Male Indigenous and non-Indigenous ageing

A new millennium
community development challenge

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Abstract

This article focuses on Australian men living in the Northern Territory, both Indigenous and non-Indigenous. They are identified as the sector least able to access the indicators of successful ageing, and a sector in urgent need of community inclusive policies, programs, and social support. Four important concepts have been identified in developing this paper; namely the indicators of successful ageing, the use of the term 'age range' (as a means of examining needs more specifically), life cycle comparisons (between indigenous and non-indigenous Australians), and the limitations of generic Federal policies. These concepts are linked with Social Context Theory, to identify a major community development challenge.

The issue

The International Year of Older Persons, in 1999, did much to advance the interests of older people, through supporting and promoting policies, programs, and care services introduced during the late 1980s and 1990s. Research by Earle and Earle (1996; 1997) identified six indicators of successful ageing (security, involvement, satisfaction, autonomy, integration, and creativity). These have since been targeted in policies and programs to improve the life chances and community involvement prospects of older individuals in Australia and New Zealand.

A specific sector where gains have not been consistent with general patterns is working class Australian men living in the Northern Territory, where a unique situation exists. There are more males over 50 than females. This has serious implications for family/carer support, given women live longer and tend to be the major carers (ratio of 3:1). In addition, research has found that men are less socially competent, less language skilled, and less willing to do new things, than are women (Earle, 1996). This raises questions about their adaptability and capacity to meet personal needs and societal changes, during the post-work years.

Recent moves in the Northern Territory to rationalise public sector workforce needs, through early retirement programs, have presented many men (mostly non-Indigenous) with a series of potential negatives. These include loss of a work role, inadequate informed preparation in the development of non-work community involvement options, and the depletion of social support networks at a period of high vulnerability. Such losses pose significant psychological and social challenges. However, the corporate memory is not programmed to retain nor recall the value and contributions of departed workers and their lifestyle needs. Consequently, new directions are required of many retiring male workers, who find themselves in transition from living the familiarity of what has been, to negotiating the uncertainty of what might be. The psychological and social challenges implicit in achieving the indicators of

successful ageing at a period of personal loss are significant. For those lacking confidence, social competence, and partner support, the likelihood of experiencing chronic social loss syndrome, i.e., perceived personal irretrievable social and activity/role losses, is increased (Earle 1996).

Another conspicuous group failing to make lifestyle gains in their later years is Indigenous Australian men, and in particular those living in the Northern Territory. According to the 1996 Census (ABS, 1997), the Territory has the highest proportion of indigenous people of all states and territories (27%). Research by Earle and Earle (1997) has indicated that Indigenous Australians in the Northern Territory are not faring so well in achieving the indicators of successful ageing. They have the lowest life expectancy levels in the country, with men living to 55 years and women to 62 years (ABS, 1996). Moreover, the growing cultural intrusions and associated status losses among older Indigenous men in contemporary Australian society have resulted in personal role erosions. Indeed, with respect to who is making gains and who is not, it is Indigenous Northern Territorians who have least to celebrate, and perhaps the most to lament.

> **Following the completion of the International Year of Older Persons, it is Indigenous Northern Territorians who have least to celebrate.**

Human needs analysis: Indicators of successful ageing

Given these problems, we require an analytical process to tackle them. In that regard, Earle (1996) has identified the following key human factors, which together constitute benchmark "social indicators" of successful ageing. We will now use these to define the essentials of successful versus unsuccessful ageing.

Security

Security has two main forms: Functional security (personal safety, finance, adequate diet, health maintenance, access to medical and community services); and reflective security, which takes place at a time of significant change in a person's life. Reflective security prompts individuals to review what has been achieved prior to a significant change (e.g., retirement, loss of spouse) and to assess both what can be carried forward and what should be done in the future to meet new needs. This is crucial to an individual's mental well being. A negative assessment can pre-empt mental and social difficulties, and exacerbate any marginalisation from societal involvement. Rapidly imposed redundancy designated retirement packages without informed social preparation, to underpin quick 'financial fix' seminars commonly provided by organisations, can contribute to negative perceptions during a period of reflective security. Social (lifestyle) planning, and financial planning, are essential to successful retirement preparation.

