

1-1-1991

## Making the invisible visible : an analysis of the Home and Community Care Program : a socialist-feminist perspective

Daniela Anna Stehlik  
*Edith Cowan University*

Follow this and additional works at: <https://ro.ecu.edu.au/theses>



Part of the [Social Policy Commons](#)

---

### Recommended Citation

Stehlik, D. A. (1991). *Making the invisible visible : an analysis of the Home and Community Care Program : a socialist-feminist perspective*. Edith Cowan University. Retrieved from <https://ro.ecu.edu.au/theses/1118>

This Thesis is posted at Research Online.  
<https://ro.ecu.edu.au/theses/1118>

1991

# Making the invisible visible : an analysis of the Home and Community Care Program : a socialist-feminist perspective

Daniela Anna Stehlik  
*Edith Cowan University*

---

## Recommended Citation

Stehlik, D. A. (1991). *Making the invisible visible : an analysis of the Home and Community Care Program : a socialist-feminist perspective*. Retrieved from <http://ro.ecu.edu.au/theses/1118>

This Thesis is posted at Research Online.  
<http://ro.ecu.edu.au/theses/1118>

# Edith Cowan University

## Copyright Warning

You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.
- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author's moral rights contained in Part IX of the Copyright Act 1968 (Cth).
- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.

## USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.

**MAKING THE INVISIBLE VISIBLE:**

**AN ANALYSIS OF  
THE HOME AND COMMUNITY CARE PROGRAM:  
A SOCIALIST-FEMINIST PERSPECTIVE**

**DANIELA ANNA STEHLIK**

**Department of Community and Behavioural Studies  
Edith Cowan University  
Perth, Western Australia**

**This thesis is presented as partial fulfilment of requirements for the degree of MASTER OF SOCIAL SCIENCE (HUMAN SERVICES) at the Edith Cowan University.**

**Date of Submission: June 17, 1991.**

**ABSTRACT.**

As the population of Australia ages, social policy and human service practice in the field of aged care is increasingly important and relevant. The Home and Community Care (H.A.C.C.) Program was established in 1985 by the Labor Government as a response to a demand for more community services for the frail aged and was designed to reduce the incidence of institutionalisation by increasing home care services. In this way the Home and Community Care Program is seen as linchpin in the Federal Government's initiative to create an efficient and cost-effective aged care policy to contend with the future growth of Australia's ageing population.

This thesis argues that there are several assumptions intrinsic to the H.A.C.C. Program that are potentially jeopardising and undermining its usefulness. These assumptions are based on familial ideology and nostalgic conceptualizations of 'the community' and 'the family'. In addition, these assumptions also involve stereotypic attitudes to women as primary carers and nurturers that ignore, to a great degree, the needs of women themselves. These assumptions, combined with an increasingly neo-conservative view about a reduction in the role of the State and a corresponding increase in family responsibility in welfare, have major implications for Australian women.

This socialist-feminist analysis argues that women who are providing care for aged spouses or relatives are doing essential, hard and stressful work, work which is unpaid and often unacknowledged, and that the Australian welfare system is now structured around the invisible labour of such women. Consequentially, the assumption that a social policy program such as H.A.C.C. makes, that is, that there will always be women who care, requires further analysis. This research has revealed that such assumptions have implications for the future development of social

policy for the aged in Australia and on the future roles of women in this country.

Particular questions which this thesis addresses include, firstly, who actually provides care? Empirical research indicates that the majority of care is provided by one individual, usually the spouse, daughter or daughter-in law. Secondly, what are the assumptions underlying the development and implementation of Home and Community Care social policy in relation to the social construction of caring? Such assumptions are found to include, that the H.A.C.C. Program is premised upon an erroneous concept of the 'community' and consequentially 'community care' and that traditional 'family' and familial values are a precondition to H.A.C.C. service delivery. A socialist-feminist critique offers a deeper analysis of such assumptions by disclosing that the Home and Community Care policies assume that service delivery can be best undertaken by extending the traditional domestic role of women, thus utilising them as an unpaid, or poorly paid, labour force. This analysis also discloses the explicit rejection of the informal service system as having any real economic significance but rather being viewed as 'complementary' to the formal service system. Finally, there are future implications of such assumptions for women as primary carers, services users or paid staff within the H.A.C.C. Program which require urgent cognisance in order to develop a future aged care policy in Australia that avoids exploitation of women.

**DECLARATION.**

I certify that this thesis does not incorporate, without acknowledgement, any material previously submitted for a degree or diploma in any institution of higher education; and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in the text.



## ACKNOWLEDGEMENTS.

Firstly, my special thanks to my two supervisors, Dr. H.S. Kim and Ms. J. Grant for their perseverance and support in supervising 'from a distance'. Their encouragement and their obvious interest in the study as it developed provided me with the motivation essential to complete the task. Two supervisors were needed as the thesis deals with both major social policy as well as feminist issues.

My deep appreciation and particular thanks to Ms. Helen Bulis, past Co-ordinator of the Community Options Program at the City of Belmont, for her assistance and support in the gathering of data for the case studies. My acknowledgement also to the Belmont City Council for their agreeing to allow the research to proceed.

My special thanks to John and Chris Creese, and their family, in giving me the use of their home in Mandurah to finish my writing, as well as providing humour and companionship. Also to Chris King for providing much needed help with publishing. Finally, to Philip Marsh, without whose love, support and encouragement this thesis would not have been written, my wholehearted appreciation.

This research was conducted with the assistance of a Postgraduate Research Scholarship (1990) and a Higher Education Contribution Scheme Postgraduate Exemption Scholarship (1991) from the Edith Cowan University, Perth, Western Australia.

TABLE OF CONTENTS

	Page
Abstract	iii
Declaration	iv
Acknowledgements	vi
Table of Contents	vii
Tables	xi
Figures	xi
Attachments	xii
 Chapter	
 I INTRODUCTION	 1
Background	1
The Home and Community Care Program	3
Women as carers and services users and a feminist analysis	3
 II METHODOLOGY	 6
Research scope	6
Feminist theory	6
Research perspective	7
Data sources	7
Limitations	8
 III FEMINISM, THE STATE AND AGED CARE POLICIES	 9
Introduction	9
Rationale	9
Structure of Analysis	9
Feminist research in social science	9
Science and values	10
Empirical research	11
Complexity and diversity	12
Feminist theories of the State	13
Liberal feminism	14
Marxist feminism	14
Radical feminism	15
Socialist feminism	15
Critiques of the Welfare State	16
The 'crisis' analysis and debate	16
Feminist critique	22
Socialist-feminism and social policy	23
Ageing in Australia	26
Historical background	26
Aged care policies	28
The need for a feminist discourse on ageing	30

Chapter	Page
IV    TOWARD A SOCIALIST-FEMINIST PERSPECTIVE	33
Introduction	33
Towards a socialist-feminist perspective of social policy and the state	33
Patriarchy, capitalism and the state	34
The family and women's role	35
The production/reproduction debate	37
Summary	39
V     THE HOME AND COMMUNITY CARE PROGRAM - AN INTRODUCTION	41
History and Background	41
The inception of the Home and Community Care Program and some concomitant difficulties	44
H.A.C.C. and aged care service delivery in Australia	47
H.A.C.C. and caring	49
H.A.C.C. program implementation and evaluation	51
Future directions?	56
VI    'THE FAMILY' AND 'THE COMMUNITY': A CRITIQUE	58
Introduction	58
Definitions	58
Women = family = community	60
The 'family'	62
Traditional family theory and ideology	62
The socialist-feminist critique of familial ideology and women's 'role' in the 'family'	65
A socialist-feminist critique of state and family policy	67
The 'community'	70
The myth of the 'community' and its assumptions	71
Human service delivery	74
'The community' in human services	75
The neo-conservative view of community	77
Summary	79
VII   THE SOCIAL CONSTRUCTION OF CARING	81
Ideology and social policy	81
"Untying The Knot"; dependency and poverty as social constructs	82

