & McCance 2006, p. 473).

Consumer-directed care

Consumer-directed care is essentially an individualised funding program. Known by assorted epithets such as 'self-directed care', 'consumer-directed care' (Australia), 'self-managed funding', 'cash for care' (US), 'direct payments' and 'individual budgets' (UK) and 'direct payments', its common characteristic is a funding model designed to increase consumers' choice and control of the aged services to which they are entitled. While clearly overlapping with person-centred care, consumer-directed care concept focuses more specifically on the autonomy of service users and their carers to plan and manage their own care.

Consumer-directed care is currently being trialled in Australia. People at Centre Stage (PACS), an Australian Research Council Linkage project, began in 2009 at Deakin University to conduct and evaluate a trial of a seamless, flexible service model for community-based aged care that increases the choice and control older adults and their carers over the services they use. The Brotherhood of St Laurence is one of the industry partners in this project. In addition, the Department of Health and Ageing is conducting a pilot program of a small number of consumer-directed care packages in both community and respite care. The Brotherhood is also a participant in this pilot.

Active service model

The Active Service Model is an approach to Home and Community Care (HACC) services mandated by the Victorian Department of Human Services and currently being implemented. It is the most recent initiative in the shift over the last fifty years from a treatment to a prevention approach to aged care. In its emphasis on wellness, 'a state of optimal physical and mental health' (Ryburn, Wells & Foreman 2008, p. 16), it is consistent with the World Health Organization (WHO) declaration that health should be understood as 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease and infirmity' (WHO 1996, p. 1). The core elements of the Active Service Model in Victoria include capacity building, restorative care and social inclusion to maintain or promote a person's capacity to live as independently and autonomously as possible; a holistic person and family-centred approach to care that promotes wellness and active participation in goal-setting and decisions about care; and timely and flexible services that respond to the person's goals and maximise their independence.

As is evident from these brief descriptions, there is considerable consistency between the principles underpinning person-centred care, consumer-directed care and the active services model and the capabilities approach. However, there is also a significant point of difference. Whereas the first three models focus on care and health, the capability approach is directed towards enabling to live lives that they value—of which care and health are of course important parts, but only parts of the whole. This is where the Brotherhood's interest in taking a capability approach to aged service delivery lies and is the subject of this research project.

A socially inclusive approach

Older adults receiving aged services constitute a vulnerable and often disadvantaged cohort of Australia's population. The Brotherhood of St Laurence's vision for social inclusion demands a new emphasis on concepts like capability, opportunity and equality for older adults. This is consistent with the organisation's principles of recognising that people themselves know best what they value in their lives and that public policy should aim to enhance how individuals can actively choose their life options in a society that acknowledges different needs, life situations, goals and aspirations, while at the same time reducing structural barriers that limit individual opportunities.

Given the complex interplay between individuals and institutions regarding aged services provision, this research argues that an appropriate framework for analysis of Brotherhood aged services with respect to social inclusion is one based on the capabilities approach.

The capability approach

Origins of the capability approach

Amartya Sen, a Nobel Prize – winning economist, conceived of the notion of capabilities as the freedom people need to be and do what constitutes a good life in their society—that is, the freedom to choose a life they have reason to value (Sen 1999b). Broadly speaking the capability approach

aims to build a conceptual understanding of human development and freedom that can be used as a measure of a person's capability to achieve 'a good life' (Anand, Hunter, Carter et al. 2009, p. 126). It provides a new discourse on development and freedom (Sen 1999b) and emphasises the substantive freedoms and capabilities that are requisite to people's opportunities to achieve the actual life that they have reason to value.

Sen asserts that each person has at any given moment a set of 'achieved functionings', their actual lived experience. But the essential question is whether these achieved individual functionings are what the person really values or whether there are other 'functionings' that the person aspires to or would aspire to if she had greater freedom to choose? For example, 'elementary functionings' may include being adequately nourished and free from avoidable disease, but may also extend to being able to take part in community life and having self-respect (Sen 1999b, p. 71). As Sen explains:

> … a person's actual achievement can be seen as a functioning vector. The 'capability set' would consist of the alternative functioning vectors that she can choose from. While the combination of a person's functionings reflects her actual achievements, the capability set represents the freedom to achieve: the alternative functioning combinations from which this person can choose' (Sen 1999b, p. 75).

Capabilities then are more than achieved functionings, however valuable. A capability 'not only reflects the sum of alternative combinations of functionings', it is predicated on agency, on the person being able to choose freely a combination of functions (Sen 2005, p. 154). As Alkire explains:

> [While] Capability and functioning remain intimately connected but independently useful concepts in Sen's writings … the focus on capability directs our attention to freedom and opportunity (Alkire 2008, p. 3).

What capabilities are necessary?
In Sen's view, capabilities are not decided for people by others:

> The [capability] approach … is much concerned with the opportunities that people have to improve the quality of their lives. It is essentially a 'people-centred' approach, which puts human agency (rather than organisations such as markets or governments) at the centre of the stage (Dreze & Sen 2002, p. 6).

Often badgered for a universal list of capabilities, Sen argues that the diversity of people and of their societies precludes compilation of such a list.

The 'human capability perspective' rests on three core principles; functionings, capability and agency, where agency denotes the substantive freedom to live a life people have reason to value (Sen 1999a, p. 293), one that is also valued by the culture and standards of their society.

While Sen has refused to specify the essential capabilities people need, arguing that these will vary vastly among people of different cultures living in very different societies, Martha Nussbaum, a political philosopher and ethicist who has devoted considerable attention to the idea of capabilities, takes a different view.

Martha Nussbaum and capabilities
Nussbaum is generally acknowledged as the other key theorist of the capabilities approach. She agrees with Sen on its main tenets but differs in her application of it. While Sen provides the capability approach as an evaluative framework, Nussbaum sees it as a 'construction of a normative political proposal that is a partial theory of justice' (Nussbaum 2000, p. 6). She argues

that the capability approach should account for basic constitutional principles that should be respected and implemented by all governments and used as a benchmark by governance bodies and public policy.

Nussbaum argues that, since the bases of a good life are freedom and justice, there are aspects of living that need to be included in our consideration of capabilities; and she criticises Sen's concept of freedom as too vague (Nussbaum 2003). She argues the need for specified capabilities that are directly applicable to practical justice and rights-focused analysis and has drawn up a list of 'central human capabilities representing a minimum account of social justice' (Nussbaum 2006, p. 75). The list, which comes from years of cross-cultural discussion, consists of components that, while separate, are closely related to each other. They are substantive freedoms. As with human rights, the need for one cannot be satisfied by giving a larger amount of another (Nussbaum 2000). The capabilities identified by Nussbaum are the potential to live a normal life-span; bodily health; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation both in relation to others and dignity of self; [concern for] other species; play; and control over one's environment, both political and material (Nussbaum 2003, pp. 41–2).[3]

Proceeding from this rights-based perspective, Nussbaum presents her list as universal, applicable to everyone everywhere, regardless of culture or background. She classifies capabilities into four types—basic, internal, external and combined:

- Basic capabilities are the innate equipment of individuals, that is, the necessary foundation for developing more advanced capabilities.

- Internal capabilities build on pre-existing basic capabilities by processes such as socialisation, exercise, education, and training.

- External capabilities are either freedoms or choices given, or constraints or limits imposed, by a person's social environment

- Combined capabilities are defined as internal capabilities plus the external conditions that make the exercise of a function a live option.

These combined capabilities, the results of the interplay between internal and external capabilities, constitute an individual's potential that may or may not be developed during the life course. To the extent that they are realised, they are the product of maximising the choices and opportunities available.

Nussbaum argues that the aim of public policy should be the promotion of combined capabilities and that this requires two kinds of efforts (1) promoting internal capabilities (say, by education or training) and (2) making available the external institutional and material conditions.

Critiques of the capability approach

The capability approach has drawn considerable criticism. Robeyns (2005) observes that it has been accused of being too liberal–individualistic, for not considering individuals as part of their social environment and connected to others and for failing to pay sufficient attention to groups and social structures. Dean (2009) has argued that the 'politics of need should be about struggle not consensus' (p. 274). He has charged the capability approach with being individualistic rather than solidaristic, creating a disconnection between person and other, being hegemonic liberal in conception and exploitative of capitalist relations of power, and with not taking into account wider social environmental factors and interdependent social relationships within which people live.

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[3] For Nussbaum's complete list of central human capabilities, see the Appendix

Sagovsky criticises it for falling short of 'social capabilities', such as the capability to sustain a deliberative democracy (Sagovsky 2006, p. 77).

Sen's counter to some of these criticisms is that if groups and social structures and their social environment are as important to the individual as their own functionings and capabilities, then they will identify these as such, with groups and the social environment thus becoming a key part of their capability set. Moreover,

> The crucial role of social opportunities is to expand the realm of human agency and freedom, both as an end in itself and as a means of further expansion of freedom. The word 'social' in the expression 'social opportunity' (…) is a useful reminder not to view individuals and their opportunities in isolated terms. The options that a person has depend greatly on relations with others and on what the state and other institutions do. We shall be particularly concerned with those opportunities that are strongly influenced by social circumstances and public policy (Drèze & Sen 2002, p. 6).

In support of Sen, Robeyns argues that 'a social policy focussing and targeting certain groups or communities can be perfectly compatible with ethical individualism' and accounts for social relations and the constraints and opportunities of social structures and social opportunities by recognising the social and environmental factors which influence the conversions of commodities into functionings' as well as the acts of choice inherent in transforming functionings into capabilities (Robeyns 2005, p. 107).

Nussbaum's capabilities list also has its critics. While Alkire (2006, p. 58) considers it an 'empowering framework for democratic participation and for responding to structural injustice' , it has also been accused of being incomplete, of false universality (Fabre & Miller 2003), of being too individualistic, of containing contestable capabilities and of being 'unjustifiably essentialistic' and difficult to apply (Gasper 1997, pp. 295–6). Some point to the need to include other life areas and capabilities because 'the relative weight given to capabilities varies enormously with age, among people, and across cultures' (Anand 2005, p. 300).

As Robeyns points out, the list contains multiple 'social capabilities' and leaves plenty of room for interpretation of capabilities specific to individuals in their diverse social and temporal contexts. Nussbaum's ten central human capabilities are abstract, and translating them to implementation and policies should take into account local differences (Robeyns 2006). That is, they should be interpreted locally by different individuals and cultures (Nussbaum 2000).

The issue of hegemony is acknowledged by both Nussbaum and Sen. Both are concerned that people will be constrained to 'adaptive preferences', where a deprived person's preferences may just mirror and 'validate the status quo' of powerful social institutions (Nussbaum 2006, p. 73), whether as a result of oppression or lack of opportunity. Sen is explicit about the necessity to guard against adaptive preferences resulting in 'deformed choices' (Carpenter 2009, p. 367). Like Nussbaum he warns of this trap on the basis that:

> … our desires and concepts of happiness and pleasure adapt to our individual circumstances: a member of an oppressed minority or an individual born into poverty will adjust their ambitions and ideas on happiness to suit their circumstances as a way of surviving a difficult life; for example you could have a happy slave (Sen 1999b, p. 62).

The capability approach and Brotherhood aged services

The 'human capability perspective', then, is founded on the concepts not only of functionings and capabilities but also of agency, of choosing a life that is reciprocally valued in the specific temporal context of the culture and standards of the society in which they live. This is particularly relevant to this project, given the importance of enhancing the social dimension of capabilities framework.

Although Sen rejects the notion of a universal list of capabilities he does present some criteria for the construction of locally specific lists. These, together with Nussbaum's universal list, provide a pathway towards developing a list without attempting to be universal. Such a context-specific list can further be adjusted by service users and included in a framework through which services can be examined for their relevance for promoting human rights and social inclusion and enabling people to live the sorts of lives they value.

The capability approach as a tool

The capability approach has been applied to a range of human problems of disadvantage and inequality in a number of ways. By refusing to specify capabilities, Sen has deliberately offered no 'ready-made-recipe-like' answers to those interested in its application (Comim 2008, p. 161) but left the way open for researchers to decide how to apply it according to specific contexts and purposes (Qizilbash 2008, p. 68). He does, however, offer some guidance for 'giving practical shape to the foundational concern'. From an evaluative and economic perspective, he suggests three distinct practical approaches: the 'direct approach', which he describes as 'the most immediate and full-blooded', examines and compares specific capabilities (Sen 1999b, p. 81); 'the supplementary approach', described as 'relatively non-radical', supplements income as the conventional basis of economic analysis with other instrumental variables that are expected to influence the determination of capabilities (p. 82); and the 'indirect approach' focuses on incomes 'appropriately adjusted' by factors that can reasonably be expected to impact on capabilities (p. 83).

Others have suggested that the main purposes for which the capability approach can be used as a tool may be described as either 'evaluative' or 'prospective' (Alkire 2008, p. 6). Evaluative and prospective approaches have been also described as 'foundational' or 'practical' (Comim 2001, p. 11), 'narrow' or 'broad' (Alkire 2008, p. 5), 'superficial' or 'generative', and 'reproductive' or 'transformative' (Carpenter 2009, p. 360). In this context it might be argued that evaluative use is necessarily retrospective while prospective uses point to potential.

Some applications of the capability approach

Complexities and challenges in operationalising the capability approach

While the literature indicates that there is value in operationalising the capability approach, many researchers point to the inherent complexities and challenges (Alkire 2008; Anand, Hunter, Carter et al. 2009; Comim 2009; Krishnakumar 2004; Burchardt 2008; Robeyns 2006; Carpenter 2009). The capability approach demands attention not only to multiple dimensions but also to their interdependence and interactivity. One of the greatest challenges for its application is to incorporate this multidimensionality and complexity into any operational framework (Comim 2009, Krishnakumar 2004).