Both Indigenous and non-Indigenous older Australians experience difficulties in negotiating change in the absence of ongoing roles, activities, and minimal family support. The *Vision Paper on Successful Ageing in the Northern Territory* (Earle & Earle, 1997), found that in the case of some older Indigenous people, role losses and an erosion of traditional family ties have distanced them from younger family members. With regard to physical health, Indigenous

Territorians do not fare very well. Males have not only the lowest life expectancy levels in the nation, but also the lowest longevity gains. However, the Northern Territory government is working to provide wider access to health services for all senior Territorians.

Involvement

Involvement requires ongoing activities (a basis for identity), and ongoing access to social interactions, or people with whom individuals can share those activities (i.e., social support networks). The latter requires an accessible personal community of kin and friends. While there is now a trend towards placing older Indigenous Australians in residential care complexes in the Northern Territory, consultations with health care professionals have indicated that every effort is being made by care providers to ensure that contact with kin is facilitated.

Satisfaction

Satisfaction comes from involvement in quality activities and quality interactions, where quality infers a perception of personal importance and the provision of personal pleasure. Professionals (Community Development Officers, Recreation Officers, Diversional Therapists) are now developing programs to compensate for these areas in the absence of accessible family support.

Autonomy

In the context of this paper, autonomy implies the potential for an individual to make choices from a range of available options. This should not be regarded only as pursuing interests in isolation. There is a need for interactions with other people, and access to community services. Non-Indigenous Australians expect to share

responsibility for facilitating kinship, activities, and networks, among their older kin. However in research central to this paper (Earle & Earle, 1997), older Indigenous respondents indicated that autonomy was a crucial dimension in their lives. The capacity to pursue important things (e.g., visiting homelands), however, is not always accessible to many older Indigenous people.

Many non-Indigenous older men sought autonomy, purpose, and creativity, in their special territory - their sheds. However, for many, sheds were not social centres but centres of isolation.

Integration

For older people, integration is achieved by sharing activities and social interactions with a range of people considered close across several important areas. These include family, leisure, religion, spiritual, health, and education (Earle, 1996). Economic means and personal health care are important functional considerations in this process, as is access to community support services. Integration is especially important to positive identity perceptions among older Indigenous Australians. The development of effective and acceptable pathways for non-Indigenous people to achieve broader community access and integration, is a major challenge for community professionals.

Creativity

Creativity implies personal challenges, such as learning new skills, successfully passing on knowledge, and organising or participating in social activities. Creativity provides older people with something to look forward to, and with associated feelings of positive anticipation and identity confirmation. While creativity in

isolation can be productive (e.g., men in sheds), access to other people, with whom one can share endeavours, provides important personal support and motivation. Many older Indigenous men reported to the authors of the Northern Territory Successful Ageing Vision Paper (Earle & Earle, 1997), that access to others was a concern, and that the interests and activities of younger males were becoming less consistent with traditional patterns.

The achievement of all these indicators is seen as essential to successful ageing. This might require adaptations to meet future needs, and accessing local community organisations to pursue old and new social links and activities. More research is required to better understand the most effective ways of achieving the indicators of successful ageing among Indigenous Australians.

Age Range

In order to understand more fully the **social context** for successful and unsuccessful ageing, a central issue needs to be examined: The inappropriateness of the generic term "aged." There is a need to go beyond the concept of aged, and instead focus on an age *range,* which shows the real position among older Indigenous and non-Indigenous Australians.

Table 1 fleshes out the generic concept of "aged," defining characteristics and issues associated with key age ranges: Older aged (75+); younger aged (65-74); emerging

aged (45-64); and hidden aged (35-55). Those in the older aged sector represent greater health care demands and challenges. Yet there are very few Indigenous Australians in this sector. The hidden aged sector similarly represents a major health care challenge (especially rehabilitation). This comprises largely people who have aged prematurely, a major proportion of whom *are* Indigenous Australians. (The age range of 35-55 includes both Indigenous and non-Indigenous Australians, who reflect symptoms of premature ageing. The respective life expectancies are 55 and 75). However, in the current political environment, there is reluctance, among some, to recognise hidden aged needs, because this might be seen to impact negatively on older people in general. The hidden aged issue is a crucial community health challenge, which will not be resolved by generic policies, nor by terminology distractions.