Chapter	Page
What is care?	84
Caring for and caring about	85
Caring for as tending and therefore devalued	87
The burden of care	88
Who cares?	88
The hierarchy of care - the spouse	89
The hierarchy of care - the non-spouse	91
The hierarchy of care - the 'woman in the middle'	92
The hierarchy of care - the 'community'	94
Informal and formal care: an ambiguous partnership	95
Who does what in the system of care?	95
The assumptions held by the formal sector about the informal sector	97
Non-use of formal sector by carers	100
Formal service sector and primary carer support	101
Demographic changes and their impact on care for the elderly	101
Demography - the aged	102
Demography - the 'women in the middle'	102
Consequences	103
Trends that affect future caregiving	105
Summary	106
Caring: Emergent Feminist Issues	106
Homogeneity v. Heterogeneity	107
The 'super-carer'	108
A dilemma - the exploitation of women v. their desire to care	109
Potential inter-generational conflict	110
'Work' in the human service industry	111
Summary	112
 VIII A CARE ANALYSIS OF FOUR HOUSEHOLDS	 114
Case study methodology	114
The caring relationships - a brief introduction	115
The four dyads	115
Who cares? What are the issues?	116
Wives caring	116
Husbands caring	121
Daughters caring	123
Roles of other family members	125
Caring and tending - the 'daily grind'	126
What does tending involve?	126
How do you feel about caring?	127
The health of the primary carer	128
Primary carers as guardians	129

Chapter	Page
The 'community'	131
Neighbours/friends	131
Telephone contact	133
Activities outside the home	133
Implications of preliminary findings for the formal service system	134
Use of formal services	134
Rejection of formal services	136
Conclusions	139
 IX	
H.A.C.C. AND ITS ASSUMPTIONS: ANALYSIS AND IMPLICATIONS	140
Introduction	140
The assumptions	140
Background, history and 'evolution' of the assumptions	141
The assumptions: a summary	156
 X	
SUMMARY AND CONCLUSIONS	158
The current status of care and caregiving in Australia	158
Towards a gender-free model of care?	161
Future research suggestions	163
 XI	
REFERENCES	165
XII	
APPENDICES	195
XIII	
ATTACHMENTS	221

## **TABLES**

**Table 1.**

Total Commonwealth Expenditure on the Aged  
(\$ million) 1982/3 and 1983/4  
(in Chapter 5: H.A.C.C. - An Introduction).

**Table 2.**

Projected Outlays All ages (\$ million) 1986 prices.  
(in Appendix 3C: Background figures to Institutional  
v. Community Care expenditure by the Commonwealth  
Government).

## **FIGURES**

**Figure 1.**

A Hierarchy of Care.  
(in Chapter 7: A Social Construction of Care).

**Figure 2.**

Use of formal care services by four households.  
(in Chapter 8: A Care Analysis of Four Households).

**ATTACHMENTS**

**Attachment A:**

**City of Belmont. Information for Service  
Providers re: Community Options Programme.  
(undated).**

**Attachment B:**

**Case Studies Analysis. Questions for Primary  
Carer, Service User and Service Provider.**

*The normative designation of women as carers within the private realm of the family has tended to render the contribution they make invisible or taken for granted the costs of which have been inadequately assessed in policy debates (Bulmer, 1987, p. 24).*

*There is an invisible 'welfare system' being activated: the unpaid domestic labour of women who are called upon to provide the material ... physical care [and] emotional support of dependent family members (Cass, 1982, p. 23).*

*A major achievement of feminist work has been to make the invisible visible (Pascall, 1986, p.41).*

## **I INTRODUCTION.**

### **1.1 Background.**

The purpose of this research project is to critically analyse the assumptions intrinsic to the Commonwealth Government's Home and Community Care (H.A.C.C.) Program. The analysis will be approached from the socialist-feminist perspective and it aims to explore the notion that such assumptions are based on hidden conceptualizations of the nature of 'the community' and 'the family'. The research hypothesis postulates that inherent within such assumptions are suggestions that firstly, every aged individual in Australia has some mode of family relationship which provides support and secondly, that there exists in some form a metaphysical community that can provide material and human resources to care for the aged. This ideology of 'community' is one that assumes the constant goodness as well as the supportive and sustaining nature of such a community. The hypothesis further examines the plausibility that these assumptions also involve stereotyped attitudes to women as primary carers and nurturers.



The significance of this thesis lies in the fact that the rhetoric of both major Australian political parties is focussing more and more on the notion of an ideal 'family' and 'community' and a return to 'old values'. Coupled with this is a continual demand for economic rationalism, pragmatism and for effective and efficient government: a move which coincides with a more neo-conservative approach to welfare. These conflicting notions between the so-called "classic" Welfare State and a push towards neo-conservatism and a resultant devolution of State responsibility has been identified as a conflict between the ideology of selectivism and that of universalism (Mishra 1984, Graycar, 1983, Yeatman, 1990). Major changes in social policy under the previous Thatcher government in Great Britain have resulted in a devolution of human services and welfare activities back to neighbourhood and family supports (Bulmer, 1987). In Australia, similar trends can be observed, for example, the recent decisions to reduce unemployment benefits payments to under 18 year-olds (Connell, 1990).

These trends can be summarised as an attempt for the State to withdraw from formal services as much as possible and to minimise the role of the Government while attempting, at the same time, to maximise so-called family support systems within the informal sector. In Chapter 5, it will be shown that this is increasingly becoming a more politically and financially viable alternative for Australia's policy makers as a way of reducing expenditure on welfare. Media articles, such as a recent one in the *Weekend Australian* (19-20 January 1991) entitled "Rich possibilities in private welfare" appear to support increased privatisation of the Welfare State. The political climate in mid-recession Australia in 1991 is one in which economic rationalism prevails, particularly in regard to social policy and the delivery of human service programs. Thus there can be observed a rise in arguments for more community care, family and individual responsibility with a corresponding rise of a justification for economic rationale which tends to minimise the role of the State.

### 1.2 The Home and Community Care Program.

H.A.C.C. as a social arrangement represents an example of the increasing tendency in social policy to exploit the weak. More particularly, in the case of this Program, to exploit women in order to bolster a major economic burden of contemporary society, in this case, that of aged care.

The Home and Community Care Program (H.A.C.C.) is "... a Commonwealth/State cost-shared initiative directed to three main groups of people: the frail elderly, younger people with disabilities, and their carers. Its objective is to provide a comprehensive and integrated range of basic maintenance and support services to people in these groups who would otherwise be at risk of premature or inappropriate longer term residential care" (*First Triennial Review*. 1988. p. v.). The H.A.C.C. Program was chosen as an example for this analysis for the following three reasons: firstly, because it is a recent (1985) policy initiative which has been proposed as a model for future social policy in the broad area of 'community care'; secondly, because of the essential involvement of women within the Program as both carers and service users it provides a pertinent example of the impact of such policy on the lives of two generations of Australian women; and lastly, H.A.C.C. can be seen as a model of pragmatic social welfare and an example of the shift towards Commonwealth/State cost-shared programs which are arguably the future face of the Australia welfare state. Issues which centre around the development of the Home and Community Care Program are dealt with in Chapter 5.

### 1.3 Women as Carers and Service Users and a Feminist Analysis.

The ageing of Australia's population, estimated as between 20.1% and 21.8% by the year 2031 (Australian Bureau of Statistics Cat. No. 3223, 1988) will place increasing stress on the H.A.C.C. Program. The fastest growing demographic group within the ageing population is that of the

over the age of 75 years (between 5.4% and 6.0% of the population by 2031), the majority of whom are women, calculated as 63.3% in the 1986 Census (Australian Bureau of Statistics, 1988, Cat.No. 2502.0, Table 1.5, p. 6). Women also make up the greatest proportion of primary care givers, volunteers and paid staff within the H.A.C.C. Program and indeed within human services generally (Baldock 1990). In fact as has been pointed out by many commentators, the aged industry can be seen as a women's industry and as Pascall (1986) reminds us "... the most striking claim in feminist analysis of social policy is that it is impossible to understand the Welfare State without understanding how it deals with women" (p. 1). Accordingly, this study focuses on women as service users and women as service providers, both in the formal and informal sector of human services.