Evaluative approaches

The capability approach has become increasingly popular among policy developers and analysts for evaluative use. Indeed, it has become widely influential in international development, where it has

helped change the way in which economic progress among the world's nations is conceived and measured by policy makers (Anand, Hunter, Carter et al. 2009), as illustrated by the ranking and comparison of different countries in the Human Development Index (UNDP 2011).

In the European Union the capability approach has brought about a conceptual shift in views on poverty and social inclusion from a narrow focus on income to a multidimensional approach which takes into account such factors as education, health and employment (Carpenter 2009). The capability approach has also influenced domestic policies in developed nations such as the United Kingdom where it was highly influential in the conception and development of the Equality and Human Rights Commission and is the basis of that Commission's evaluative framework (Carpenter 2009).

Interest in the capability approach to understanding and increasing social inclusion is also growing in Australia. The Cape York Institute for Policy and Leadership (2005) adapted the framework for the particular circumstances of Indigenous Australians. The approach has been influential in the Brotherhood's research into poverty and disadvantage because it is multidimensional, dynamic, relative, recognises agency and is relational; and it goes beyond income as the orthodox economic indicator of poverty and disadvantage (Scutella, Wilkins & Horn 2009). It recognises that many dimensions interact to cause deprivation—in particular, material resources, employment, education and skills, health and disability, social, community connectedness and personal safety (Smyth 2010).

The Brotherhood's Social Barometer: monitoring children's chances (Scutella & Smyth 2005), which examined 'the early years' of life, was the first in the Social Barometer series using the capability approach to analyse poverty and disadvantage in Australia in the four life transitions around which the Brotherhood's work in services, research and policy development is organised. *The Brotherhood's social barometer: challenges facing Australian youth* examined the transition 'through school to work', *The Brotherhood's social barometer: the working years* (BSL 2007) examined 'in and out of work' and *The Brotherhood's social barometer: living the second fifty years* (Kimberley & Simons 2009) examined 'retirement and ageing'. Ongoing collaborative work between the Brotherhood and the Melbourne Institute has developed and refined sets of indicators (Scutella, Wilkins & Horn 2009; Scutella, Wilkins & Kostenko 2009) to produce the Social Exclusion Monitor <http://www.bsl.org.au/Social-exclusion-monitor>. Based on annual data, the Social Exclusion Monitor can be used to gain a deeper understanding about who is missing out in Australia and to gauge the effectiveness of government social policy.

It may well be that, as Sehnbruch suggests, the attractiveness to governments of the capability approach is the succinctness and apparent objectivity of indices of population characteristics. She points to Streeten's observation that:

> such indexes are useful in focusing attention and simplifying problems. They are eye-catching. They have considerable political appeal. They have strongest impact on the mind and draw public attention more powerfully than a long list of indicators combined with a qualitative discussion. The strongest argument in their favour is that they show up the inadequacies of other indexes, such as Gross National Product' (Sehnbruch 2008, p. 569).

In Australia, the capability approach has increasingly been embraced by Treasury (see, for example, Gruen 2010, 2011; Henry 2007, 2009). Referring to the Australian Treasury's wellbeing framework developed about a decade ago, Henry points out:

> At minimum, we are interested in the capabilities that allow an individual to function in society. Clearly, such capabilities are not the same thing as income and, while they include basic civil rights and political freedoms, they are not limited to 'rights'. Some basic capabilities include the

capability 'to meet nutritional requirements, to escape avoidable disease, to be sheltered, to be clothed, to be able to travel, and to be educated' (Henry 2009, p. 4; quotes from Sen 1983).

In a Treasury working paper, Gorecki, Gruen and Johnson explain:

> [Treasury] acknowledges that in addition to income and (material) consumption, a policy relevant assessment of wellbeing, both at the individual and social level, depends on health, education, social relationships, and a myriad of other aspects of life that people have reason to value.
>
> From an institutional perspective, the process of developing the framework was important in itself, as it required Treasury to think carefully about what people value, and how this relates to policy analysis and advice. It was intended that the framework facilitate an iterative learning process for the Department through an ongoing examination of each of the dimensions (Gorecki, Gruen & Johnson 2011).

However, we could find no evidence that the capability approach has influenced Australian policy and practice for aged services in general or aged care in particular. Policies and programs are generally underpinned by the traditional welfarist tenet of trying to 'equalise' or 'fairly' distribute quantities of resources. There is no explicit government recognition of the heterogeneity of older adults in the provision of services, nor recognition that equal allocation of resources (inputs) will often result in unequal outcomes in respect of achieved functionings (outputs) because people do not have access to the same 'central human capabilities' due to the different constraints of their individual circumstances and their different values and ideas about what constitutes 'a good life'.

Not only has the main purpose of all these applications of the capability approach been evaluative, but also the data used for analysis comprises 'functionings' rather than 'capabilities'. They record the status quo at particular points in time but do not encompass agency or opportunity, two distinguishing features of the capabilities approach, and the reader is left to surmise what people value and what freedoms and opportunities are desirable.

Some researchers have taken a direct, 'full-blooded' approach to policy development and evaluation (Burchardt 2005) and used a measurement framework which more fully encompasses principles of the capability approach (Comim 2008).

Noting that 'one of the recurring complaints about the [capability] approach is that, while it might be attractive in theory, it is unworkable in practice other than in a crude form' (Burchardt 2008 p. 205), Burchardt used it to monitor inequality in Britain. From this experience, she offers an analysis of the difficulties encountered in translating the theory into a measurement framework and proposes some ways forward. She begins with the question:

> How can an account of inequality be given that is sufficiently flexible and sensitive to reflect the particular nature of inequality in each of the different strands [for example, social groups such as gender, disability, ethnicity and domains of life, employment, housing, family life], yet comprehensive enough to bring them into the same framework?

She offers her case study as an example of the kind of framework that could be used to meet the challenges faced by a unified Equality Commission. She also uses the case study to illustrate 'the definitional, theoretical and methodological challenges that arise in applying the capability approach to a particular policy context' (Burchardt 2008, p. 207).

Comparing Sen's and Nussbaum's different approaches to selecting relevant capabilities, Burchardt notes that the range is infinite from the trivial to the profound, and describes a two-stage process.

The first stage, a top-down approach, consisted of drawing up a list of basic capabilities based on international human rights agreements which, she argues, 'could be taken to represent a pragmatic consensus on valuable human freedoms'. Because it was deemed unlikely that any list which omitted involvement of the British population would be accepted by policy makers, and so as to ensure that the process was sensitive to significant minorities, the second stage took a participatory or bottom-up approach to constructing a list and involved a targeted, deliberative consultation with about 100 participants (Burchardt 2008).

When the two lists were reconciled there were few discrepancies between them and the final complement of capabilities included many items from Nussbaum's list. Capabilities were then grouped thematically, resulting in ten 'domains of central and valuable capabilities' (Burchardt 2008, p. 217).

Unlike solely evaluative approaches, Burchardt's participatory approach to identifying capabilities recognises agency and context. Moreover, it acknowledges that entitlements (goods) do not in themselves generate capabilities. External factors such as generative policies and institutions are influential. As Burchardt points out, specifying and justifying a list of central and valuable capabilities is necessary but not sufficient for putting the capability approach to work. Entitlements and conversion factors need also to be taken into account. Burchardt's theoretical and methodological approaches to building a capabilities list are of particular interest to our project's purpose of understanding and mapping the relationship between capabilities and aged service provision to enhance service effectiveness.

Comim's primary interest is measurement (Comim 2008). He describes his purpose as being 'to analyse a range of practical and conceptual issues involved in the task of measuring functions and capabilities' (p. 159) based on a 'systemisation of Amartya Sen's and Martha Nussbaum's selected writings, combined with fieldwork experience developed across different projects'. He draws on three projects, two conducted in Brazil in 2003–04 and one conducted in Latvia, Lithuania and Estonia in 2004.

Like Burchardt, Comim employs bottom-up as well as top-down approaches in an effort to find a way to measure capabilities 'compatible with and informed by the principles of the capabilities approach' (Comim 2008, p. 162). While much of his explication is concerned with the problems of empirical measurement and statistical analysis which are outside our purview, his ideas about how to identify capabilities and his location of these in dynamic relationship within the spatial and temporal context of stakeholders have relevance for our project.

Qualitative information can be categorised and structured into a survey to reflect central human capabilities and straightforward questions designed to be context-specific as special manifestations of each category (Comim 2008, p. 188) and to take account of the essential characteristics of capabilities—human values, human diversity. However, their counterfactual nature such as the opportunities and choices they present cannot be directly observed (Comim 2008, p. 173). Ultimately, he argues what is needed is a compromise between conceptual clarity and multi-stakeholder priorities and goals (Comim 2008, pp. 194–5).

Although both Burchardt's and Comim's purposes are primarily evaluative, they open the way to more generative applications of the capabilities approach.

Generative approaches

Our search of the research literature revealed that, compared with evaluative applications, prospective or generative uses of the capability approach are very scarce. Given Sen's and Nussbaum's vision of societies in which people's capabilities enable people to live the sorts of lives they value, it is somewhat surprising to find so little use of the capability approach to assist people to generate capabilities. However, Chopra and Duraiappah (2008) present one such example.

Chopra and Duraiappah are interested in the role of institutions in influencing the capability space of individuals. Emphasising the value of human heterogeneity and the two-tier social structure found in most societies of the 'haves' and the 'have-nots', they pose the problem of whether some form of equality can be established which at the same time does not destroy the unique values and attributes that make us all so different, and ask, 'What interventions can reduce the degree of differentiation of freedoms among various stakeholders?' (Chopra & Duraiappah 2008, p. 379). They point to Sen's acknowledgement that:

> Individuals live and operate in a world of institutions. Our opportunities and prospects depend crucially on what institutions exist and how they function. Not only do institutions contribute to our freedoms, their roles can be sensibly evaluated in the light of their contributions to our freedom (Sen 1999b, p. 142).

They define institutions as 'the formal and/or informal rules that guide how people within societies live, work and interact with each other' (p. 364) and include among formal institutions constitutional and legal frameworks, and among informal institutions the social and behavioural norms of society, community and family. These rules are mediated by organisations of many types including political, economic, social and educational bodies and non-government organisations.

Chopra and Duraiappah contend that 'the transition from primary assets to functionings, functionings to capabilities, and capabilities back to primary assets is governed and influenced by the institution–freedom nexus' and that 'not only do initial conditions influence the functioning space of individuals' but even the specification of functionings is itself dependent on the degree of access to the instruments of freedom of which institutions both formal and informal are the gatekeepers (p. 366).

Ultimately, they argue, 'what is important is the freedom or capability to achieve a desired functioning and if that is available, then whether an individual actually achieves the functioning is not critical'. It is the availability of valuable choices that is important (Chopra & Duraiappah 2008, p. 367).

Their overall conclusions about institutions are instructive: differential systems of freedoms are influenced by institutions and, conversely, the efficiency and effectiveness of institutions influence the capability space of individuals (Chopra & Duraiappah 2008, p. 379). In the present study, we are interested in understanding not only how Brotherhood aged services influence the capabilities of their service users but also its inverse, how greater freedom and opportunity among service users can improve service provision.

A small number of researchers have used the capability approach to think about service delivery in a variety of fields: for example, socially responsible design (Oosterlaken 2009), drug and alcohol therapy (Sharima 2004) and working with people with disabilities (Saleeby 2007). Among these, of most interest to this research is Saleeby's exploration of the capability approach to enhancing understanding and practice among social workers whose clinical practice includes people with disabilities. She argues that, since the capability approach recognises the orthodox determinants of wellbeing (income, commodities, material goods and assets) as 'merely means to an end' and the

importance of interpersonal variations in the conversion process from functionings to capabilities, it increases understanding of individual circumstances and potential interventions to promote capability development (Saleeby 2007, p. 221).

> Specifically, the capability approach emphasizes the need to move beyond functionings (what individuals are doing which is influenced by choice or constrained choice) to assessing individual capabilities, essentially what individuals are really able to do or be considering their individual abilities or capacities in relation to their specific life environments. Emphasizing the need to examine both individual capabilities and functionings results in an improved understanding of the life situation of individuals and a more accurate depiction of their overall well-being (Saleeby 2007, p. 230).

The capability approach and older adults

We note that Sen himself has said little specifically about older adults and the capability approach except to dismiss as counterproductive some of the assumptions made by other economists about ageing and the dependency ratio (Sen 1999a). However, some of his ideas about the capability approach and women could equally be applied to older adults. Examining Mary Wollstonecraft's 1792 book, *A vindication of the rights of women*, he points out that the program of vindication outlined was not limited to women's wellbeing but extended to women's agency. Sen argues that the wellbeing aspect and the agency aspect intersect but are different: 'the role of a person as an 'agent' is fundamentally distinct from (though not independent of) the role of the same person as a 'patient'' (Sen 1999b, p. 190).

The few applications of the capability approach to the lives of older adults noted in the research literature are all centrally concerned with agency. Lloyd-Sherlock (2002) analyses its value for understanding the condition of a particular population of older adults and for constructing a conceptual capabilities and life course framework. Gilroy (2006) explores the contribution that the capability approach might make to changing older adults' living environments in order to improve their quality of life. Grewel et al. (2006) conceptualise the capability approach as a bridge between health and social care for older adults in the United Kingdom, a perspective later taken up by Coast and colleagues who apply it to developing an instrument for the economic evaluation of health and social care (Coast, Flynn et al. 2008; Coast, Smith & Lorgelly 2008a, 2008b). Each of these studies is concerned with utilising the capability approach for generative purposes.