Comparative profiles of Northern Territory ageing

In the Northern Territory, most *non*-indigenous Australians are living longer and retiring earlier. Today, more men and women retire at 55-60, and live for another twenty to thirty years, which means that most Australians are 'younging' longer. Planning ahead for this transition, and the growing numbers of people involved, is a crucial policy development challenge. Implicit in the changing social context and

Table 1
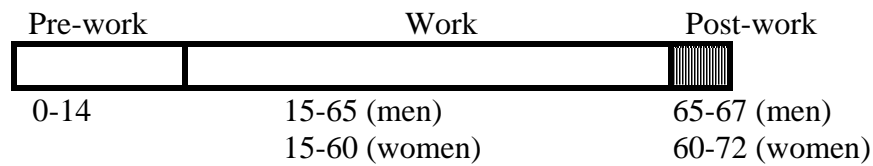Northern Territory aged range sectors: Characteristics and issues

Group Identification	Characteristics	Issues

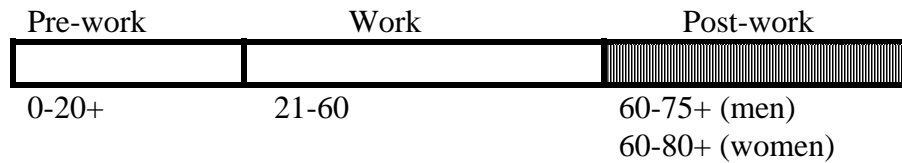|		
Older aged 75 + years	• Very rapidly growing sector. • Varying degrees of health status. • Varying degrees of independence. • Highest need for care support. • Higher proportion of males than normal. • Few indigenous Australians. • Females live longer. • Highest care costs among females in year prior to death.	• Pending shortage of quality residential centres. • Quality care in residential settings for both indigenous and non-indigenous Australians. • Community care support if in independent living. • Care costs, assistance access. • Flexible measures to provide ageing in place options. • Community involvement options. • Healthy ageing needs. • Shortage of carers (family) • Relocation and companionship.
Younger aged 65-74 years	• Very rapidly growing sector. • Higher proportion seeking quality independent living. • Increasing use of community support services. • More males. • Widely dispersed over Territory. • Very few indigenous Australians.	• Successful ageing links. • Community involvement, options. • Relocation. • Care support (especially males). • Community support. • Elder abuse . • Functional services. • Lack of access to family.
Emerging aged 45-64 years	• Rapidly growing sector. • Different life experiences and therefore different expectations. • Varied cultural groups in large numbers. • Growing numbers of early retirees (redundancy and by choice). • Higher life expectancy levels than parents.	• Healthy ageing (diet, lifestyle). • Retirement preparation needs. • Community involvement. • Social network access. • Successful ageing preparation.. • Many middle class women seeking quality lifestyle options over 20-30 years consistent with pre-retirement patterns.
Hidden Aged 35-55 years	• 'Hidden' sector because their physical and/or mental condition is old for their chronological age. (people who have "aged young"). • Display health abuse (alcohol, smoking, other substances). • Low life expectancy levels. • Highest proportion of indigenous Australians, many of European descent. Few of Asian descent. • Early dependency and care needs. • Many live itinerate lifestyle and depend on welfare/community groups.	• Health education. • High serious health care needs. • Early residential care access pressures. • Access to public accommodation. • Lack of social network support (no kin, abuse and neglect). • Limited finance. • Funding assistance for community groups, eg Altzheimers Association, Red Cross, COTA who support hidden aged.

Table 2

Increased longevity over time among non-indigenous Australians (descendants of post-settlement migrants born in Australia and migrants born overseas) in the Northern Territory

In the 1950s

Pre-work	Work	Post-work
0-14	15-65 (men) 15-60 (women)	65-67 (men) 60-72 (women)

In 2000 - 2010

Pre-work	Work	Post-work
0-20+	21-60	60-75+ (men) 60-80+ (women)

Source: Adapted from Earle & Earle (1997)

age profile of the Northern Territory, are a number of new realities, which must be considered in setting the scene for visionary policy development and family support avenues.

In the new millennium, we can celebrate with pride the increasing number of Australians who are younging longer. At the same time, we can also identify the sector that is 'ageing young' as an urgent community development challenge and responsibility.

Table 2 reflects the following new realities for non-Indigenous Territorians.

- Young people stay at school longer, *spending fewer years in the workforce*, as well as a *longer* period in the post-work years.   They therefore have less time to accumulate resources for retirement.
- The median age is projected to rise from around 35 years now to 42 years by 2050.