The socialist-feminist perspective provides this thesis with a framework of analysis of the social policy constructs intrinsic to the Home and Community Care Program and will explore the hypothesis that there are assumptions upon which such policy is formulated. Most particularly, the hypothesis postulates that these are assumptions about 'the community' and 'the family' and the nature of formal and informal care within Australian society which are apt to exploit women. This thesis will explore the assumptions that suppose that women in our society are predisposed to caring and nurturing roles and that women's place is within the home providing such care and nurturance. In addition, with the ageing of the Australian population, the great majority of whom are and will be women, coupled with the increasing involvement of women in the paid workforce (39.3% of Australian workforce in 1986 compared with 29.1% in 1966, (Aspin, 1989, p. 44)), the hypothesis postulates that the policy makers' specious assumption that 'there will always be a primary carer' (ie. woman) in the private sphere to look after an ageing parent, ailing spouse or child with a disability appears to lack credibility and therefore requires further analysis. Nostalgic and traditional ideas of the roles of women play an important part in supporting such assumptions, and it may yet be seen that this conservative policy based on a familial ideology will have far-reaching implications for Australian women, both as carers and as service users, well into the next century. Given that

the foregoing overview, although brief, has alluded to the complexity of relationships between politics, economy, women and community care, the socialist-feminist perspective provides the thesis with a theoretical framework which will endeavour to analyse the basic assumptions of the Home and Community Care Program as more particularly discussed in Chapter 4. It will be argued that a critical socialist-feminist appraisal of the implications of the dominant ideology in social policy for women's role in human service offers a sound theoretical background in which to further expand the evidence presented from the qualitative data discussed in Chapter 8. While the literature available on the broad topic areas of social policy, aged care, community care and women as carers is substantial, at the time of preparation of this proposal, there has been no comparable study using the Home and Community Care Program as an illustrative Australian example. This research will redress that situation. Thus the significance of this project, as an examination of such a hypothesis, lies in the fact that it initiates an important and timely discussion in undertaking to make what is presently essentially invisible, visible.

## II METHODOLOGY.

### 2.1 Research scope.

A critical analysis of the assumptions underpinning the social policy insofar as it relates to the Home and Community Care (H.A.C.C.) Program, requires investigation of several major areas. Firstly, the history and rationale of the H.A.C.C. Program and its development as an Australian Labor Party platform within the ideological and philosophical framework of Aged Policy; and secondly, some consideration as to the nature of Australia's ageing population, particularly, the demography, the concomitant issues confronting social planners and how the H.A.C.C. Program fits into this framework; thirdly, a case study of four households was constructed to focus on the issue of "who does the caring" and the findings compared with other case studies and larger surveys conducted both in Australia and overseas. From this descriptive and qualitative data the analysis focuses on the specific assumptions underpinning the social policy development and implementation of the Home and Community Care Program. Finally, conclusions which draw some implications for the development of human service policy and implementation of human service programs in the 1990s and beyond are suggested.

### 2.2 Feminist theory.

Feminist theory is the mode of analysis planned for this thesis. As Stanley and Wise (1983b) contend "'feminist theory' and 'feminist research' ought to be concerned with the implications of *feminism* itself" (p. 51) and this thesis will firstly consider the nature of feminist theory and its implications for feminist research. Feminist theory, however, is not limited to one viewpoint but embraces many. This analysis will focus particularly on a socialist-feminist critique as a way of exploring the essential nature of caring as work.

As the homogeneity of women's interests cannot be assumed, there may well prove to be competing interests among the women discussed, for example

between elderly women and their daughters; between paid carers and volunteers; or between femocrats and co-ordinators. It is necessary to guard against an assumption of an 'one-modal' approach to research as this can all too easily result in a return to more orthodox androcentric perceptions of there being a 'right answer' to everything. Feminist theory and praxis must allow for diversity of views, and must include the differing needs and experiences of women by incorporating the perspectives of all women into the relevant area of research. This concept of 'woman-centred' experience is central to feminist research (Sutherland, 1986). In this study of the competing interests, the socialist-feminist analysis may well support one interest against the other.

### 2.3 Research Perspectives.

The theoretical framework for the study will be broadly guided by the following perspectives. Firstly, the Australian social policy context concentrating on the recent shift to a neo-conservative approach with its consequent implications for human service delivery. Secondly, an analysis of the essentially nostalgic notions of 'the community' and its increasingly politicised nature will be undertaken. Then an analysis of familial ideology and the concomitant notions of the family as constant and supportive, as well as the implications of the changing patterns of family composition for the social construction of caring will be made. Fourthly, a conceptualization of women's role in society and the extension of the domestic role within the economic sphere will be discussed. Does the responsibility for aged care lie with the family and thus, by extension, with women? Finally, a feminist critique of the social construction of caring, with particular reference to the Home and Community Care Program, will then be developed.

### 2.4 Data sources.

This thesis combines the use of extensive literature with a case study in order to validate theoretical propositions through analysis and synthesis. Data sources include:

2.4.1 Primary:

Hansard, Government legislation and publications, Departmental Annual Reports and correspondence, Press Releases, Party political statements and Australian Bureau of Statistics data.

2.4.2 Secondary:

A wide-cross section of articles and chapters as well as major surveys undertaken in Australia, Great Britain and the United States.

2.4.3 Case Study:

A case study of four households was conducted within the City of Belmont local government area in Western Australia (Chapter 8). The case study concentrates on both carers and people being cared for. The purpose of the case study is to illustrate some of the implications of the policy assumptions within the Home and Community Care Program to the users of the service. Findings will be compared with those of larger surveys conducted both in Australia and overseas.

2.5 Limitations.

Two points regarding limitations of this study should be made at this juncture. Firstly, the large dimensions of the Home and Community Care Program, the high proportion of Australian women in the 'old-old' cohort, as well as the relative paucity of feminist critique in ageing literature, has focused this study to that of the frail aged. Secondly, while it is recognised that there is an urgent need for wider research, the nature of previous surveys in this field, plus the lack of available data as to the needs of Aboriginal frail aged people, has confined this study to European Australian households only.

### III FEMINISM, THE STATE AND AGED CARE POLICIES.

#### 3.1 Introduction.

##### 3.1.1 Rationale:

This chapter will draw out the major themes of this thesis - namely: social policy, the Welfare State, community and family, ageing and the social construction of care. Although this thesis will be focussing particularly on a socialist-feminist analysis, it is essential to maintain a broader focus as some of the generalist literature and other feminist literature have much to offer by way of elucidating the socialist-feminist perspective.

##### 3.1.2 Structure of Analysis:

This chapter is an extensive one because of the diverse topics that require discussion. Firstly, there will be a brief introduction to feminist research in social science, and the differences within feminist debate and scholarship. Secondly, social policy theory, both feminist and generalist, will be discussed. Thirdly, the Welfare State, its growth and its now well-discussed 'crisis' will be outlined with particular reference to its increasingly neo-conservative purview. Finally, the chapter will focus on social policies for the aged and aged care service delivery and the connection between these and the Home and Community Care Program.

#### 3.2 Feminist Research in Social Science.

Over the last twenty-five years, feminism has challenged a range of issues including basic paradigms in the social sciences. Currently, there are scholars writing feminist critiques in all the social science disciplines and such discourse has resulted in a demand for a broad based revision of previously so-called impermeable 'truths' about society, knowledge, institutions and relationships. Within the social



sciences, feminism has been actively challenging and calling to question traditional androcentric bias (Smith and Noble-Spruell, 1986, Goodnow, 1985, Peplau and Conrad, 1989). Such a feminist challenge to male orthodoxy has provided and continues to provide an opportunity for re-assessment of the nature of research within the social sciences and the assumptions inherent within such research.