Capabilities and the life course

Lloyd-Sherlock (2002) is concerned that older adults are often assumed to be a homogeneous group with the same needs and experiences, and that generalisations are made about either their high levels of dependency and vulnerability or their capacity to make significant contributions to social and economic development. To understand better the condition of older adults, he turns his attention to the usefulness of Nussbaum's version of the capability approach . He observes that 'ageing is a highly heterogeneous experience, but that policy debates take a polarised approach' (p. 1163). He is particularly concerned with the need for a clear distinction between older adults' 'internal' and 'combined' capabilities which, he contends, 'clarifies a critical set of issues that lie, often ignored, at the heart of current ageing … debates' and which 'enables us to go beyond simple characterisations of ageing as a purely social construct, or of older adults as intrinsically incapable' (p. 1171). He argues that Nussbaum's notion of 'combined capabilities' 'might be more effectively portrayed as an agent/structure interface' (p.1166) and notes that it might be difficult to separate freedom and agency from a constraining environment or an empowering one.

Acknowledging that internal capabilities come and go throughout life and that this process is at least to some extent influenced by ageing, Lloyd-Sherlock suggests that 'a clear policy challenge is to distinguish between what really are internal capabilities and what are structural constraints' (p. 1167). While the speed, timing and intensity of loss of internal capabilities vary greatly between individuals, there are also more gradual and cumulative effects of influences occurring across all the previous stages of a person's life course. The internal capabilities of an older person depend on their lifetime accumulation of social, human and financial capital; and their combined capabilities are shaped also by the structures of the society in which they live.

Advocating development of a list of capabilities and functionings specifically for older adults, he concludes with the reflection that a dynamic capability approach is a helpful way of highlighting relationships between different areas of policy intervention affecting older adults because it insists on maintaining the important tension between agency and structural issues and provides a rationale and framework. This should encompass an effective participatory qualitative approach; a policy framework that recognises the marginalisation of older adults and strives for their empowerment; careful research about internal capabilities; investigation of structural constraints, especially the intersection of age and gender and the exclusion of older adults from the labour market; and improvement of internal capability in later life especially through health promotion, lifelong learning and personal development (Lloyd-Sherlock 2002, pp. 1170–1).

Lloyd-Sherlock warns against assuming what constitutes a 'good life' for others and emphasises the need to find out about what is meaningful and valuable to them. Asking about this, he argues, 'helps us to think of older adults as agents, rather than as structural victims' (p. 1170) or indeed as passive sufferers of declining capabilities.

Improving quality of life – policy and provision of aged services

Gilroy's examination of supportive environments for older adults (Gilroy 2006) provides us with some ideas about how the capability approach to the provision of aged services might assist older adults to live a life that they value. Her interest is how their living environments support older adults' quality of life. She draws on the capabilities approach, first because it can address issues of inequality and diversity and second because it acknowledges agency, thereby ensuring that older adults themselves name the criteria that are important.

To develop a framework for older adults and policy makers to map responsiveness of their dwelling place to their life concerns, Gilroy analysed the twenty-four studies funded through the UK Growing Older Programme 8 which asked older adults what they felt contributed to quality of life. She divided the elements identified into six groups—health, income, ability, accommodation, transport, and social networks and support—and observed the interdependence among these:

> Physical, cultural and social activities are known to underpin both health and happiness in old age but however good the facilities or opportunities, a low disposable income, lack of transport, or a perceived unsafe environment can all conspire to block an older person's usage (Gilroy 2007, p. 346)

She then identified six key domains cited in the twenty-four studies: health, income, mobility, safe neighbourhoods, a comfortable and secure home and social relationships and support. These include both functionings and capabilities.

Gilroy notes that, in the indicators of a good life put forward by older adults, 'an exclusive focus on income and financial resources provides a limited picture and one that may not bear adequate witness to those domains valued by older adults' (Gilroy 2007, p. 344). She argues that the

emphasis of the capability approach on 'actual beings and doings provides a robust empirical approach to consider how places may support or deny older adults' quality of life as they define it' (p. 345). The approach is valuable too in that it acknowledges older adults' own agency in constructing criteria that define quality of life and offers a means of shifting attitudes towards older adults from deficit and dependency to independence and wellbeing.

Gilroy concludes that the capability approach could be used by policy makers and service providers to determine the gap between the potential freedoms and the actual lived experience of older adults, reduce age discrimination and counter a general inability or unwillingness to see life from an older person's point of view:

> Too often official approaches and strategies for older adults begin from a concept of older adults as impaired individuals who are incapable of making choices or who demand a special needs approach. The capability approach helps policy makers broaden their focus from the intensive needs of the frail to the ways in which older adults can be supported to live lives characterised by independence and wellbeing (Gilroy 2007, p. 354).

Gilroy's research purpose here is prospective rather than evaluative. It offers a basis for advocating for broader and more inclusive policies that are grounded in what people themselves want, 'allowing individuals to differ about what is a "good life" and how to achieve it' (Robeyns 2005, p. 101) as well as for reform of services towards generating capabilities.

Integrating health care and aged care

Also focusing on older adults, Grewel et al. (2006) explore the potential of the capability approach to underpin a strategy for greater integration of their health and social care in the United Kingdom where, as in Australia, these are currently the responsibilities of two distinct branches of government with different administrations, financing and policies and different economic measures for allocating resources which artificially distinguish between 'health-related' quality of life and 'general' quality of life.

The specific research purpose of Grewel et al. was to determine attributes for 'a new index clearly focusing on quality of life for older adults' (p. 1891). Attributes of quality of life were grounded in the experience of older adults through informant-led, in-depth interviews about what was important to them and what they enjoyed or valued in their lives. From the data they identified five conceptual attributes fundamental to a good quality of life: attachment, role, enjoyment, security and control.

Drawing on earlier research by Higgs, Hyde, Wiggan and Blane (2003) whose interest was to distinguish attributes of quality of life from the influences upon it, Grewel et al. concluded that an attribute such as physical mobility might well be less important than the reasons why an individual might want to walk. Like Gilroy, they found that:

> What was noticeable about the discussions with informants about what reduced their quality of life was the extent to which quality of life was limited by the loss of *ability* to pursue these five conceptual attributes of quality of life. So, for example, it was not poor health in itself, which was perceived to reduce quality of life, but the *influence of that poor health upon each informant's ability to achieve the attributes of quality of life that seemed to be particularly important.* (Grewel et al. 2006, p. 1197) [original emphases].

They concluded that, while functionings are important, the main concern of evaluation is 'capability', the extent to which a person is *able* to function in a particular way whether or not he or she chooses to do so, and that 'it is the *capability* of older adults to achieve these functionings that

appears to be of greatest importance rather than necessarily achievement of specific functions' (Grewel et al. 2006, p. 1899). This is consistent with Gilroy's conclusions about the interdependence of capabilities and the essential role of agency.

On this basis Grewel et al. argue that the focus of health policy should be to ensure that individuals possess capabilities to 'be' and 'more than just be' rather than on indicators of health status. Finally they propose that their continuing work of developing a measure for use in health and social policy decisions should focus on 'the development of an index of capabilities for older adults using attributes that are explicitly concerned with capability rather than either functioning or preference-based utility (p. 1900). This endeavour fits well with the Brotherhood's intentions to provide aged care services that more fully enable care recipients to live lives that they value.

Transforming lives: taking the capabilities approach?

Robeyns points out that 'the capability approach does not only advocate an evaluation of people's capability sets, but insists also that we need to scrutinise the context in which economic production and social interactions take place, and whether the circumstances in which people choose from their opportunity sets are enabling and just' (Robeyns 2005, p. 10).

Given the Brotherhood of St Laurence's commitment to social inclusion and active participation of the diversity of disadvantaged and vulnerable people and to structural and systemic change towards a more equal society, there are multiple reasons why the capability approach offers a suitable theoretical framework for reflecting on its provision of aged services.

First, the capability approach provides a way to examine inequality and exclusion from a plurality of perspectives. The capability approach appreciates the diversity of people's lives and their multiple views on 'a good life', recognises the interdependent nature of disadvantage and lends itself to a holistic and multidisciplinary approach to enabling people to improve their lives.

Second, it is participative and democratic. It encourages discussion and debate among those for whom provision of aged services plays an important part in their lives.

Third, it insists on agency, an essential freedom for active participation in the social and political process. It underlines the freedom to engage in local decision making and respects both individual and social identity.

Fourth, it is people-centred. Closely aligned with human development, it proceeds from a knowledge of what it is to be fully human, a recognition of people's unequal circumstances and a concern about what each person believes makes life worthwhile.

Fifth, it has significant policy potential. It provides a new mode for justifying arguments to government and a new foundation for generating policy. Already in some contexts it has created a paradigm shift that is changing the language of policy.

Finally, it provides a tool that can be used both generatively and evaluatively. It can illuminate what users of Brotherhood aged services value, identifying the existing services that are consistent with service users' aspirations, indicating service gaps, and assessing the effectiveness of services to enable service users to live a life that they value.

In order to identify capabilities valued by users of Brotherhood aged services and to develop a framework for mapping services, we turn now to examine some methods that might be relevant to our purpose.

Capabilities frameworks

Several researchers have constructed capabilities frameworks for a range of purposes. Here we examine three developed by Burchardt (2008), Chopra and Duraiappah (2008) and Lloyd-Sherlock (2002).

Burchardt's capabilities framework

Burchardt's framework was designed to inform government about three matters: to show how outcomes to be monitored relate to determinants of inequality; to assist with understanding the causes of inequality; and to identify where policy interventions can be made (Burchardt 2008).

Figure 2.1   Burchardt's capability measurement framework
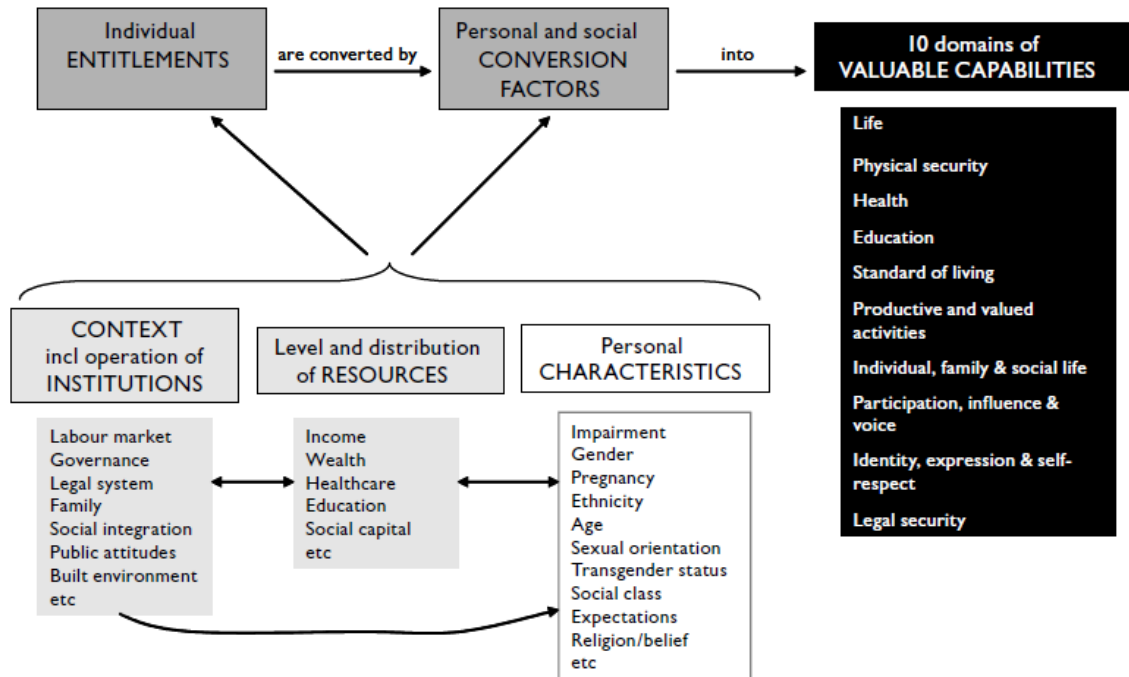
Source: Figure 10.2, p. 195 in G Craig, T Burchardt & D Gordon (eds), *Social justice and public policy: seeking fairness in diverse societies*, Policy Press, Bristol. Reproduced with permission.

The core of Burchardt's framework shows an arrow leading directly from individual entitlements (primary goods) to personal and social conversion factors (capabilities and freedoms) and thence to ten domains of valuable capabilities which broadly correspond to Nussbaum's ten central life areas. It also includes the interplay of capabilities and context, including the operation of various institutions at all levels, the level (amount) and distribution of resources, and the personal characteristics of individuals.

Chopra and Duraiappah's capabilities framework

Chopra and Duraiappah (2008) are interested in structural issues. Their framework highlights the relationship between individuals and institutions and the role institutions play with respect to capabilities. This is of particular interest to the Brotherhood for understanding how its services can promote capabilities among its care recipients.

Their framework illustrates the processes through which individuals transform their primary assets into achieved lifestyles. In this schema, primary assets are 'endowments/natural resources/attributes (individual characteristics), functionings represent what people are able to be and do, and capabilities are what individuals might choose to achieve. The authors point out that the cyclical diagram highlights

17

the dynamic properties of the process which is best presented as the 'vortex of a complex nexus of primary assets, functionings, capabilities and choice' (Chopra & Duraiappah 2008, p. 366).