- The life expectancy of males is 75 years.
- The life expectancy of females is 81 years.
- Relocation of older people will become more prevalent with the rapid ageing of the population and community care expectations. Demand for home community care services will expand dramatically over the next decade.
- The emerging aged population in the Northern Territory incorporates a sizeable number of people who reveal symptoms of premature ageing (the hidden aged sector).
- The pending age wave will see 65-plus year old Territorians increase by about 75 per cent from 1996 to 2006 (the year the first of the baby boomers reach 60). Nationally this increase will be about 19 per cent.

Increasing longevity among males is a major health issue, because many lack the necessary preparation for retirement, and therefore have ongoing activity and social interaction (and involvement) limitations. In view of the human needs already outlined (see also the previous paper in this issue), this sets the scene for subsequent social health complexities.

It is important therefore that, at the Federal level, the need-specific policies for Northern Territory people are understood and supported.

Post-2000 reality

> **The Northern Territory has a rapidly emerging population of 'young aged' people who will live longer into retirement than ever before and in unprecedented numbers, and who will be seeking community involvement options outside work to maintain their sense of productivity and their social health.**
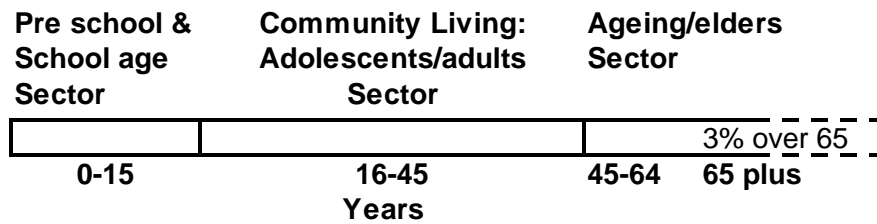
Life cycle comparisons

The designation 'Indigenous Australians' is used to represent people with long-term, native heritage links to the land. While there have been many changes to the lives of contemporary Indigenous people, the position of the aged reflects an enduring association with the land and kin. However, their access, role, and status in some cases is now less assured within their communities, which has implications for their mental and physical health.

While indigenous Territorians do not have the same life expectancy levels as the rest of the population, there have been important gains since the 1950s. Standardised national death rates for indigenous Australians during the last decade have fallen from approximately 36 per thousand to 26 per thousand (ABS, 1997).

Because of the lack of demographic data on Indigenous Australians until recently, it is useful to identify significant information across the life cycle of indigenous people during the 1990s and post-2000 (see Table 3). While there is much to be done by the entire Australian community (Indigenous and non-Indigenous) to assist older Indigenous people, the health promotion initiatives of the Northern Territory government, the ongoing sport programs, and crucial concession assistance measures for older people, reflect an important commitment to encouraging positive community development.

Table 3

Life cycle patterns among Northern Territory Indigenous Australians

Pre school & School age Sector	Community Living: Adolescents/adults Sector	Ageing/elders Sector	
			3% over 65
0-15	16-45 Years	45-64	65 plus

Source: L Earle and R Earle, Northern Territory Vision Paper, 1997.

Table 3 reflects the following new realities for Indigenous Territorians.

- Indigenous Territorians make up a quarter of the Northern Territory population.
- Most leave school before 15 years.
- Increasing numbers of Indigenous students are entering higher tertiary education (e.g., around 5% of Northern Territory University students are Indigenous; Batchelor College provides specifically for Indigenous students.)
- The median age of the Indigenous population is 21 years; the median at death is 51 years.
- The life expectancy of Northern Territory Indigenous males is 55 years (57 nationally).
- The life expectancy of Northern Territory Indigenous females is 62 years (64 nationally).
- About 3 per cent of indigenous Australians live beyond 65 years.
- The nominated post-school community living years of 15 and over represent varying degrees of independence and dependence which has implications for subsequent lifestyle needs.
- Older Indigenous people tend to lack access to community support services, and some are subject to abuse by younger kin.
- There is a trend for more older Indigenous Territorians to live their more dependent aged years in specialised residential care centres.
- Relative to non-Indigenous Australian males and females, Indigenous Australian males in particular are significantly less involved in work, education, community service, and community recreation programs.

Post-2000 reality 2

In the Northern Territory's male indigenous population, many reflect the symptoms of ageing prematurely, relative to the rest of the population.

