Valuing capabilities in later life

The capability approach and the Brotherhood of St Laurence aged services

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This 'Valuing Capabilities in Later Life' research project constitutes a strand in the work of the Brotherhood of St Laurence toward 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 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 constitutes the first part of a larger study which will go on to examine what capabilities users of Brotherhood aged services aspire to, how services can enhance capabilities and how a capability approach might be integrated into service provision.

Key findings

- **A life worth living.** Four out of five survey respondents agreed (58%) or strongly agreed (24%) that 'I am living the best life is possible for me to live'. But one in five disagreed (13%) or strongly disagreed (6%).

- **The most valued capabilities.** At least four out of five respondents selected 'my health', 'being safe', 'making my own decisions', 'the place where I live', 'my independence', 'my family', 'feeling respected' and 'being well-informed' as important. Between half and three-quarters rated as important 'my friends', 'being active', 'getting out and about', 'achieving my goals', 'being with other people', 'helping others', 'the natural environment' and 'learning new things.'

- **Valued opportunities.** The improvements to life most frequently cited as desirable are 'living a healthier life', 'having better social relationships', 'better financial security' and 'spending more time with family and friends'.

- **Interdependence of capabilities**. Some capabilities are strongly interdependent. For example, poor health, low income and lack of mobility place limitations on other valued capabilities such as independence, choice, being active, planning for the future and having fulfilling relationships.

- **The contribution of BSL aged services**. BSL aged services are all relevant to enabling and enhancing capabilities valued by the users. However, like capabilities, services form mutually interdependent constellations, making it difficult to map individual services in relation to individual capabilities.
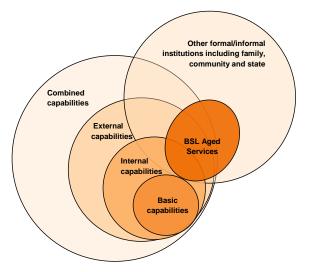
Background

The capability approach to understanding disadvantage derives from a concept that is receiving increasing attention both in Australia and internationally. Amartya Sen, a Nobel Prize – winning economist, conceived the notion of capabilities as the freedom people need in order to be and do what constitutes a good life in their culture, in their society. That is, people need to be free to choose a life they have reason to value (Sen 1999).

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 species of sensate life; play; and control over one's environment, both political and material. Since these are each substantive freedoms, the need for one capability cannot be satisfied by a larger amount of another.

Examination of several other capability frameworks, for example those of Burchardt (2008), Chopra and Duraiappah 2008), Lloyd-Sherlock (2002) and Saleeby (2007), guided us in the development of a framework for Brotherhood aged services (Figure 1).

The Brotherhood aged services and capabilities framework

Figure 1 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.

The 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.

Methodology

We conducted a literature review to examine uses to date of the capabilities approach. The approach has 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 of it being 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 BSL 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; 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 their 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 were 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 were living the best life possible. Service users living at home in the northern suburbs more frequently reported not eating what was 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 BSL 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 BSL 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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For further information

The full report *Valuing capabilities in later life: the capability approach and the Brotherhood of St Laurence aged services* (PDF file, 1.7 MB) by Helen Kimberley, Robert Gruhn and Simon Huggins may be downloaded from the Brotherhood of St Laurence website.

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