Before discussing what is feminist research, some introduction as to why there should be feminist research needs to be made. Stanley and Wise (1983b) propose three "central themes" of feminism, firstly, the fact that women are oppressed has consequences for the whole of society; secondly, the personal is political through an "... essential validity of personal experience" and that this in turn falsifies the "traditional distinction between 'objective' and 'subjective'" and finally, that in recognising such personal experiences as valuable, women's lives can be "transformed" (p. 52). Such a desire to transform women's lives must be the central tenet of feminist scholarship. In this current project, such transformation can be seen in the endeavour to make 'the invisible visible', in other words, by bringing out into the open the invisible caring work of women.

Peplau and Conrad (1989) propose three "core ideas" to guide feminist research. These are, firstly, a rejection of the concept of value-free science, secondly, that "empirical research is a worthwhile activity" and finally a recognition that "human behaviour is complex and diverse" (1989, p. 5 *passim*). These ideas will be used to shape the following discussion.

### 3.2.1 Science and values:

A feminist critique of the social sciences in general and of sociology in particular, rejects the concept of value-free science within sociological thought. Flax (1987), Yeatman (1986) and Stanley and Wise (1983a) argue that sociological thinking requires re-definition within a feminist context. Within such a context, the "central variable" (Yeatman, p. . 60) or "fundamental goal" (Flax, p. 622) must be gender relations. Yeatman

goes on to argue that for feminist sociologists, such gender relations scholarship must include further research of the domestic and personal lives of women. Dubois (1983) argues that feminist social science requires *connections* with its research topics, rather than the traditional distance undertaken by social scientists. Because science is not "value-free" (Dubois, 1983, p. 106), we cannot separate the *knower* (that is, the researcher) with the *knowing* (that is, the topic being researched). Stanley and Wise (1983b) argue that experience is a more important factor for feminist researchers than theory and that there exists a relationship between researcher and the research (whether person, books, object etc.) that should not be denied. There are other feminists who argue that this is a radical approach which could be considered too subjective (Smith and Noble-Spruell, 1986, Sutherland, 1986). Peplau and Conrad conclude that "[p]ersonal values can play a constructive part in shaping research activities, by influencing the researcher's goals as well as the choice of topics and procedures" (1989, p. 6). Within scientific research there must be a cohesion between ideological propositions and the evidence as presented. The importance of connectedness and relationships between women need recognition in this context also as feminist scholars and "researchers [can] use science to improve the lives of women, to foster social change, and to challenge existing power elites" (1989, p. 7).

### 3.2.2 Empirical research:

What is it that feminist theory challenges? Gross (1986) argues that, among other things, it challenges the concepts of "... pre-given values of truth, objectivity, universality, neutrality and an abstract reason" (p. 202). In other words, it challenges the very nature of patriarchal 'scientific' knowledge, with its underlying assumption of being detached, value-free and therefore, ultimately, right. Feminist scholarship approaches this challenge to orthodoxy from many perspectives but with a general consensus that such feminist scholarship should be "... pragmatic, practical and everyday. It should be a set of understandings or conceptual frameworks which are directly related to, and derive from, particular facets of everyday relationships, experiences and behaviours"

(Stanley and Wise (1983b, p. 47)). This approach to feminist scholarship does not reject scientific activities. As Peplau and Conrad point out "science is very much a human activity" (1989, p. 7) and the rejection of a value-free objectivity does not necessarily mean the rejection of all things scientific. In their analysis of the 'qualitative v. quantitative' debate within feminism, Peplau and Conrad conclude that it should not be a "mutually-exclusive forced choice", but rather both should be utilised and analysed, but from a feminist, that is, woman-centred, perspective (1989, p. 12).

Feminist analysis of gender relations challenges the current patriarchal system and in particular, the current revisionist New Right view of returning to so-called 'traditional values' within our society (Connell, 1990). By maintaining a focus on women's needs and experiences, in other words what has come to be called a *woman-centred perspective*, notions of "universality and androcentrism" (Sutherland, 1986, p. 149) can be avoided.

### 3.2.3 Complexity and diversity:

One of the more common themes that emerges in the feminist literature is that of a shift in consciousness among feminists; what Klein (1983) terms a "paradigm shift", using Kuhn's (1962) notion of a gradual change. Gross (1986) calls this paradigm shift a change from the "politics of equality" to the "politics of autonomy". In other words, from the focus of feminist research of the past two decades which argued for creating an equality for women within the constructs of patriarchy, to a position where women are demanding their rights to "... political, social, economic and intellectual *self-determination*" (1986, p. 193). The fundamental aspect of such an 'autonomous' feminism is that "women's experiences, ideas and needs" (Klein, 1983, p. 89) whatever they may be, are considered seriously within the body of research undertaken. Within such discussions, it is crucial to accept the *differences* between women, and not to just argue for a standard model of feminism.

This is a salient point that needs to be stressed from two perspectives. Firstly, just as women generally are not homogeneous, so too within feminist scholarship there is not necessarily consensus. Indeed, this is how it should be if we are to accept the notion of a differing view according to experience and needs within feminism. Feminist philosophers argue that it is critical to guard against the assumption of a 'one-model' approach to research as this can all too easily result in a return to the androcentric perceptions of there being a 'right answer' to everything. Instead, feminist theory and praxis must allow for diversity of views, and must incorporate the differing needs and experiences of women by incorporating the myriad different perspectives of women into the relevant area of research (Peplau and Conrad, 1989, Stanley and Wise, 1983b). Secondly, a perspective as to the reality of heterogeneity of women within society must be maintained, particularly in a discussion such as this current one, where women are potentially in conflict with each other, as carers and care-receivers.

### 3.3 Feminist theories of the State.

This research project is focussed on the impact of state policies in relation to caring for the aged on the lives of women, whether they are primary carers or elderly women receiving care. As will be confirmed in the next section, the conventional debate regarding the Welfare State shows the conspicuous absence of feminist critique. This also ignores the central tenet of feminist analysis of the state, that is that it is an "institution [which] is part of a wider social structure of gender relations" (Connell, 1990, p. 3). As Wilson (1977), Delmar (1986) and others point out, there have been feminists critiquing the Welfare State since the turn of the century and now, in the last decade of the 20th century, the fate of women and that of the state continue to be as inextricably bound as ever. The feminist critique of the State is not limited to one perspective, as there are various schools of thought within feminist scholarship. A brief analysis of these follows.

### 3.3.1 Liberal feminism:

Liberal feminists argue that equality for women within society is possible through the use of existing institutions, such as the government and the law. The liberal philosophy, grounded in the 19th century tradition of 'individual fulfilment', would argue that every woman has an equal opportunity to better herself with a fair legal, political and business system. In Australia, liberal feminists dominate the government bureaucracies (Dowse, 1984, H. Eisenstein, 1985, Yeatman, 1990, Franzway et al. 1989, Connell, 1990). Liberal feminists acknowledge that the state is not neutral in its conduct towards women and that it is in fact, "captured by men" (Franzway et al., 1989, p. 12) and that the purpose of liberal feminist analysis should be to return the state to its rightful function, that is as a "neutral arbiter between conflicting interests and a guarantor of individual rights" (Connell, 1990, p. 5). While liberal feminism has had some major achievements, and sees itself as "challenging prejudice" (Connell, 1990, p. 7), 1990), the liberal feminist analysis does not recognise the crucial importance of the division of labour within an analysis of the state and thus is not a broad enough critique in this present research project.