They are in special need of:

- **family support**
- **accessible professional health services**
- **security of residential care**
- **community involvement activities**

The limitations of national 'generic' policies for older Indigenous Australians

Territorians are aware of the limitations of generic policies designed to fit generic Australian needs (primarily those residents in southern cities) being imposed on them.

The demographic composition of the Northern Territory is unique, and requires specific policies to meet local needs. The policy development challenge, for enhancing lifestyle prospects among older Indigenous Australians, can be facilitated by pursuing a range of relevant sources, including older Indigenous people, their families and leaders, staff of Territory Health Services, local research, and the expertise of gerontologists (social and medical).

The initiative of Northern Territory Chief Minister Denis Burke who, in 1997 as Health Minister, commissioned the *Vision Paper on Successful Ageing for Territorians*, was a positive move. Its findings and recommendations provide a basis for community information and policy planning.

Outcomes and Social Context Theory

Outcomes

The low life expectancy levels and social isolation of many Indigenous Australians is a major community development challenge. This requires an informed awareness of the issues, and a carefully developed plan for action.

The wave of Territorians retiring early and approaching retirement requires informed preparation programs not only for older workers, but also their managers and supervisors to promote understanding in what has been a youth oriented community.

The journey toward successful ageing for Territorians is not a simple task. It will require consideration of:

- dementia levels in the Northern Territory which are increasing at a rate around three times higher than the national figure;
- the role of hospitals, which focus on acute care, in meeting expectations to service the diverse needs of older people;
- the relatively low profile given to aged care professionals;
- retention of professionals working in the area of older people;
- levels of allocated resources in meeting projected needs;
- delays in policy clarification;
- accommodation needs and standards;
- co-ordination between and among the various sectors;
- the pressures (documentation, finance, service provision) upon staff in residential care centres, and also the other service provision sectors;
- cost efficiency and effectiveness in remote area servicing;
- enacting research into policies and programs rather than repeating similar research;
- practical need analysis assessments by social gerontologists; and
- training limitations/needs using the resources of Northern Territory University and (Indigenous) Batchelor College.

In addition to the above relatively general needs, Indigenous people require the following special considerations:

- attending the diversity of varying cultural needs and care requirements;
- gathering more data as a basis for program development among the diverse groups of older indigenous people; and
- correcting a lack of range and flexibility in the national system in meeting Territory specific needs.

Ageing among both non-Indigenous *and* Indigenous Territorians is a major community development challenge. It is now time for relevant needs, policy, and program suggestions outlined in research reports, such as *the Northern Territory Vision Paper on Successful Ageing*, to be acted upon in a collaborative quest to ensure that a celebration of achievements among older persons post-2000 is inclusive of *all* Australians. Not only is this a challenge at the individual level, but a crucial challenge for families with respect to intergenerational linking, governments through informed innovative and compensatory policies, and community professionals in the promotion of care services, community involvement programs, and community integration initiatives. This is a mission in planning the transition from what is, to what can be, for all Territorians.

> **To meet lifestyle needs among older Indigenous Australians, there is an urgent challenge to plan with care in the quest for an informed transition from what is, to what can be.**

Social Context Theory

The quest for successful ageing is a community development challenge that affects the entire life cycle. In terms of social context, the *societal structures* (technology, class, media, demography/ /urbanisation, and the social institutions of family, education religion, leisure, health, economy, and government) set the scene for positive and negative community involvement across the life cycle. These relatively macro processes shape our opportunities. Western societies in particular have not placed a strong emphasis on involving older people, nor

valuing their contributions seriously. The associated relatively *micro processes*, and in particular the formation of perceptions, attitudes, and values, have tended to marginalise older individuals. The prevailing *social behaviour patterns* resulting from this social context have done little to promote intergenerational linking, and have contributed to both economic and social isolation for many.

With the increased awareness of needs among older people being promoted by psychologists, social psychologists, and gerontologists, the prospects are becoming more positive for older people as outlined in stage 2 of Social Context Theory (Earle & Earle, this issue). Now that the indicators of successful ageing have been identified, the quest for a more inclusive society has emerged as a realistic community development issue. In the particular social context of the Northern Territory, we have identified a most pressing community development challenge for the new millenium. That challenge is the central issue of indigenous ageing.

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