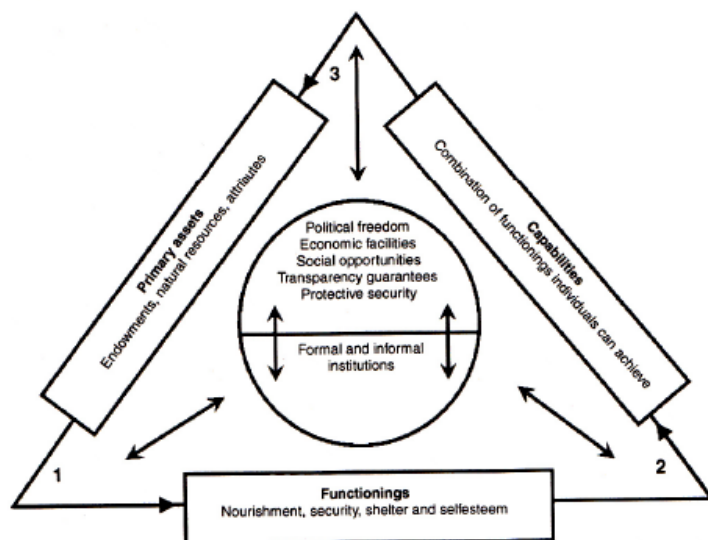**Figure 2.2   Chopra and Duraiappah's framework**

Figure 11.1 A schematic illustration of the process by which resources, endowments and attributes are transformed to functionings and capabilities.

Source: Chopra & Duraiappah 2008, 'Operationalizing capabilities in a segmented society: the role of institutions', in F Comim, M Qizilbash & S Alkire (eds), *The capability approach: concepts, measures and applications*, Cambridge University Press, p. 365. Reproduced with permission.

In order to analyse the relationship between capabilities on the one hand and institutions on the other, this framework represents individual and structural factors in dynamic relationship. Its particular relevance to our project is its consideration of the influence of institutions in capability formation.

Lloyd-Sherlock's capabilities framework

Lloyd-Sherlock is also interested in structural issues. His concern is for a better understanding of individual capabilities, their advancement in later life and the implications for policy development and intervention. To explore the interplay between the individual and prevailing opportunities and constraints inherent in structural factors of the societies in which they live, he proposes a framework that combines capabilities and a life course approach. He argues that a person's combined capabilities developed in earlier life, as the product of internal capabilities and structural factors, result in sets of functionings that set the scene for later life when the person's combined capabilities with their inherent sets of functionings are again influenced by both structural factors as well as by personal preference (Lloyd-Sherlock 2002, p. 1168).

Lloyd-Sherlock suggests that if a static view is taken of the framework, the different influences might be read as simply the result of external factors and the elderly individual's own internal capabilities. However, if a dynamic life course component is incorporated, a more complex chain of 'causality' is evident. His framework incorporates Nussbaum's four types of capabilities and shows diagrammatically that the complex of structural factors, internal capabilities and combined capabilities earlier in life, together with personal preferences, chance, intrinsic ageing and structural context, all influence combined capabilities in later life.

Saleeby's diagram of the capability approach

To explicate her diagram, Saleeby uses the example of a wheelchair which is a commodity with mobility and transportation properties whose possession is affected by both personal factors (e.g. finances) and environmental factors (e.g. availability) as are the owner's capability characteristics (e.g. ability to learn to manoeuvre the wheelchair) and the environmental characteristics (e.g. access to suitable terrain). All of these together provide a more realistic assessment of what a person can actually do, 'his/her real potential to achieve certain functionings within the context of his/her real life settings factoring in environmental barriers and/or facilitators' (Saleeby 2007, p. 222).

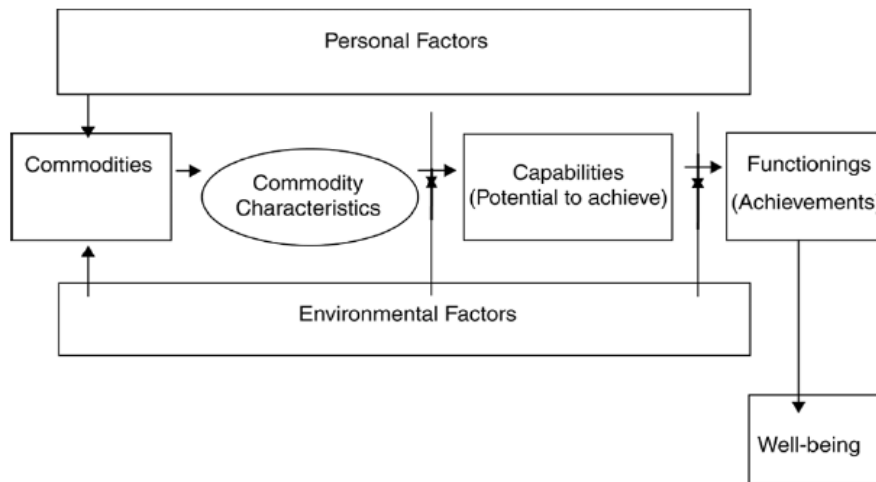**Figure 2.3   Saleeby's capabilities framework**

Diagram © 2007 from P Saleeby, 'Applications of a capability approach to disability and the international classification of functioning, disability and health (ICF) in social work practice', *Journal of Social Work in Disability & Rehabilitation*, vol. 6, no. 1, p. 222. Reproduced by permission of Taylor & Francis Group, LLC., <http://www.taylorandfrancis.com>.

Some implications for this study

With their interest in the interrelationships of structural factors and individuals, these four frameworks offer some insights into how a capabilities framework might be constructed for aged care. Burchardt and Comim show the importance of allowing for the interplay of capabilities and context, including both the operation of institutions at all levels and individuals' views of what is valuable in their lives. Chopra and Duraiappah's framework models the dynamic relationship of interdependence between individual capabilities and institutions in dynamic relationship for the analysis of interdependence between capabilities on the one hand and institutions on the other. By situating the older adult among internal and external factors that are powerful influences in how a life can be lived, Lloyd-Sherlock emphasises how combined capabilities in later life interact with functionings that reflect personal preferences as well as other effects such as chance, intrinsic ageing and structural context. Saleeby's framework offers a different perspective, being the only one directed towards influencing practice. These four dynamic frameworks also invite reflection on current approaches to the provision of aged care services already adopted by the Brotherhood.

3 Constructing a capabilities framework for Brotherhood aged service users

Figure 3.1   The Brotherhood aged services and capabilities framework
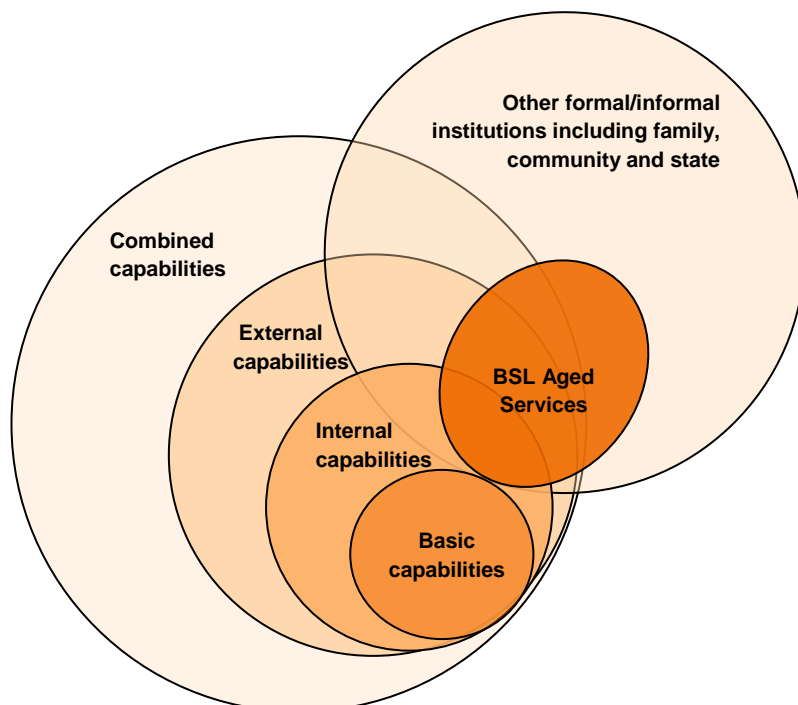
The Brotherhood aged services capabilities framework is premised on the concept of the interplay between functionings (what a person is able to be or do at any given time), capabilities (the opportunity and freedom to achieve functionings) and the external environment (social, economic, natural) that helps shape the potential for human development (Nussbaum 1999). Nussbaum classifies capabilities into four types—basic, internal, external and combined:

- Basic capabilities are the innate equipment of individuals, that is, the necessary foundation for developing more advanced capabilities.

- Internal capabilities build on pre-existing basic capabilities by processes such as socialisation, exercise, education, and training.

- External capabilities are either freedoms or choices given, or constraints or limits imposed, by a person's social environment

- Combined capabilities are defined as internal capabilities plus the external conditions that make the exercise of a function a live option.

Realising potential should not be regarded as solely an individual project. Rather it is dependent on the social context (Burchardt 2008; Comim 2008) and on the institutions that form the context of a person's life (Chopra & Duraiappah 2008; Comim 2008; Lloyd-Sherlock 2002). These determine the opportunities or freedoms available to the individual and assist or constrain the visualisation of one's potential and the development of one's capabilities. It is the development of this potential among older adults that Brotherhood aged services seek to promote.

In our framework, Brotherhood aged services (as a particular institution) sit at the intersections of the existing functionings and potential capabilities of individual service users as well as within the

context of the wider society and its interdependent structures and institutions. The framework represents the dynamic relationships and embeddedness of individuals with their infinite constellations of Nussbaum's different types of capabilities, the institution of Brotherhood aged services and other institutions, family, community, public and private, all constituents of the social context. From their position in this framework, aged services have the opportunity to enable service users to cultivate some of the capabilities that will lead to living a closer approximation of a life that they value.

The Brotherhood capabilities framework also demonstrates the interconnected factors that facilitate social inclusion. Responding to individual capabilities identified through this research will place older adults at the core of legitimising their own capabilities, creating opportunities for their voices to be heard and to counterbalance the dominance of professional perspectives. Applying the capability approach to explore what Brotherhood aged service users value not only illuminates their ideas about desirable capabilities but also helps to identify features of these services that play a role in enabling each older adult to move closer to what she/he values as 'a good life'.

4 Methodology

As the literature has shown, operationalising the capability approach is a complex undertaking and, in attempting it, we too faced particular conceptual and practical challenges.

Some conceptual challenges

Multidimensional complexity

Many of the challenges for a practical application of the capability approach arise from its multidimensional complexity. While the approach requires inclusion of the three fundamental dimensions of functionings, capabilities and agency, in practice its complexity is increased by the dynamic nature of capabilities, the diversity of individuals' values and aspirations, the specific context of culture, time and place, the need for a democratic or participatory approach to identifying capabilities and putting them to use, and the messiness of all this in real life. While there have been a number of attempts to identify capabilities both conceptual and applied, none has resulted in an instrument that could simply be replicated for our purpose.

Capabilities versus functionings

Although they extend the dimensions that orthodox economics has used to measure poverty, most attempts to identify and/or measure capabilities have drawn on large, often national, data sets and resulted in identifying or measuring functionings rather than capabilities. This is illustrated by the Human Development Index, the Brotherhood's Social Barometers, the Social Exclusion Index and the Wellbeing Framework constructed by the Australian Department of Treasury (see Chapter 2). Most designs for survey instruments are similarly limited to collecting data about functionings (see, for example, Anand et al. 2009). Most appear to be untested. However, an examination of their elements suggests that, since they aim to collect data that records present or past circumstances, they do not address the concepts of opportunity and potential which are inherent in the capabilities approach.

Our challenge of designing a methodology which identifies capabilities rather than functionings and which reflects individual agency has been best assisted by the work of Nussbaum (2003, 2006, 2009); Coast, Flynn et al. (2008); Gilroy (2006;) and Grewel et al. (2006).

Consistent with principles of enhancing human freedom and individual capabilities, Nussbaum's list of central human capabilities provides a rich and diverse platform from which to explore older adults' capabilities. The ten central human capabilities incorporate the relationship between an individual's wider social environment and specific capabilities that people might value in their lives. These are sufficiently abstract to allow for interpretation in specific contexts and to encompass individual differences of background, experience and interests.

Gilroy's contribution to our survey instrument was her innovative analysis of the UK Growing Older Programme 8 data using the capability approach through which she identified six important domains: health, income, mobility, safe neighbourhoods, a comfortable and secure home, and social relationships and support each of which is encompassed by Nussbaum's ten central human capabilities. Additional support for Nussbaum's schema emerged from the findings of Grewel et al. (2006) which showed the relationship between the five conceptual attributes (attachment, role, enjoyment, security and control) and capabilities.

We concluded that:

1   Capability indicators should be dynamic and relative. This is critical to measuring both a person's freedoms and their functionings and thus their level of inclusion/ exclusion in society.

2   Capability indicators should encompass life's possibilities and restrictions.

3   Capability indicators go well beyond material variables even though these may be indispensable 'enablers' of sustainable and equal participation and the exercise of freedom and choice.

Some practical challenges

Recognising the limitations on engaging aged service users in prolonged, intensive consultation particularly when many have mobility, disability and cognitive conditions or caring responsibilities, we did not engage them in extensive discussions to build a list of core capabilities. Instead, taking account of Grewel's and Gilroy's findings about the capability sets important in the lives of older adults, and noting the similarities Burchardt observed between her list and Nussbaum's, we decided to take Nussbaum's list of central capabilities as the basis for our questionnaire and developed a series of questions designed to capture information about valued functionings and desired capabilities. Again our design was constrained by our potential respondents, especially by the amount of time and interest they would be prepared to invest and the level of assistance they might require to complete the questionnaire.