### 3.3.2 Marxist-feminism:

Marxists-feminists argue that the fundamental nature of capitalism is the key oppressor of women and men and therefore a struggle against capitalism will result in a victory for feminism also. Johnson (1984) asks the critical question in such an analysis and that is, does patriarchy predate capitalism? If so, does patriarchy need capitalism? If not, then the overthrow of capitalism by Marxists and Marxist-feminists will not result in the liberation of women. A Marxist-feminist analysis of the state does allow for the discussion as to the division of labour and Marxist-feminists have long argued for a recognition of housework as work. It also introduces the concept of class. However, the lack of analysis within Marxist-feminist tradition of the dichotomy between capitalism and patriarchy does not provide enough depth for a clear analysis of the state and the social construction of caring.

### 3.3.3 Radical feminism:

The radical feminist approach concentrates on the "... totality of cultural institutions and relations that define women's subordinate status" (Jaggar and Rothenburg-Sirval, 1978, p. 160). Stanley and Wise (1983b), who write from a radical perspective, point out that while feminism defines 'oppression' as crucial to an understanding of women's experience, many feminists do not themselves experience real oppression and this can result in a gap between the scholar and the research topic. Radical feminists conclude that "men's domination is institutionalized" (Connell, 1990, p. 7) and an analysis of the state should be an analysis of a social system. A radical perspective would incorporate an argument for complete elimination of the state.

### 3.3.4 Socialist Feminism:

Socialist-feminists emphasise that "... understanding the nature of domestic labour and its role in maintaining the exploitation of the class society as a whole" (Jaggar and Rothenburg-Sirval, 1978 p. 161) provides the most important aspect for feminist scholarship. In addition, socialist-feminists see a "link between the family and the economy as the theoretical key to women's oppression" (Connell, 1990, p. 7). In this way, the concept of domestic labour as work is central to socialist-feminist scholarship and in this analysis the "... whole institution of the nuclear family as a private sphere operating to buttress the capitalist system needs to be re-evaluated" (Jaggar and Rothenburg-Sirval, 1978, p. 161). Socialist-feminists, while not agreeing necessarily on the solutions, certainly agree that a strategy must be developed which "... will benefit women collectively" (Sharp and Broomhill, 1988, p. 10, Dalley, 1988, Land, 1976). Sharp and Broomhill argue that while some socialist-feminists have adopted the Marxist concept of the capitalist state, others see capitalism and patriarchy as the "... dual system of oppression", while still others see the state "... less as an agent of either capital or patriarchy and more as an arena where different forces struggle for influence" (1988, p. 11).

Connell concludes that what all these views have in common is that "patriarchy is embedded in procedure" and an analysis of the functioning of the state is crucial to locating "sexual politics in the realm of social action" thus avoiding conspiracy theories or "speculative reductionism" (1990, p. 10). A more detailed analysis of socialist-feminism and discussion as to why a socialist-feminist perspective is more plausible in this analysis than others, can be found in Chapter 4.

### 3.4 Critiques of the Welfare State.

The next section of this chapter is divided into two parts and will introduce the key issues of the Welfare State which will be analysed in more detail in the body of the thesis. The section is divided into two separate parts, firstly a discussion as to the social theory and secondly, an introduction to feminist critiques of the Welfare State. This approach was taken in order to clearly identify how the orthodoxy influences social policy and how feminist critique exposes the gender-blindness in such analysis.

#### 3.4.1 The 'crisis' analysis and debate:

As a legacy of the sociological writings and theories of Durkheim, Radcliffe-Brown, Talcott Parsons and others (Worsley, 1974), social policy theory today is still predominantly *functionalist* in character and largely based on *normative* concepts of human nature and society. Increasingly, however, the functionalist approach is being consolidated to one called either "neo-conservative" (Graycar, 1983), "neo-classic" (Forder et al, 1984) or "*laissez-faire*" (Mishra, 1984) which align with a more macro-economic approach. In other words, economic policy and social policy are becoming integrated to such a degree that it is no longer possible to extricate one from the other (Weale, 1983).

While most of the social policy theorists and commentators date the inception of the Welfare State from the time of Beveridge (1942), it should be recognised that the State has been involved in welfare since

the time of the 16th century Poor Laws in England (Clarke et al. 1987). In Australia, state governments have been involved since early colonial days and the Federal Government since Federation in 1901 (Kewley, 1980, Roe, 1975).

The post-World War II Welfare State as envisaged by Beveridge and established by a Labour Government in the United Kingdom in the late 1940s and early 1950s, was based largely on the social theories of the Fabians and the economic theories of Keynes. The latter argued that continued low unemployment, economic growth and a resultant budgetary surplus would enable the state to 're-invest' in its social welfare programs. The continued growth in capitalist societies (including Australia) during the 1950s and early 1960s gave the Welfare State its validity. According to Mishra (1984) this "delicate balance" between economic and social policies needs to be understood in order to appreciate the present-day "crisis" confronting the Welfare State. He says:

The entire Keynesian approach, which legitimised certain kinds of state intervention for regulating demand and maintaining full employment, now stands discredited (1984, p.19).

The 'attack' on the Welfare State commenced at the same time that the Keynesian boom began to collapse. With the oil crisis of the early 1970s and the resultant recession, governments began to search for strategies to reduce public expenditure (Friedman 1980). In Australia, the late 1970s were times of increasingly high sustained unemployment and a growing overseas debt and as a result the relationship between economic and social policy came sharply into focus as 'big government' was attacked and expenditure on social welfare programs cut (Mendelsohn, 1982).

The "crisis" or "retreat" in the Welfare State as discussed by Mishra (1984), Graycar (1983), Yeatman (1990) and others, has as its basis the meshing of economic and social policies, and the resultant interdependency between them. There is a "fundamental incompatibility"



between the capitalist state and the welfare system (Graycar and Jamrozik, 1989, p. 291) but nevertheless, in this symbiotic relationship of capitalism and welfare state, one cannot do without the other. The two systems need each other to survive. The welfare system has created a measure of dependency in society, which the capitalist state needs to support in order to continue to function successfully. The issue for the economic rationalists now is, how little can the capitalist state provide in the way of welfare and still survive?

The change in Australia from a conservative to a Labor government in 1983, has had little real impact on the rhetoric regarding social welfare expenditure (Yeatman 1990). The language today is concern for the need to 'privatise' and for 'economic rationalism' and for the State to devolve responsibility 'back' to 'the community' and 'the family'. On the one hand, as debate in the media shows, the Welfare State is increasingly perceived by some on the right (for example, John Hyde, Executive Director, Australian Institute for Public Policy) as being the major reason for the country's economic decline; and on the other hand, by others on the left (for example Julian Disney, Director, Australian Council on Social Service) as being the key to economic recovery .

In the context of this thesis, contemporary focus upon the debate regarding family and community care *versus* institutional care can be traced back to two major approaches to welfare within social policy theory - *residual* and *institutional* (Wilensky and Lebeaux, 1965, Graycar, 1977). Over the past five decades, since Beveridge introduced the parameters of the modern welfare state, there has been a gradual shift from an institutional approach to that of an increasingly residual one. This shift has intensified over the last decade as post-Keynesian western capitalism redefines itself. However, as Graycar points out, residual and institutional policies are by no means "mutually exclusive" concepts (1977, p. 4) but rather should be seen as two end-points on a continuum. Forder et al. (1984) discuss this continuum as a reactionary/revolutionary approach to social change. There is increasing rhetoric about the need for a 'safety net' of welfare systems directed only at those 'in need' coupled with the necessity for 'the family' and

'the community' to take additional responsibility and hence reduce expenditure in the formal service sector. In addition, governments are intensifying their 'means testing' policies and pushing the concept of 'efficiency' as a measure of effectiveness in social program delivery. The swing back to a residual approach to social policy can thus be clearly identified as a further future reality for the Welfare State of the 1990s. For example, Connell (1990) points to re-organisation of immigration around family re-unions and cuts to unemployment benefits for under 16 year olds. Yeatman (1990) focuses on firstly, the abolishment of the universal family allowance in 1987 and secondly, the introduction of the Higher Education Administrative Charge, also in 1987. These examples all show, according to Yeatman, that the Hawke "Government is prepared to consider certain modes of privatisation of income support and services" (1990, p. 132). Both Connell and Yeatman are writing from a socialist perspective, and both recognise and discuss the impact that such policies have on Australian women.

Within the residual/institutional models are also the concepts of *selectivism* and *universalism*. Titmuss (1979) and Graycar (1977) argue that universalism tends to always favour the better off - while selectivism warrants means-testing the so-called 'people in need'. Again, this tendency needs to be seen as one of the outcomes of the shift to *laissez-faire* policies, or the concept of 'corporatism' - where the middle-class benefit increasingly from welfare policies that should instead be targeted to those in real need. In 1973, Pinker optimistically wrote that the 'selectivist v. universalist' debate was "over" because of the introduction of positive discrimination policies; nevertheless, even then, he too argued that the "erosion" of universalist policies by the "free play of social forces" (1973, p. 188) and the resultant drive for individualism meant that the middle class was benefiting to the exclusion of the poor. However by 1982, Pinker was advocating a form of democratic welfare socialism as a way of countering what he termed the "extremes" and "straitjackets" of theorists from the Right and the Left (1982, p. 2), and argument which continues today.

How then is social policy determined? Some commentators such as Mendelsohn (1979) argue that social policy in Australia has never had a really definite plan - instead, its "dominant characteristic" has been its "ad hoc nature and lack of reference to general principles of development" (p. 321). Others, such as Graycar (1977, 1981) see a pattern emerging, particularly in an analysis of the last two decades. Social policy, which Kahn defines as the "common denominator of decisions and constraints with reference to social welfare or social service programs" (1979, p. 67) and Graycar and Jamrozik (1989) as the "application of the values and principles of the welfare state through the decisions of governments" (p. 8) is largely determined by the political, social and economic environment which in turn influences the policy-makers (Clayton, 1983). G. Davis et al. (1988) present an interesting analysis of institutions which make up the Australian state and how decisions are made within the Westminster System. Fitcher (1989) argues that currently, the "predominant discourses in Australian social policy are *professionalism ... and ... a corporate discourse*" of economic rationalism (p. 4).

In the discussion of the 'crisis' in the Welfare State, it is the welfare state that finds itself on the defensive, fighting to maintain its position against an ever strengthening push to delimit it. The 'crisis' appears to observers most obviously as stresses within the whole structure - in particular, stresses on individuals and households (White, 1989). Graycar and Jamrozik (1989) ask, "can social justice rhetoric and economic rationalism be compatible"? The policy makers believe so. In 1983, Don Grimes, the Social Security Minister in the first Hawke Government argued that "despite criticism" [from the New Right] Australia was "not at the frontier of equity/efficiency pay offs" (1983, p. 87). Instead he strongly suggested that an overhaul of the taxation system was necessary. Grimes continued that

social security is no longer - if it ever was - a residual system, designed to pick up those who for some reason or other could not provide for themselves, but a major and far-reaching source of social support and, indeed, social cohesion (1983, p. 87).

Despite the rhetoric, commentators are not convinced and now, in its fourth term, the Hawke Labor Government is increasingly seen as espousing a "New Right labourism" (White, 1989, p. 7) philosophy whose "... initiatives in social policy have taken the form of restructuring the welfare state rather than expanding it ] ... and in some areas significant contraction has continued" (Graycar and Jamrozik, 1989, p. 279). In other words, it is a mistake to think of *laissez-faire* liberalism as purely the rhetoric of the Right, it is also being used by the Left to justify its interventionist stance in social policy decision making (Davis et al. 1988, p. 44).

What has happened to the collectivist approach to social welfare as articulated by the Fabians, Beveridge, and Titmuss? Is it so completely tied to economic growth and high employment that it is simply not a feasible option in today's market-oriented society? Mishra (1984) certainly believes so while Graycar and Jamrozik (1989) are not convinced, and argue for a shift back from a residual approach. Other writers, such as Harris and Seldon (1987) assert that collectivism is not an option for the future, a position strongly refuted by feminist author, Gillian Dalley (1988). Hasenfeld (1989) recently argued that there is an intensifying growth of the collectivism ideal in the United States, one which he says, is linked to the "feminist perspective on social welfare practice" and which can be seen as "just one indication of the increasing demands by disenfranchised social groups to have a voice in the design and management of social services targeted at them" (p. 12). Robertson (1988) writes of the need for a welfare society rather than a welfare state. In other words, a society that is joined together in its desire to care for each member, rather than a perceived 'big brother' or 'big father' approach to welfare. Jordan (1987) postulates that because human beings do innately care for each other and are continuing to do so, this attitude is what governments should be supporting through welfare programs by encouraging the reality, not denying it.

### 3.4.2 Feminist critique:

As the preceding discussion shows, there tends to be a *gender blindness* in this conservative analysis of the welfare state and despite an increasingly large body of knowledge about women, the state and social policy generally, and the contribution of feminist analysis in particular, such knowledge has been ignored by "male-stream" writers (Thiele, 1986, p. 30). This 'invisibility' of women, it should be pointed out, is not particularly limited only to sociological enquiry, but also manifests itself in 'male-stream' literature, history, psychology and other disciplines within the social sciences (Spender, 1985, Peplau and Conrad, 1990).

Both Pascall (1986) and Wilson (1977) point out that the major writers in social policy in Great Britain during the 1950s and early 1960s (for example, Hayek, Beveridge, Marshall, Titmuss) completely disregarded women and proceeded instead to devise a theoretical model of the Welfare State that failed to examine implications for women. Many modern commentators continue this androcentric approach, as Anne Edwards (1989) found when she conducted a review of books written on social policy in the United Kingdom and Australia since 1975. According to Edwards, many of the major theorists (including for example, Mishra in the U.K. and Graycar in Australia) either ignore women's issues or tend to relegate them to the sidelines of their enquiry, despite the fact that women have been the major service users as well as service providers within the Welfare State since its inception. A feminist critique of the Welfare State and its social policies challenges such 'malestream' thought and assumptions. As Wilson (1977) says that

only an analysis of the Welfare State that bases itself on a correct understanding of the position of women in modern society can reveal the full meaning of modern welfarism. (p. 59).

Sawer (1988/89), in discussing Australian social policy, points out that government social policy makers tend to largely ignore the fact that the impact of their policies are experienced differently by women, for reasons which are a complex amalgam of the historical, psychological and

sociological. Instead, the increasingly neo-conservatives approach, as discussed in the previous section,

... envisions the state as a mindlessly expanding system of bureaucratic control, which needs to be rolled back to liberate the entrepreneurs and redistribute wealth to 'the producers'. In principle, this ... assumes that the low-paid or un-paid labour of women will always be there to pick up the pieces in terms of family life, welfare and personal survival. In practice, a fair amount of neo-conservative energy is devoted to attempts to make this postulate come true (Connell, 1990, p. 5).

This thesis will argue that the underlying assumptions have little substance and, as Sassoon points out, the crisis in the Welfare State, can in large part, be attributed to the inability of the State to pull down the facade it has built. She says:

The welfare state has ... produced the seeds of its own crisis. Its development, while depending on services in the home and on women's domestic role, has also been a fundamental factor which has allowed women to go beyond the home and private relations, to enter the world of work and new areas of civil society (Sassoon, 1987, p. 172).

The Welfare State is in crisis, largely because of its inability to recognise the inherent dichotomy in its attitude to women.

#### 3.4.3 Socialist-feminism, social policy and human services:

Gillian Pascall's work dominates this field of feminist scholarship because of the way in which she has drawn all the issues together, providing a detailed feminist analysis of social policy in Great Britain. She writes:

The unifying theme of these feminist critiques of social policy has been a critique of the 'patriarchal' family in modern society and an analysis of the Welfare State as supporting relations of dependency in that family (1983, p. 84).