Perhaps our greatest challenge was to build a suite of questions that identified capabilities and not merely functionings. We decided to ask not only what respondents value most highly but also what they would like to improve, and to interpret the nominated improvements as valued capabilities whose achievement Brotherhood aged services would work towards in the future.

It was also essential to ensure that, in keeping faith with the capabilities approach, we presented our inquiry in appropriate and meaningful language, and worded our questions in terms of agency and opportunity. In this we were assisted by Comim (2008) and Coast, Flynn et al. (2008):

1   Survey questions should be straightforward and couched in the everyday language of most prospective respondents.

2   The survey instrument should contain a mix of multi-choice and open-ended questions.

The resulting survey instrument comprised questions about aspects of their lives that respondents value most highly and what they would like to improve. Preceded by a general question under the heading, 'This is my life', the questions were organised under ten headings to reflect Nussbaum's central capabilities: health and living environment; independence, getting around and safety; being informed and making decisions; relationships, family and friends; planning for the future; activities and participation; other species and the natural environment; meeting people and enjoying myself; feeling respected; and having a fair go. In addition, demographic information was sought from respondents together with information about the Brotherhood aged services that they accessed.

The pilot survey

With assistance from Brotherhood aged services managers, the pilot survey was conducted between November 2009 and January 2010. In total, 16 people participated in the pilot: ten were users of aged services and six were staff, who completed the pilot survey to offer additional comment on the appropriateness of its language and scope. Of the service user group, six were living in residential care and four in the community; six participants were male and four female; two

respondents were aged 40–50 years, one 51–60 years, two 61–70 years, four 71–80 years, and one respondent was over 90 years old.

The survey instrument

After analysing both the feedback received and the responses themselves, the survey was refined and, on the advice of service managers about client demographics, was translated into three community languages: Greek, Macedonian and Italian. The survey was then distributed and responses collected through care managers. An exception involved the people of Chinese speaking background who met regularly at the Coolibah Centre, the Brotherhood's day activity centre in Fitzroy; a translator was engaged to guide them through the survey instrument.

The survey sample

The potential pool of respondents was some 600 people to whom the Brotherhood provides aged care services. However, given the limitations outlined above it was evident that the number of responses would be much lower. All service users are either residents in an aged care facility, recipients of a community care package (CACP, EACH, EACHD)[4] or HACC[5] services, or participants in programs such as the Coolibah Centre day activities, respite programs and social inclusion programs.

Administering the survey

Users of the Brotherhood's aged services originate from diverse demographic and socioeconomic backgrounds. Many have experienced considerable disadvantage at various times in their lives including homelessness, low literacy skills, mental or chronic illness, physical disability, substance abuse, frailty and dementia. An online survey was impracticable given the lack of IT access and skills among the vast majority of aged services users, so a paper-based questionnaire was chosen.

The final survey questionnaire was sent to aged services staff, who circulated it among service users (and their carers) between February and March 2010[6].

The survey respondents

Responses were received from 220 Brotherhood aged service users. They included residential, community aged care and day centre program users. Respondents included people on low incomes, people with a background of homelessness, people with mental and physical disabilities and people from non–English speaking backgrounds.

Of the respondents, 68 were from Northern and 167 from Southern Region[7] and 21 from the Fitzroy area (2 respondents did not answer this question). Some 74 of the respondents identified themselves as male and 134 as female (12 participants didn't respond). By age, 12 respondents were 41–50 years old, 21 were 51–60, 39 were 61–70, 70 were 71–80, 65 were 81–90 years and 6 were 91–100 (7 did not respond).

---

[4] CACP – Community Aged Care Package; EACH – Extended Aged Care at Home; EACHD – Extended Aged Care (Dementia).

[5] HACC – Home and Community Care.

[6] A copy of the final survey can be requested from the authors.

[7] Two Department of Human Services regions which loosely correspond to suburbs north or south-east of the Melbourne CBD.

With regard to service types accessed, 15 respondents identified themselves as HACC users, 64 as CACP users, 18 as EACH users and 12 as users of EACHD aged care packages. Seven participants were Coolibah Centre members and 23 Banksia Respite Service users. Three respondents used Brotherhood Community Nexus. The respondents also included several people receiving 'home care' and people attending socialisation programs. (Almost half of all participants (107) failed to identify the service type accessed.) Of the respondents, 38 identified as single, 67 as married/ partnered, 66 as widowed, 28 as divorced, 7 as separated and 3 as 'separated from their partners because of illnesses'. Nine respondents did not provide this information.

The focus groups

Following preliminary analysis of the survey responses, nine focus groups comprising three to seven participants aged between 60 and 90 years were conducted in April and May 2010. The groups comprised a mix of respondents and non-respondents to the survey. Overall, 40 aged service users participated in these groups. Like the survey respondents, they included the diversity of Brotherhood residential and community aged service users.

Focus group discussions were recorded and transcribed to allow an in-depth analysis of the conversations. The group discussions were semi-structured with scope for topics that were most important to the participants. The main aim was to explore the social context and life history of the group members and other relevant life areas and capabilities not explicated in the survey, for example 'meaning in life', 'having rights' and 'dignity'.

One discussion group each was held with Sambell Lodge and Sumner House residents. Two groups were conducted with Coolibah Centre members, including one group with people from Chinese background. In addition, four focus groups were conducted with Southern region and one with Northern region service users.

Analysing the data

Survey responses were entered into the Survey Monkey data analysis program. The analysis clustered capabilities around each central capability area and ranked them according to the value attributed or the incidence of respondent choice. Open-ended statements were analysed thematically. For example, in the central capability area 'Having choices and making decisions', respondents were asked whether they strongly agreed, agreed, disagreed or strongly disagreed with the statement 'I am making the most important decisions about the things in my life I want to do'. They were also asked to respond to the statement 'I would have more choice in my life if …' by selecting any or all of the options (I had more time; I had more money; I had more knowledge about how to do so; I had fewer obligations; I were less stressed; other).

Focus group discussions were analysed thematically both using the ten central human capabilities contained in the survey and to gauge whether the capabilities valued by participants generated extra themes. Reporting combined these themes with those gleaned from the open-ended responses in the survey.

5 Research findings

While Nussbaum's list of ten central human capabilities has been used as the basis for identifying the capabilities valued by users of Brotherhood of St Laurence aged services, the findings are grouped here in order of the importance accorded them by the aged service users.

Living the best life possible

Just over four in five survey respondents (82%) claimed that 'I am living the best life that it is possible for me to live', while nearly one in five disagreed.

Despite so many indicating that they were living the best life possible, a considerable proportion nominated things in their lives that they would like to improve. More than half (58%) nominated 'living a healthier life', while about half nominated 'having better social relationships' and/or 'having more financial security' and/or 'spending more time with my family' (each 48%) and/or 'spending more time with my friends' (43%). Nominated less often were 'having more mental stimulation' and 'having more choice and independence' (each 35%). The least chosen option was 'having a different place to live' (11%). Twenty-five respondents named 'other' desirable improvements, which included: 'feeling valued and respected' by family and the community, improving 'self-esteem and self-confidence', being able to regain employment, being heard and understood, and having people to talk to especially those with similar interests or in similar situations.

The most important things in life

Asked to nominate 'the most important things in my life', options were selected by survey respondents in the following rank order (high to low). Multiple choices were possible.

Table 5.1   The most important things in life

Rank		
1	94%	My health
2	89%	Being safe
3	89%	Making my own decisions
4	88%	The place where I live
5	88%	My independence
6	87%	My family
7	85%	Feeling respected
8	84%	Being well informed
9	76%	My friends
10	74%	Being active
11	74%	Getting out and about
12	65%	Achieving my goals
13	65%	Being with other people
14	56%	Helping others
15	56%	The natural environment
16	49%	Learning new things
17	45%	Helping the community

Things I would like to improve

Asked about what they would like to improve, of the eight items half or more of respondents nominated 'living a healthier life' 56%) or 'having better social relationships' (50%). Almost half would like to improve their financial security (49%) or to spend more time with their family (48%) or friends (43%). Just over one-third of respondents would like to have more mental stimulation (38%) or more choice and independence (35%). Only one in ten indicated that they would like to improve the place where they live.

Beyond these eight items, some respondents suggested other improvements such as feeling valued and respected by family and the community, improving self-esteem and self-confidence, regaining employment, being heard and understood, or having people to talk with especially those with similar interests or in similar life situations.

My health

As we have seen, health is the most highly valued factor in the respondents' lives. More than three-quarters of respondents claimed that 'I am as healthy as it is possible for me to be' (76%). However, this left nearly one-quarter (24%) who disagreed that they were as healthy as possible.

It was evident that at least some who claimed to be as healthy as possible also admitted that they could be healthier. For example, two out of five (42%) of those who claimed to be as healthy as possible indicated that they would be healthier if they were physically more active, nearly one in three if they could get more sleep and one in six if they had better access to health services or if they ate better.

Healthy eating

Asked 'Do you usually eat what is healthiest for you?', more than two in five survey respondents claimed that they did. While about half indicated that the statement 'I would eat healthier food if ...' was not relevant to them, others indicated that the barriers to healthy eating were affordability (23%), being unable to shop (16%) or cook for themselves (17%), or having to eat alone (10%).

> I would eat healthier food if I could decide what to cook and plan when to eat it, and maybe cook with someone else.

Care recipients who took part in cooking felt a greater sense of wellbeing and control over their lives than those whose meals were supplied. And for many, communal meals were very important, providing not only good nutrition but also structure and meaning in their day-to-day lives.

> I don't come necessarily every day, though I do use the breakfasts. I find that's a good way to start the morning.

Service recipients living at home whose access to communal activities was limited, especially by lack of transport, believed they need more options to improve nutrition. They identified financial constraints, poor eating habits, eating disorders and insufficient support with cooking and shopping as factors that prevented a better diet.

Being safe

Responses showed that home does not always feel safe. One in seven respondents indicated that they do not feel safe where they live and/or in their town or neighbourhood. Of this group a large proportion (one in five) completed the open-ended option, 'I would feel safer if …'. Some respondents wanted a better police presence and law enforcement on the streets and greater home

security measures such as locks and alarms; others had concerns about neighbours or were fearful about safety due to physical weaknesses.

Focus group discussions pertained mostly to safety from harm in their place of residence and the neighbourhood. One person spoke of how much she valued the safety of living in an aged care hostel:

> [There are] horror stories of people who have been attacked and live by themselves. And once that sliding door closes on me, I think to myself, 'Well, that's it. I'm here, I'm back here and I'm safe'.

Issues of personal safety in the community were generally framed by distrust of social change. Many research participants felt that to 'stay in the house and mind your own business' was all they could do. Safety in the home was also an issue for some community care participants who were dealing with family members or partners with mental illness. As one respondent said:

> He's the worst thing in my life at the moment and he's going into care because he's become violent.

But safety also has other meanings for some aged service users. Some framed personal safety in terms of trust and relationships. They valued stability and pointed to any turnover of aged care staff as diminishing their experience of a stable community environment.

Others associated safety with freedom from want for basic needs so that living in a safe place that provides shelter and meals is everything they desire. Two residential care users commented:

> Living here means everything too, you know. You've got a roof over your head.
>
> Yeah, well this is it. We've got a roof over our head here and we get three good meals a day.
>
> A day. Yeah.
>
> So we don't want much more than that.
>
> No.

Making my own decisions

While 93% of survey respondents claimed to be making the important decisions in their lives, fewer than half claimed to have enough information to make good decisions. When they were asked to complete the statement 'I could make better decisions if...', the most frequently mentioned constraint was 'dementia', although in most instances this term appeared to be loosely used to equate to forgetfulness.

Asked what information they needed to make better decisions, one-third wanted to know more about their government benefits/entitlements, nearly one-quarter wanted to know how to use a computer or the internet and a sizeable group indicated that they need to know more about the legal system or about what the doctor or pharmacist tells them.

Available choices also impact on decision making. Only about 26% of respondents indicated that they have enough choice in their lives. The greatest barriers to more choice were reported to be poor health (50%), lack of money (40%), not enough support (20%) and high stress (20%).

My independence and control over my life

About four in five respondents strongly agreed or agreed that they are satisfied with their degree of independence, but at the same time almost half (45%) indicated the need to have greater control

over their lives. The limitations most frequently cited were poor health and disability, including dementia, followed by needing more money, better mobility and more help from family.

Discussion group members generally believed that they make the important decisions in their lives and that they have sufficient freedom and choices to do so. However, there were some who clearly indicated that their personal decision-making and choice are seriously limited, particularly in residential settings. While they complain to each other, it appears that some surrender their independence and self-determination to managers and the staff while at the same time feeling somewhat resentful. On the other hand, some appreciate not having to take responsibility:

> And I mean it's good, if you have problems, you know you can go up to [residential aged care management] and talk it over ... [They] sort it out, sort of thing, you know.

> We talk to [them], [they] talk for us.

While some research participants seemed content to accept the residential facility as their nucleus of their lives, other residents enjoyed the continuing independence of being able to organise their own outings, community activities or shopping expeditions. They were conscious of the effort needed to resist dependence:

> Well, actually I think people here, I think we get into a bit of a rut, because people expect trips and expect that somebody else is going to do something for them. And they stop thinking for themselves ... Their own welfare is—they think that the nurses or the staff or somebody else has to deal with that problem.

Compared with residential service users, most research participants who live independently in the inner suburbs appeared to be much more in control of their lives. Many access a variety of services and centres where they follow their interests and are actively involved in community events. Some participants talked how they organise their lives around their voluntary or part-time work. Others, however, felt less independent, saying that that they participate in organised social activities because they don't know about any alternatives they could choose.