In her pivotal *Social Policy. A Feminist Perspective* (1986) Pascall argues that women's 'invisibility' in social policy literature needs to be reconsidered by feminists. The language of social policy, its concepts, approaches, subject and area boundaries require redefinition. As she points out, so often the language used in social policy theory and praxis "hides" the woman. For example, in human services policy and practice in this country, as well as in the United Kingdom, commonly used terms such as 'elderly' or 'disabled' or 'carer' more often than not mean 'woman'. Yet the androcentric scholars, politicians, policy makers and bureaucrats ignore this obvious fact.

In addition, Pascall also discusses the notion of dependency and social policy. The state maintains the dependency of women through the practice of policies for caring and policies for income maintenance. This theme of dependency is also taken up by Meredith Edwards (1985) within the Australian context.

While socialist-feminists approach the issues in social policy from many different perspectives, there is agreement that it is the family that can be identified as the locus of the struggle between the state and women (Hartmann, 1978). As Pascall (1986) puts it: "... state 'support for the family' is seen by feminist[s] as state oppression of women" (p. 68). To understand social policy from a feminist perspective requires an understanding of the role of the family as a "... primary unit of social control" (Cox, 1988, p. 15) within modern western society (Dahlerup, 1987). The state and its relationship to the family is therefore central to a socialist-feminist critique of social policy (Cass and Radi, 1981) and therefore to a reconstruction of human service delivery contiguous with a feminist model.

Cass (1981, 1985, 1988/89) has written extensively of family policies in Australia and of the history of such policies, while Edwards (1985) highlights the fact that social policy in Australia is still based on the notion of the family as a unit of four. This ideology presents a picture of a family where there is a man (who is the breadwinner), a woman (who

is dependent on his income) and two children. An analysis of such ideology and its consequences is developed further in Chapter 6.

In what is essentially a matrix of dependency experienced by women in their relationship with the state, it can be seen that the state tends to 'co-opt' women by using them to maintain such policies (Davis and Brook, 1985, Dale and Foster, 1986, Broom, 1988/89). In addition it should be understood that policies in regard to what is considered 'work' (ie. that conducted publicly, outside the home) and what is not considered 'work', (ie. that conducted in the private, domestic sphere) is also an essential aspect of the nature of control by the state of women (Cass, 1985, Baldock and Cass, 1988, Balbo, 1987). There is intervention by the state in the lives of women at all levels, whether through child-care provision, supporting parent's benefit, caring policies for the aged or through policies regarding women as workers and the Australian taxation system. As Cass (1982) argues, it is misleading to think that the state intervenes only when there is a crisis of some kind, in other words the 'safety net' idea; in fact, the state intervenes and controls women constantly.

McIntosh (1978, 1979) was one a group of feminists who pointed out that women, particularly married women, formed a "... latent reserve army of labour" for the state (1978, p. 264) one which it could call upon in times of need (for example during the World War II) and reject when no longer required (Ginsburg, 1983). Presently, as McIntosh and others point out, the state is using such a 'reserve army of labour' to provide private (and therefore less expensive for the state) care in the home. Sassoon (1987) goes on to argue that this concept of a 'dual role' for women is in fact one of the key reasons why there is a current "crisis" in the Welfare State.

What then, does feminist scholarship have to offer social policy and an analysis of the Welfare State? Pascall (1983) argues that there are two ways in which feminism can clarify the issues: *firstly*, by continuing to identify the "... centrality of the Welfare State's concern with male/female relations" and *secondly*, to extend the task she and other



feminists have commenced, in looking "... at ways in which the structures of dominant trends of thought are conducive to excluding this possibility from view" (p. 94). In other words, by continually challenging the malestream thought in sociological theory and praxis.

### 3.5 Ageing in Australia.

The next section of this chapter introduces the issues confronting Australia as an ageing population. The first part provides some historical background, while the second part discusses aged care policies. The third part introduces a feminist discourse on ageing and the crucial matrix between women - ageing - and the State.

#### 3.5.1 Historical Background:

The Australian Federal Government's involvement in aged care has a comparatively long history. The Constitution of 1901 incorporated age and invalid pensions as federal responsibilities and since then, the Federal Government has increased its role as a statutory authority for aged care service delivery (Kewley, 1980, Sax, 1990, Ozanne, 1990). Until the late 1960s, aged care was essentially seen in terms of 'bricks and mortar', that is in building nursing homes, hostels and in the private sector, retirement villages. Prior to the *McLeay Report* (1982), the Commonwealth did consider 'community care' as an alternative to the rising costs of institutional care (in 1956 and again in 1973), but the secure economic climate was not really conducive to change at that stage. However, with the increasing unemployment of the mid-70s and the resultant recession, governments began to search for cost-cutting measures in their social welfare programs (Graycar, 1983). The 60s and 70s, as Townsend (1981) points out, were the years of several Government Reports on Social Welfare in the United Kingdom. Townsend mentions the 1963 Review (*Report on Health and Welfare: The Development of Community Care*) which first transferred the then primarily mental health concept of community care over to care for the elderly (1981, p. 101). Despite all these Reports,

he continues "... the defects in successive governments' handling of policy for the elderly have grown much worse" (p. 103). In Australia, the *McLeay Report*, commissioned by the Fraser Government in 1982 "... made important recommendations for the development of home help and other domiciliary care programs" (Keens, Staden and Graycar, 1983, p. 27) and the increasing shift to 'community care' for services to the elderly in Australia can be dated to the *McLeay Report* (1982) (Kendig et al. 1983, Kendig, 1986). Further discussion about the *McLeay Report* appears in Chapter 9. In 1984, the newly elected Hawke Labor Government introduced legislation which became the *Home and Community Care Act 1985*, which incorporated other Acts and attempted to strengthen the community care program. A more detailed discussion of this Program can be found in Chapter 5 of this thesis.

The term 'crisis' has not only been used in regard to the Welfare State at large, but is most often used (or implied) in discussions of policy for the aged. For example, in a article in *The Financial Review*, we read:

Looming over all the governments of Australia is a financial time bomb with the potential to disrupt society as much as any epidemic or environmental disaster. Ticking away and set to explode just over the horizon of the next century, this bomb is the aging of Australia's population (Cavalier, 1988, p. 2).

It is scaremongering language such as this which makes the aged 'problem' such an emotive topic and one in which it is difficult to apply some common-sense and reality. In brief, the 'crisis' is perceived as being an *economic*, not *social*, one. As such, the *laissez-faire* liberals would have us believe that it is because of the continued growth in the population over the age of 65 and the continued decrease of the population under the age of 65, that we have this 'problem'. The fact that many countries in the western world already exist perfectly comfortably with just such a ratio seems to be ignored, as indeed it was in the above mentioned article. Within such a debate the emphasis falls on discussion as to alternative care for elderly people, more particularly, family care. As will be discussed in more detail in Chapter

6, women are drawn into this debate, not only because they are the majority of elderly Australians, but also because they are the major care providers, both paid and unpaid.

### 3.5.2 Aged care policies:

In care for the aged policies in Australia and elsewhere, the rhetoric of 'community care' is now constantly and consistently heard, and nowhere is Pinker's "fig-leaf" more obvious than in such a discussion. There have been a number of recent surveys, both in Australia and overseas and it is this data which should be considered when discussing the topic rationally (Watson and Mears, 1990, Braithwaite, 1990, Calder, 1986, Kendig, 1986, McColl, 1985, Cantor, 1983, Brody, 1981). Such authors identify and attempt to clarify some major myths that continue to persist in the aged debate and policy area. These will be discussed in more detail in the body of the thesis, however, in brief two are:

(i) The myth of dependency:

Despite the rhetoric, only 15% of aged people are disabled and require constant care and attention. The majority therefore, live at home with few, if any, statutory supports (Kendig, 1985).