Language issues were another factor said to limit independence. Although people from non–English speaking backgrounds access other services like Migrant Resource Centres, some of the Chinese-speaking research participants commented on their feelings of dependency and limited communication opportunities.

Freedom of movement

Only about half of survey respondents indicated that always or on most occasions are they able to go to places they would like to go; 36% reported that they are able 'only sometimes and not as much as I would like to'; and 14% that they are not able to go to places they would like to go:

> I can't get down to the Fitzroy library. See, when I had a car and when I was active I could get into Dandenong. And they've got a marvellous library there, and I could find the books I wanted to read.

However, 57% are able to regularly visit their family and friends if they want to.

The place where I live

Participants in this study were overwhelmingly satisfied with where they live (95%), with more than half very satisfied and nearly three-quarters not wanting to make any changes. However, there were 10 survey respondents (5%) who were not satisfied. In addition, nearly one in five would

prefer to live where they could go out more often and nearly one in ten would like to have more space, a garden, or a pet and/or to live closer to the shops.

Some aged care residents believed that there is a stigma associated with being in a 'home' that makes family members unwilling to visit as regularly as they would like. As one resident said:

> There's not much fun in being an elderly, single, spinster aunt because you know they're really not interested in aunts [living in a residential care facility].

A few were anxious about 'internal politics' between residents and staff which sometimes led to feelings of dependence or social exclusion.

On the other hand, aged care residents who had experienced homelessness or poor quality housing talked about how adequate shelter was important to them. As one respondent indicated: 'A roof over your head, we don't want much more than that'.

My family and friends

About nine out of ten respondents strongly agreed or agreed that 'I have enough people in my life whom I love and I care about'. However, more than one in ten did not.

About three-quarters of respondents strongly agreed or agreed that 'I have enough opportunities to meet up with people' and about a quarter disagreed or strongly disagreed.

Despite the vast majority of survey respondents claiming that they have enough people they love and care about, focus group participants cited poor health, informal carer obligations, financial issues and a lack of independence or mobility as compromising enjoyment of family activity.

Only about one-third of respondents reported that they are happy with their relationships. Some pointed to the increasingly individualistic society as a reason for disconnection from family members and some found it emotionally difficult to talk about their relationships with their partner, family, friends or others. Although many miss spending time with their families, they tended to rationalise their absence on the grounds that it is really quite reasonable for their families to lead lives separate from theirs. For many, family members were too busy providing and caring for their nuclear family:

> But they've all got their own—they're very busy people, paying their mortgage and looking after kids. They haven't got time for Granny. Well, they're good to me. But they don't want to be too bothered with Grandma, you know. So I get on with things by myself. I live by myself and I cater for myself.

> Well, in my case, my daughter is not a well lady. She's 65 and she's not a well lady herself and she's got family of her own like close at home to her that she's got to look after. And a sick husband.

> My son, who's an auditor with the bank—he's sent away all the time, you see. And I don't see much of him. I might talk to him on the phone for two minutes because he doesn't even like the phone, you know. Hello? But he just always just signs off, 'Well, look after yourself, Mum. I love you'. And hangs up. You know that's as much conversation ...

For others, confidence to maintain family relationships was hampered by anxieties about their own usefulness, physical health and generational differences.

Rather than struggle with waning family relationships, some participants enjoyed connections with people whose experience of ageing, illness and disability was similar to theirs. Some aged care residents talked about their caring relationships with others at the facility, how they take care of each other and how they develop social and sometimes romantic relationships:

> And my friend, who I told you I befriended, and I'm still doing as much as I can for him, I make sure, if possible, for him to come up every Tuesday to get his Communion. That's all he worries about is he doesn't have Communion, you see … And I ring the relatives in Ireland for him ... And they're all coming over here to see Frank ... And he's so pleased about it, even though he has his days when he sleeps all the time and he goes into orbit and he doesn't know who's who and what's what. But there are other days when he knows everything.

Bonding among aged care residents was also important to some. In place of family, meeting and interacting with persons of a similar age was very important and sometimes blossomed into close bonds:

> I did it for years. I'd go with my friend, who's now ill, that can't do these things. And I'd go into St Francis every Saturday night and that with him.

Inner-suburban dwellers talked about the companionship of others in a similar position. They valued the freedom to form attachments enabled by accessing communal space and organised social activities.

Many research participants who described very disadvantaged backgrounds had no family or were estranged. This was a particular feature of those living in the Fitzroy area who had experienced poverty, unstable housing, institutionalisation and, in many instances, few stable relationships. Many of them placed considerable value on forming social relationships outside family.

Discussion among research participants living further from the city focused more on feeling isolated from others, even from their husband or wife if that person can no longer be cared for at home:

> I live on my own because my husband is a nursing home in Pascoe Vale. And he's in there since August … I've just had a hip replacement done and my leg done and everything. And I have Meals on Wheels, which come out from Monday to Friday. And then I have home help from the community; they come out and do my cleaning, shower me, three days a week. And then they take me out shopping on Wednesday. And that's it. And then I just stay indoors. I don't go outside any more.

Survey respondents identified several barriers to satisfactory relationships. Nearly half nominated lack of mobility and a quarter nominated lack of money. More than one in ten indicated that improvement in their relationships would require living closer to family, having more support and/or being able to use email and the internet.

Feeling respected

All respondents agreed that 'It is very important to feel respected and valued', with more than two-thirds strongly agreeing. The importance of respect was underlined by the almost universal response rate to the open-ended statement 'Things that make me feel respected and valued are …'

Many of the things that make respondents feel respected and valued cluster around recognition: being valued for one's presence, one's knowledge and experience; being listened to; doing something useful; being asked one's opinion; having one's views respected; being appreciated and

being treated as equal. Other responses centred on self-respect: being independent, doing things for others, achieving a goal, utilising one's knowledge and experience.

Respect was the topic that attracted the most extensive and animated discussion. What constitutes respect for the participants includes:

- *Having trustful relationships*: having loyal and honest friends, appreciation, love and care, especially from the family

- *Help from others*: kindness and support from others and compassion

- *Good manners and polite behaviour*: tolerance displayed by people and patience towards people with limited abilities, courtesy, people displaying honesty, interest, respect, friendship ('being spoken to with use of correct title')

- *Having good carers* who show genuine concern and respect

- *Being valued and well treated*: having a friendly chat, opinions being valued, neighbours looking out for wellbeing

- *Being treated fairly*: not being forced into unwanted choices

- People spending time with them who understand their actions and behaviours (e.g. dementia), kind people who listen to them

- *Being active*: being able to help themselves, 'reciting Shakespeare to the family', being able to show hospitality to others, to listen to others

- *Independence*: being independent and mobile, being able to show hospitality

- : doctors and pharmacists who understand and can be understood

- *Adequate financial support*, such as a pension that supports a decent lifestyle

- *Accessible transport*, such as friendly and helpful bus drivers

- Being able to go to church and to follow one's beliefs.

Yet respect was often thought to be lacking. Certainly not all research participants felt they command sufficient respect in the wider community. Instead they concentrate on deriving dignity and respect from their friends and acquaintances who participate in social inclusion programs. They appear to have a clear sense of entitlement to the Brotherhood services that meet their preferences and needs and value their right to be involved in decision-making about service design and delivery. This was particularly marked among some research participants living in the community, including some with physical disabilities who had strong views about feeling respected. Many of them talked about their experiences of being treated by society as 'second-class citizens' and not feeling respected and valued by their families. It appeared that some no longer expect much respect from the general community. As one participant commented:

> Oh I don't think you can feel respected by society ... I mean I'm at home with a carer and I come to all the—everything the Brotherhood offers I come to—but I don't know ... the big wide world and so I don't need to make, you know, to make a stand there ... [I'm] all for somebody being a spokesman for all that and I'll vote in favour of that sort of stuff but that doesn't affect me at all.

Some participants who live alone or with a partner in need of care also felt they lack respect from others. While some said they gained their self-respect from actively participating in work and volunteering, others felt that their efforts to contribute to society seem not to be much appreciated:

> But I don't get it [respect and dignity] from a lot of these Australian children that we tried
> to work with. I just stopped going. 'If you're going to carry on like that, I don't want
> nothing to do with you'. And just quite a few [teachers] pulled away. And now they've only
> got one—I don't think it's even going now. Because we had a program going after school
> for kids. And you'd get some of them—who the hell do they think they are?

Rights and opportunities

Nearly half of respondents agreed and a further third strongly agreed that 'I enjoy the same rights and opportunities as others'. However, almost one in six disagreed.

Some cited experiences of being taken advantage of because of poor health and mobility or being deceived by salespeople and tradesmen. Others referred to discrimination imposed by lack of easy access to disability toilets or by petrol pumps which they cannot manipulate. They also experienced discrimination through condescension, being ignored, being misunderstood and being spoken about as if one were invisible. Comments from survey respondents who reported that they do *not* enjoy the same rights and opportunities included: 'because of being old, one is at a disadvantage', 'being treated as second-class citizen', having 'few legal rights' and 'Poor people don't enjoy the same rights and opportunities as others'. One person observed:

> We have rights but not enough money, to enforce them, no cash = no lawyers = no rights.

Standing up for rights

One-third of people said that they feel very confident to stand up for themselves and more than half feel confident to stand up both for themselves and for others but fewer feel very confident about standing up for others. About one in eight do not feel confident to stand up for themselves or for others.

Some research participants discussed 'standing up for your rights' as a successful strategy to maintain dignity, although they seemed to have safety and security concerns around 'asking for too much'. Several talked about how they try to achieve fair treatment for themselves and others, at least in small ways. One participant related a personal experience:

> I mean, I had a taxi driver [who arrived] at lunchtime. And he tooted instead of coming up
> to the door. You know? So, of course he got told off about it.

Some, however, felt they are denied their rights. Many aged care residents, for example, spoke of having relinquished a considerable amount of freedom which leaves them feeling that they do not have equal rights and are not as valuable as others residents in the facility or outside in the community. For some, financial constraints or a lack of social connections limit their opportunities to live as equals with others and to feel a valued and respected part of the community. As one participant said:

> I think a lot of this it's very hard because we used to—before Dave had his stroke, I used to
> run a business and he did his own job and he used to help me with the business and we used
> to go to the football every weekend ... It's just too hard now and I'll tell you what it all
> really boils down to is a lack of finance.

Many participants believe that it is living on a low income that limits their sense of entitlement and individual power:

> I was working a little bit part-time, with the pension, the disability pension. But now I've
> had to give away the part-time work because my mother died last year and I just wasn't

> coping with the pressure and stuff. And I just—yeah, finances is a very big issue for me. I just cope, because I've got a lot of medication and stuff.

Among the community care participants who have a disability, many believe that they do not have equal rights and opportunities to participate. Some discussed structural barriers such as unfair rules and regulations and age-unfriendly built environments.

> I think a lot of what's going on should be addressed to the government ... There's a lot of personal things which you've got to overcome. Like if you go for a meal, you say, 'Have you any stairs, have you got a disabled toilet?' and they all say they haven't.

> A lot of them say they do but they're not accessible.

A general attitude of powerlessness was epitomised by the view of some that 'Whatever you do, you can't change things anyway'. Many research participants were particularly pessimistic about influencing political decisions:

> What would you want to know? You can't make the decision. I mean you can say, 'We'd like this, we'd like that', but we don't make the decision, they make the decision. So, no matter how much you talk about it, it's not going to [change anything].

Being well informed and learning new things

Asked about kinds of information that would help them make decisions, nearly one in three survey respondents indicated that they need a better understanding of government benefits and their entitlements, two in five about how to use a computer and/or the internet, one in five about 'what the doctor tells me' and one in six about the legal system. Although more than half of all respondents claimed they are generally able to 'think for themselves', fewer than half reported that they have enough knowledge to make their own decisions.

Most research participants did not feel that further 'education' was the answer to increasing their knowledge. They preferred to take advantage of the incidental learning that takes place in group activities and socialising. However, some people felt they had inadequate access to meaningful education or learning experiences. For example, one participant commented on 'not being able to get the books that I want to read'. Some participants associated lack of access to learning experiences with poor health, age discrimination, lack of mobility or insufficient access to transport. Aged care residents valued learning experiences as important to living a fulfilling life and for those whose physical health had deteriorated, mental stimulation was a key element in their personal happiness.

Inner-urban research participants who attend the Coolibah Centre were more interested in the idea of lifelong learning and organised education programs than were those who live in residential care or the wider suburbs. As one respondent said:

> There's my need for knowledge, like a sponge.

Those of Chinese background were particularly interested in learning as a way of integrating themselves into the mainstream community and broadening their language and computer skills.

Coolibah Centre members also were more satisfied with opportunities for informal and incidental learning. While many are well connected to the wider local community, are knowledgeable about other available services and share this information informally among the members, others rely on the Coolibah Centre for most of their social interaction and information needs.

Being active and getting out

More than four-fifths of respondents (84%) strongly agreed (29%) or agreed (55%) that they would like to live a more active life; about one in six disagreed or strongly disagreed (16%) and only one in five respondents (21%) indicated that they were active enough.

The most frequently selected enabler for being more active was 'if I were healthier' (two out of three respondents) while one in four selected having better transport options and one in six having people to go out with.

The invitation to list 'the three things I most like doing' attracted responses from two out of three respondents (68%), one of the highest response rates to any open-ended question. The most frequent responses related to:

- *socialising with the family, friends and others:* meeting and talking to friends and people from the same generation, and to 'random' people, spending time with family, spending time with partner, having people visiting them

- *getting out and about*: going shopping or walking, social activities and playing games, going to senior citizens' clubs, taking part in BSL's socialisation programs and other entertainment

- *pursuing hobbies:* reading, art, painting, music, cooking, watching films and TV, meditation, playing with pets

- *doing things at home*: cooking, eating, gardening, cleaning and tidying up

- *physical exercise and sports*: gym, swimming, dancing

- *home care and maintenance:* caring for and enjoying their own home and garden

- *working, volunteering and learning*: doing volunteer and community work and learning such as the computer course at the Coolibah.

Being active can have many meanings. Most research participants associated it with being with other people and many aged care residents talked about enjoying organised activities at their residence or going on outings such as picnics or boat trips, but others spoke of their preference for solitary pursuits.

> But some of the activities that go on here, they don't appeal to me. I do a lot of reading, and when it comes to activities, the sort of activities that they do didn't appeal to me. As I say, I have enough activity making my bed.

While many residents rely on organised activities, some are able to pursue interests through relationships outside the residential facility:

> I don't really need any what you could call 'activities' here, as such, because I get out enough ... I have a community visitor visits me every other Saturday and we go out. So I have enough activities without having to expect activities within the home.

Many inner-urban participants are able to get about independently to access services, to meet their friends and engage in a wide range of activities:

> I go to a gym out at Preston a bit, three or four days a week, sometimes night times. I go out to the markets two or three times a week. I go to barbecues with my friends. I go to the hotel and have a couple of beers

> My social life is good. I go to an art class at Preston. I do a cooking class out in Holden Street in ... I signed up yesterday for another course in Preston, for a literacy/numeracy class. I also do writing in 'Cooking Through Literacy' in Holden Street [Neighbourhood House].

Although some research participants spoke of constraints such as mobility, health, transport and financial issues, they are still quite likely to use local community facilities to keep active, as well as participating in organised activities.

> You contact the City of Yarra and they will send you a whole format of everything that's available. There are free gyms, there are free pools. And I mean if you had to pay it may be $2.50. But just ring and ask for Amenities, and they will send you out a brochure of everything that you may do.

Some are active volunteers in other local organisations.

For others, the Coolibah Centre provides most of the activities they use. As one pointed out:

> Even though they wanted to go out, you know, but they can't go to a place which is far away, or a very exciting place, because you know there are health restrictions. ... And she said that coming to the centre to have the activities is enough.

However, some participants commented that some of the trips organised are not suitable for all because they are too long or not perceived to be interesting or the buses are inaccessible.

Most suburban research participants using community care services enjoy the Brotherhood social inclusion programs which help them stay connected to other people and to the local community:

> I like the social activities, I like the art, I'm not a painter but I came back and I realised you can splodge. You stand back and you get your paintbrush and you just go boom ... I don't want to sit in a bus and look at a tree.

Another participant said:

> Well, we enjoy being together. I liked that boat trip we were on at Williamstown. We got right up to Williamstown and had our fish and chips there ... And that was great. We were all together and we enjoyed it.

Care responsibilities, poor health of partners and a lack of connection to family often prevent older adults from participating in family activities and festivities, community events and organised trips.

> And we're all on the same [page] but with family, I sit very quietly. Well, they come and talk to me. And my daughter has a beautiful house ... But I don't fish, I don't ride horses now. I don't do anything like that with them, so I read my books, you know. After three or four days, that's it. You know you get sort of ... tired of reading a book.

Some participants spoke wistfully about overcoming mobility and health issues and travelling independently:

> I've still got the caravan and I think I might sell it and I can't see myself towing it round Australia anymore—I've taken it once, that's where my husband first got sick ... I'd do it again if I had company, you know?

Achieving my goals

Half of the respondents agreed that they enjoy planning for the future but only about one in seven agreed strongly. One in three responded that they are 'happy with how things are'. This left about one in three who do not enjoy planning for the future.

The invitation to nominate two favourite plans drew answers from just over half of respondents (52%). Plans were diverse and ranged from joyful ('to live to be 100 and keep smiling') to despairing ('to pray to God that I don't wake up in the morning'). There were ambitious community goals 'to build a Maori marae at Diggers Rest', and individual hopes for freedom from pain and improvements in quality of life. Most frequently mentioned plans were:

- visiting and spending time with their family (including overseas/interstate visits)
- going on a holiday or planning a trip
- outings with the Brotherhood (including going to cultural centres and to church)
- meeting up with friends
- caring for and fixing up house and garden
- studying and achieving further education (including computer and language courses)
- getting back into work or doing volunteer work.

Asked what they need to achieve their plans for the future, two in five indicated more money and one in three better health. More information and support and/or more contact with family were chosen as responses by one in five.

When research participants discussed planning their lives they concentrated mainly on practical matters such as health, money and relationships. As one person said:

> We like to save. We don't spend tomorrow's money.

Dependence, often an insidious feature of institutional care, also seemed to inhibit aged care residents from engaging in planning their own lives. As one respondent commented:

> I think we get into a bit of a rut, because people expect trips and expect that somebody else is going to do something for them.

Life experiences such as travel were important to community care research participants in planning their lives. However significant health and financial barriers prevent many from enacting these plans. Looking after family financially and physically and maintaining independence were also important items in active life planning.

Being with other people

While nine in ten respondents like to meet up with people to enjoy themselves, one in ten do not. Just under three-quarters professed to have enough opportunities to meet up with people to enjoy themselves, but the others responded that they do not.

Yet only one in four responses to the next statement 'I would be more social if …' agreed that 'I am social enough'. Again poor health was the prevalent barrier (half of respondents), followed by social life dependent on their family coming together more often, lacking transport, needing more friends and feeling they need to learn something new.

The open-ended inquiry, 'My social life would be better if …' elicited a high response rate. A better social life would result if participants could have better health and ways to overcome the limitations imposed by disability or lack of mobility. Deaths of family members and friends, a lack of friends and acquaintances, feelings of dependence or of being a burden, and lack of money also undermined their social lives. Several respondents commented that people avoid you when you have health or disability-related problems.

Desirable improvements are typified by comments such as:

> If I had someone to share time with
>
> If I were more mobile and transport were less difficult. If I could drive a car
>
> If I were not too exhausted to go out and mingle with people in activities
>
> If I was able to get away for a weekend or to have an evening out
>
> If I were more confident about going out to meet others at places that interest me
>
> If I was around people who had stimulating conversation, caring people, knowledgeable people who are easy to communicate with
>
> Weekend support would be appreciated. Sometimes it gets a bit lonely

It was noticeable that having neighbours in the facility or nearby, community volunteers, fellow participants in activity programs and 'like-minded' people who live in similar circumstances are important substitutes for past relationships with partners, families and friends whom they rarely or no longer see.

Many of the research participants in the Fitzroy area either live in or come from backgrounds of poverty, unstable housing or institutionalisation and many have had few stable social relationships. They talked about the value of being with other people and how at Coolibah, for example, they found being with others in a similar position gave them continued affirmation.

Discussion among suburban community care research participants centred much more on social isolation, especially if they lived alone and seldom saw anyone except service staff. Some had been separated through illness from their spouse.

> Well I used to go to Bible study every week and then I couldn't leave Jeff and I can't leave him with Raymond all the time … but now they've arranged having a Bible study during the day at my place.

For many, the opportunities to be with other people through the Brotherhood's social programs, outings and activities are essential for their social, mental and physical wellbeing:

> … there are facilities around us and I just discovered it bit by bit because we didn't use the Brotherhood of St Laurence until early this year and I didn't know that there would be facilities like they have available for us … with Julie attending one group on Monday morning; that was very, very sustaining. That really has given us so much enjoyment in life, that she can escape from me.

As one participant said,

> If it wasn't for the Brotherhood, I would curl up in corner and die.

Helping others

Although helping others or helping the community were ranked lowest of the seventeen options, nearly half of respondents (45%) rated it as one of 'the most important things in life'. Research participants who volunteered their time or who were actively helping other residents often gained fulfilment through the experience which allowed them to feel useful and see a future in their endeavours. Many Coolibah Centre members are actively involved in the community, for example through volunteering. One commented:

> I can't give back financially, of course, but I can give my time. And that's why I volunteer once a month. And that's a hostel that I've got a lot of respect, again, for the staff and the way they treated my friend.

Most suburban research participants appeared uninterested in being involved in public or community affairs, although a few talked about advocacy activities.

> I've been asked to put in an application to be on the advisory council for the Office of Disability—I have dealt in the past with politicians ... We were also very heavily involved in social justice, mediation, the local state government consultative council … I cut my teeth on that back in the [19]80s so while my brain is still coherent I want to disgorge the information that's in there and get rid of it.

Aged care residents talked about their caring relationships with fellow residents.

> And my friend, who I told you I befriended, and I'm still doing as much as I can for him, I make sure, if possible, for him to come up every Tuesday to get his Communion. That's all he worries about is if he doesn't have Communion, you see … And I ring the relatives in Ireland for him ... And they're all coming over here to see Frank ... And he's so pleased about it, even though he has his days when he sleeps all the time and he goes into orbit and he doesn't know who's who and what's what. But there are other days when he knows everything.

They also valued reciprocity as important for making life meaningful.

> And being, not just my friends, but being a good friend back. And I think I am that. I've got friends at the moment I'm helping … And yeah, my friends are so important to me.

The natural environment

While the natural environment was rated in the lowest quartile of the most important things in life, the overwhelming majority (97%) of respondents agreed that it is important to protect wildlife and vegetation in our environment, including more than half who strongly agreed. Nearly half were satisfied with the amount of time they spend in the natural environment but others would like to spend more time by the sea, walking in the country or by a river; others responded that they are happy in the city.

The main barrier to enjoying the natural environment was again poor health (70%). Half of respondents cited needing to be more mobile and one-third lack of transport. About one in three were limited by needing more money and/or needing other people to go with:

> There's nothing like being out with nature. There's a fauna and flora reserve ... and it's a lovely area but I can't take the scooter everywhere because there's no power points so I have to rely on my husband to drive me.

Inner urban residents talked enthusiastically about how much they enjoy wildlife and nature, about trips and how much they look forward to them. Aged care residents talked about recent outings and times when they had access to 'the world of nature' such as in a beautiful garden. One resident said:

> When I first came, we had regular outings in the bus ... And sometimes we'd go right out into the country. And that was absolutely marvellous for me ... I enjoyed those trips tremendously.

These residents relied heavily on Brotherhood programs, informal carers or family members to take them out. Beyond these, there seemed to be limited options to enjoy the natural environment. Some commented that they thought there had been a decrease in the number of outings organised by residential care staff.

Limited mobility, health conditions and dependence on others create extra barriers, especially to longer trips and independent excursions. Some of the Mandarin-speaking participants commented:

> *Interpreter:* [They want to go to] Phillip Island to see the penguins. Yeah. She said that a lot of people signed their names suggesting to go there ... Even though they wanted to go out, you know, but they can't go to a place, which is far away, or a very exciting place, because you know there are health restrictions ... The majority of them are over 70 years. So he said that the short trip, like half a day or five or six hours during the day, would suit most of the people.

For some participants, being on a pension limits more frequent enjoyment of the natural environment. The costs of hiring transport have also increased:

> He also mentioned about funding. Now, to get a whole bus—before was $500, now is $800 or $900. And he said that he doesn't know how much funding Coolibah Centre can get.

Some suburban community care users talked about how happy it makes them to be able to go to the beach, be in the country or visit a farm. One man talked about how important animals are to his everyday life.

> I've got some quite severe health problems that are not expected to enhance my life prospects, but I keep cheerful. I've got seven horses and ponies I look after and they keep me busy, keep me occupied and keep me motivated.

For others who live in their own homes, their garden is an important source of pleasure as well as giving them a sense of pride and achievement.

> I have a man that cuts the grass and that, because I have a lovely garden—I love my garden. But apart from that, I cater for myself, do my own washing, own cooking, everything. I'm eighty-nine, ninety.

6 Discussion

The capability approach with its multiple possible dimensions makes development of methodologies for its use extremely complex. Like many other researchers (Burchardt 2008, 2005; Comim 2008, 2001), our experience indicates that applications of its precepts and principles will inevitably be partial and selective and fall short of the potential of the approach. This research has focused on exploring capabilities among users of Brotherhood aged services: what they value being and doing, and what they perceive they need in order to live a life that they value. One of the criticisms that has been made of other efforts to identify capabilities is that what they have actually identified and sought to measure is 'functionings', what a person could do at a particular point in time rather than what they might prefer to be and do in the future and the opportunities available. Thus one of our primary challenges was to identify capabilities rather than functionings. To this end, we asked not only about which life domains aged services users value most highly but also which aspects of their lives they would like to improve.

Identifying capabilities is a complex task and there are always practical limiting factors that must be taken into account. In our case, participation of our target population in both the survey and focus groups was limited by poor health, disability and frailty (the large majority of service users are aged between 70 and 100 years), transport availability and caring responsibilities. This influenced the data collection in terms of the length and complexity of the survey instrument and the amount of information that could be gathered from group discussion. It also precluded extensive consultation to identify key capability sets such as those conducted by Burchardt (2006) and Comim (2008). Instead, noting the close similarities between the capabilities identified by Burchardt and those constituting Nussbaum's list of central human capabilities, we opted to use the latter as a starting point for developing a suite of questions which we then piloted among our target group. This also had the advantage of including social, educational, environmental and spiritual concerns that encouraged respondents to consider matters beyond the mundane and the personal.

Valued capabilities

It was evident from the survey findings that there is a tendency among respondents towards acceptance of the status quo in terms of identity, abilities and life circumstances, at least when they offered a global assessment of whether they are living the best life possible for them. This might merely reflect the trend, presented in indices such as the Australian Unity Wellbeing Index produced annually by Deakin University, that older adults are happier than younger ones because many of the most difficult life challenges have now been safely navigated, or because, as the authors point out, 'Elderly people adapt to their generally modest, but stable, financial circumstances' (Cummins et al. 2011, p. 180). However it may also be evidence of Sen's concern about the risk of 'adaptive preferences' and Nussbaum's caution that we should beware a person's preferences merely mirroring and validating the status quo of powerful social institutions because they have learned to:

> adjust their ambitions and ideas on happiness to suit their circumstances as a way of
> surviving a difficult life; for example, you could have a happy slave (Sen 1999b, p. 62)

Further analysis of our survey data suggests participants' response to the first survey question to be somewhat superficial and that beneath it lies widespread desire for improvements in their lives. When it comes to specific aspects of their lives the data shows that there is considerable room for improvement. That is, there are many capabilities that respondents would like to realise.

It can also be observed that the most valued capabilities identified by this research tend to be self rather than other-directed. Not only were the capabilities 'helping others' and' helping the community' less valued on the 'most important thing in my life' scale but they interested only a minority of research participants and were almost always associated with the value of reciprocity and rarely with the intrinsic satisfaction of altruism. While for some people this last may reflect the poorer health required for service eligibility, for others it may well represent preferences adapted to a self-image constructed as a mirror of negative attitudes that society holds towards older age.

As we have seen, Nussbaum's ten central human capabilities, at least as presented to survey respondents and focus groups, were not equally valued by Brotherhood aged services clients. Interestingly, given our decision to reflect the breadth of Nussbaum's list, the capabilities most valued by respondents related to the personal and practical aspects of their lives: bodily health, bodily integrity, control over one's environment, emotions, affiliation and practical reason. Less valued were more intangible domains such as other species, and senses, imagination and thought. These highly valued capabilities bear close similarity to the six domains identified by Gilroy (2006)—health, income, mobility, safe neighbourhoods, a comfortable and secure home, and social relationships and support and the five conceptual attributes to a good quality of life identified by Grewel et al. (2006)—attachment, role, enjoyment, security and control. Making one's own decisions, feeling respected and being well informed were not explicit in Gilroy's findings.

Interdependence of capabilities

It was evident from our findings that, while Nussbaum's ten capabilities may be substantive, they are not independent of each other. When our research participants were asked what opportunity they would need to develop or enhance a particular capability, they often spoke in terms of clusters of capabilities. For example, bodily health and bodily integrity were often cited as critical to affiliation or control over one's environment. Closer examination of the spread and ranking of capabilities identified by Brotherhood aged service users indicates that some highly ranked capabilities were not only associated with others that were also ranked highly but also with others that were ranked lower, often much lower. For example, health, which the survey found to be 'the most important thing in life', was found to overlap strongly with other capabilities identified by service users, including independence (fourth highest), being safe (fifth), getting out and about (seventh), the place where I live (eighth) and being with other people (thirteenth). This supports the conclusions of Grewel et al. (2006) that it is capabilities as opportunities to achieve their desired functionings that are more important than the actual achievement of any functioning for itself. This is also consistent with Morris's finding (2012) about older renters, for whom rental security and affordability were important enablers of social connections and neighbourhood participation.

In the context of aged services, these might be termed enabling capabilities. For example, for Brotherhood aged service users, health was an enabling capability for other highly valued capabilities. Maintaining good physical and mental health was a recurrent theme which was linked to all aspects of life. Good health was cited as an important factor in relation to other valued capabilities like social contact, maintaining independence, making decisions, getting out and about and enjoying the natural environment. Thus, while good health was valued in itself, a very large part of its value was what it enabled people to be and to do.

Similarly, there was a strong relationship between financial capabilities and other capabilities, which also highlights their interdependence. For many people, the nexus of adequate means, good health and social engagement enabled them to live in ways they highly valued.

Spending time with family and friends, being active and getting out and about were often in themselves not only highly valued but interdependent. Being well informed was very highly valued and in this respect having social contact was an important means of exchanging information and learning new things including where and how to get best value for money, how to access services and how to think differently about ways to improve one's health.

Independence, decision making and control over one's life are of course different facets of one quality. Valued extremely highly among research participants, they can be seen to enable other capabilities such as good health, dignity, self-esteem and social contact as they weave through all elements of people's lives. This suggests that, while central human capabilities may be substantive and unable to be substituted for each other, such is their interdependence it is also impossible for any one capability to be sustained in isolation from others.

The interdependence of capabilities also suggests that Brotherhood aged services should treat capabilities as a complex web rather than as discrete units and that services themselves might be examined to ascertain the clusters of capabilities they address and how they might be best designed for this purpose.

Some limitations of the study

Identifying capabilities proved to be quite as difficult as promised by other researchers due to their complexity and multidimensionality. This application of its principles and precepts is partial and selective and no doubt falls short of its full potential. Some factors that contributed to the study's limitations were:

- the need to honour the future orientation of capabilities as opportunities rather than focus on the retrospective orientation of functionings

- the level of abstraction of Nussbaum's list of ten central human capabilities, which was both an asset and a limitation: an asset in that it provided a sound basis for examining the capability preferences of Brotherhood aged service users and then constructing an instrument containing variables that reflected meaningful aspects of their lives, and a limitation in that so many questions were possible that it was a challenge to formulate questions that would identify capabilities relevant to the aged service users but at the same time not overwhelm them.

- respondents' reluctance to talk about values and aspirations. With its attention to social, educational, environmental and spiritual life domains, the study appeared to provide opportunities for respondents to explore matters beyond the mundane and the practical. In the event, however, most were reticent about discussing beliefs, values or aspirations. This may present a challenge to trialling and implementing a capability approach to aged service delivery.

- the impact of poor health, disability and frailty on participation in the study. Our awareness of the target group's potential limitations in terms of poor health, disability and frailty (most service users are aged between 70 and 100 years) influenced the scope of the data collection by constraining the length and complexity of the survey instrument. Also it is likely that some Brotherhood aged service users could not participate in the study due to issues relating to health, transport and caring responsibilities. While the response rate to the questionnaire was relatively high, the results may not match the views of those service users who were unable to respond.

In addition our study was designed to test the applicability of the capability approach to a particular cohort of people, Brotherhood of St Laurence aged services clients, in particular areas of Melbourne at a particular time. As a consequence, findings from the survey and focus group discussions are context-specific and, while some of the findings may be applicable to similar

populations, they should not be generalised beyond Brotherhood aged services clients. They may however provide some insights into the capabilities valued by people in the same age range who use aged services of other providers.

Some benefits of the research

The capability approach has the potential to lead Brotherhood aged services staff, whose work is already founded on person-centred, consumer-directed and active service models, to better understand these connections and to carefully consider individual clients' capability aspirations and collaboratively developing plans for achieving a life that they value. While each aged service user has different aspirations and priorities, capabilities can only be accomplished and enacted in the context of the society and its institutions. Brotherhood services staff need to consider the relative importance that service users attribute to variety of things that they value in their lives, how these are interdependent and how services can be flexibly arranged to bring a valued capability to fruition.

This will necessitate aged services staff asking questions of their clients such as:

- 'How would you choose to be?'

- 'What would you choose to do?'

- 'What is needed to create the opportunity for this?'

- 'What can you do towards achieving this?'

- 'What can we (Brotherhood aged services) do to help you to achieve this?'

It will also require them to reflect, discuss, act and advocate with their colleagues on answers to such questions as:

- What in aged services program guidelines facilitate or preclude this service?

- Is it the guidelines themselves or the ways they are interpreted that create obstacles to fostering these capabilities?

- How should the guidelines be changed?

- What policies or elements of policies, either external or internal, serve to constrain capability advancement?

- What underlying assumptions and values inform such policies?

- What changes are needed to such policies?

- How can the Brotherhood of St Laurence influence such changes?

If, as Simon Biggs (2001) argues, there are gaps between the narratives of old age that social policy embraces and the narratives that older adults live by, asking the sorts of questions posed above may also challenge the current policy narrative which primarily presents ageing as unproductive deficit thereby revealing a wider range of more positive personal experiences of ageing. In so doing we may uncover a clearer picture of which sorts of capabilities policy permits, which it prohibits and how understandings of later life might be changed to reflect more closely the diverse lives that, given the opportunities, older adults may choose to live.

7 Conclusion

The purpose of this research was twofold: to construct a capabilities framework for Brotherhood of St Laurence aged services and to identify capabilities highly valued by the service users. The study was also designed to test the applicability of the capability approach to a particular cohort of people, Brotherhood aged services users, in particular areas of Melbourne at a particular time. While it has produced a list of some capabilities valued by these aged service users, the list should not be regarded as exhaustive given the myriad other items, equally consistent with Nussbaum's list, that might have been included. The capabilities identified are context-specific and, while some may be applicable to similar populations, they certainly do not represent the universal list of capabilities for older adults envisaged by Lloyd-Sherlock. But it is consistent with Sen's contention that every list of capabilities will be time-bound, context-specific and not generalisable to a broader population.

Aged services in Australia have a long history of treating older adults as passive consumers. Only recently has a more active view of ageing begun to be embraced. While this is more respectful of older adults' human rights, it still falls short of enabling active agency in the way Sen outlined:

> Understanding the agency role is thus central to recognising people as responsible persons: not only are we well or ill, but also we act or refuse to act, and can choose to act one way rather than another. And thus we ... must take responsibility for doing things or not doing them (Sen 1999b, p. 190).

The connections between the concepts of social inclusion, person-centred care, consumer-directed care and active service models are based on increasing agency, the belief that people should be able to actively think about, shape and control their lives according to their values and in the context of their society. In the literature reviewed there is evidence that the active service model, person-centred care and consumer-directed care increase self-determination and active participation. By asking what a person values being and doing, the capability approach takes a holistic stance, setting aged services in the context of living 'a good life'. The contingent question then is, what sort of aged services can enable or enhance those capabilities that individuals and their society value?

This study has, as Lloyd-Sherlock advocates, enabled a better understanding about older adults' values and preferences and how they vary. Mapping aged services in respect of capabilities will open a way for the Brotherhood to address some of the structural constraints inherent in conventional aged services practices. One of the challenges will be to ease the tension between the individual and the collective. On the one hand it is each person's capabilities that are important; but everybody is entrenched in their own local community as well as their broader society and their capabilities will inevitably be the mediated by this interdependence both in both positive and negative ways. In the face of this nexus between individuals and the world in which they live, Sen argues with Marx for the need to replace 'the domination of circumstances and chance over individuals by the domination of individuals over chance' (Sen 2005, p. 155). The Brotherhood of St Laurence will also need to develop practices to maximise opportunities among its complement of clients while at the same time extending the capabilities of individual service users.

At a time when the rights of older adults in Australia are often undermined by social stereotypes that equate ageing with deficit, and by well-intentioned social and care services that, in a risk-averse environment, often curtail independence and choice, one of the motivations for this research has been a new vision of aged services. If older adults are to be and to do what they value, aged services and policies have a special responsibility for enabling people to live lives valued by

themselves and their society. Government has a vital role in investing in older Australians and their capabilities to achieve this. Greater attention also needs to be given to identifying what these capabilities are and to bringing about social and policy changes to enable their development.

The capabilities framework not only reveals the capabilities valued by Brotherhood aged service users but also demonstrates the interconnected factors that facilitate social inclusion. Responding to individual capabilities identified through this research will place older adults at the core of legitimising their own capability indicators, thus creating opportunities for their voices to be heard and to counterbalance 'the dominance of professional perspectives'. Applying the capability approach to explore what clients value not only illuminates their capabilities but also enables identification of which Brotherhood aged services best enable older adults to achieve their own definitions of 'a good life'. This is especially relevant given the diverse lives older adults live, and will increasingly live.

This study also prepares the way for the next phase of this research: to pilot and evaluate the capability approach as a model for delivery of Brotherhood of St Laurence aged services, with its attention to the people's values and preferences not just for maintenance of their lives but for their transformation.

Appendix: Nussbaum's capabilities list

The following are excerpts from Nussbaum's explanations of her list of ten capabilities (Nussbaum 2003, pp. 41–42).

Life. Being able to live to the end of a human life of normal length.

Bodily health. Being able to have good health, to be adequately nourished, to have adequate shelter

Bodily integrity. Being able to move freely from place to place; being able to be secure against violent assault, including sexual assault

Senses, imagination, thought. Being able to use the senses; being able to imagine, to think, and to reason—and to do these things in … a way informed and cultivated by an adequate education; being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech and freedom of religious exercise; being able to have pleasurable experiences and to avoid non-beneficial pain

Emotions. Being able to have attachments to things and persons outside ourselves; being able to love those who love and care for us; being able to grieve at their absence, to experience longing, gratitude, and justified anger; not having one's emotional developing blighted by fear or anxiety

Practical reason. Being able to form a conception of the good and to engage in critical reflection about the planning of one's own life

Affiliation. Being able to live for and in relation to others, to recognize and show concern for other human beings, to engage in various forms of social interaction; being able to imagine the situation of another and to have compassion for that situation; having the capability for both justice and friendship … Being able to be treated as a dignified being whose worth is equal to that of others

Other species. Being able to live with concern for and in relation to animals, plants, and the world of nature

Play. Being able to laugh, to play, to enjoy recreational activities

Control over one's environment. (a) *Political.* Being able to participate effectively in political choices that govern one's life; having the rights of political participation, free speech and freedom of association (b) *Material.* Being able to hold property (both land and movable goods); having the right to seek employment on an equal basis with others

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