(ii) The myth of the family not caring:

Again, despite the rhetoric, the family *does* care. Major surveys in Australia and overseas demonstrate the extent of that care (Faulkner and Mitchell, 1988, Kendig, 1986; Montgomery, 1984; Kinnear and Graycar, 1983; Rowland, 1983, and others).

The major issues for aged care is rather - who is doing the caring? Where? Under what conditions and stresses? In what ways can the statutory and voluntary sectors assist? Contrary to public stereotypes, the empirical data shows that the major carers of elderly people are initially other elderly people, their spouses (Altergott, 1984), more specifically, wives, as they tend to outlive their husbands. Next in the

caring hierarchy come daughters, daughters-in-law and other family members in that order (Braithwaite, 1990, Allan, 1988, Osterkamp, 1988, Rowland, 1986, Day, 1986, Kendig, 1986, Rossiter, 1986, Townsend, 1981, Shanas, 1979a, 1979b,). Several major surveys in Australia (particularly that conducted by Kendig (1986) and others from the Australian National University in 1981) have identified the needs of families for greater assistance through the statutory and voluntary sectors in care for aged relatives. Such surveys have also recognised the lack of support from neighbours and friends and the lack of integration between the formal and informal sectors (Day, 1984, Boldy and Dench, 1986, Kinnear and Graycar, 1983) thus effectively exposing the fallacy of 'community care'. In addition, these surveys found that families either did not know of available statutory/voluntary assistance or simply did not want it, in order to forgo further dependence on the state. In regard to the commercial sector, the surveys found that those in greatest need could least afford to pay for services.

In particular, and essential to this thesis, such surveys identified the costs of family care, both to the elderly people and, most particularly, to their carers (Braithwaite, 1990, Osterkamp, 1988,, Joshi, 1987, Day, 1986, Rossiter, 1986,, Rose, 1986, Cantor, 1983, Brody, 1981). The burden of care falls heaviest on the primary carer (Watson and Mears, 1990, McColl, 1985, Kinnear and Graycar, 1984). As Allan (1988), points out "... the provision of care for elderly parents in need tends to be seen by all, including the carer, as essentially an individual responsibility" (p. 262). As shall be discussed, carers often give up paid work, or work part-time in order to better provide care. This total responsibility is often at the risk of personal health. Carers often care until exhaustion or individual ill-health force them to give up caring, often resulting in the aged relative being institutionalised (Minichiello, 1987, Day, 1986).

The inherent dichotomy between the rhetoric of 'community care' and its reality in the lives of people and their carers is essential to the present theoretical analysis, and as such was recognised as long ago as 1961 by Richard Titmuss. In discussing mental health care he asked: what was this policy of community care? Nothing but an "everlasting cottage-

garden trailer [which] conjures up a sense of warmth and human kindness essentially personal and comforting" (1979, p. 104) but one which intrinsically stresses families and carers to breaking point. In any discussion regarding 'community care' it is essential to identify the reality that care is conducted 'in' the community, not 'by' the community (Finch and Groves, 1980; Kendig et al, 1983) as this thesis will attempt to do in Chapters 6 and 7.

### 3.5.3 The need for a feminist discourse on ageing:

This thesis concerns itself with the social construction of caring, which as shall be discussed, is a two-person dyad - that of the carer and the person being cared for. It is crucial within a feminist discourse to consider *both* persons. Evers (1985) and Russell (1987, 1981) both argue that in the debate on caring, those *cared for*, who are more likely to be women, should also be considered within any feminist debate. Otherwise, Evers warns, they are "... in danger of being relegated to the status of work objects" (1985, p.102). While all the sociological and gerontological literature distinguishes the demographic reality of women living longer than men, and therefore of their making up the greater proportion of the aged population, nevertheless theoretical research and subsequent policies assume an amalgamation of old men and old women's interests and consequentially deny the actuality of women's ageing experience as being different to that of men. In this thesis some perspective on the needs of ageing women will be maintained.

An interesting fact noticeable in a feminist analysis of ageing is the relative lack of literature compared with the discourse on social policy, the family and caring. As early as 1972, Simone de Beauvoir wrote of the double stigma of being aged and being a woman. Nevertheless this fact has received little attention in the past two decades of feminist writing (Russell, 1987). Unlike the debate on the family and caring, there are no major texts on this topic, and writings are instead usually journal articles such as Leznoff-Caravaglia (1984) or Troll (1988) who asks: "Why do feminists ignore old women in general and old mothers in particular?" (p. 587). In her stimulating article in *Women's Studies International*

Forum, "Ageing as a Feminist Issue", Australian Cherry Russell (1987) opens up the debate by citing Phillipson (1982) and pointing to two possible factors as to why there has been a lack of feminist discourse in this critical area. She argues that in the past feminist critique has tended to concentrate on the important issues confronting women in the broad areas of *production* and *reproduction* - that is, issues for younger women of child bearing, child rearing and working age. Russell foresees a shift occurring as these women reach middle years one which can now be observed in the current increase of feminist critique in the area of *caring* in the last decade. This could be perhaps because these women are themselves confronting the very issues raised (Finch and Groves, 1984). Russell also points out that it must also be accepted that ageism is alive and well in the paucity of discussion of ageing issues within feminist scholarship, and that many feminists (for example, she quotes Rowbotham, 1973) express anger and animosity towards their own ageing and towards older people generally. For this reason, Russell calls for a more focussed feminist debate about age and ageing issues, not only to highlight that old women are women too, but also to balance the androcentric gerontological and sociological literature that currently dominates the topic (Harrison, 1983).

As Russell concludes, the disadvantages of being a woman in western society do not cease with old age. On the contrary the disadvantages become compounded, more onerous and thus "[c]ompared to old men, old women are systematically disadvantaged across the spectrum of material conditions" (Russell 1987, p. 126). Walker (1987), writing of the British experience, argues that women's tendency to poverty and dependence throughout their lives results in a greater dependence in old age. The fact that social policies ignore the differences in economic status between old men and old women is also highlighted by Watson (1988), specifically in regard to housing issues for the aged. In addition, as Finch and Groves (1985) point out, human service praxis is gender-biased in the area of ageing. This is not surprising given the tendency toward androcentric hegemony within human service theory and praxis. Despite the demographic reality that most elderly people manage to look after themselves without the intervention of the state, the

dominant ideology determines that growing old increases dependency and thus policies and praxis are developed with this assumption in mind.

In any discussion of caring and ageing, the point of departure must be the macro-relationship between the state and the family and the micro-relationships within the family itself. While the ideology argues pervasively for familial care, Faulkner and Micchelli (1988) point out that no where does the ideology state just "... what degree of filial responsibility is appropriate to what degree of parental dependency" (1988, p. 11) just as there is no real criterion as to how much care women are expected to give. Troll (1988) goes further to argue that dominant ideologies actually create tensions and conflicts within family relationships. The ideology of individualism conflicts with the ideology of filial obligation and the ideology of self realisation or self fulfilment conflicts with that of familism (p. 590). Such ideologies pressure women to care, pressure women to accept such care, and in turn, pressure service providers to maintain the stereotypic dependent roles such ideologies promote.

Russell (1981) argues strongly that current Australian social policies "... reflect a socially constructed 'reality' that aging is a period of decline, poverty and dependence" (p. 98). Therefore in order to provide a more balanced picture of the reality of life for elderly women and their carers, government policies such as the Home and Community Care Program, need to be analysed more critically.

#### **IV TOWARDS A SOCIALIST-FEMINIST PERSPECTIVE.**

##### **4.1 Introduction.**

The theoretical perspective underlying this thesis is derived from the socialist-feminist tradition of analytic perspective which focuses research on patriarchy, capitalism and the state. This approach introduces a new analytical perspective to the topic area and hence questions the conventional approach to explanation and knowledge-building. The Home and Community Care Program (H.A.C.C.) provides an excellent topical example of the intersection between patriarchy, capitalism and the state and the lives of Australian women. In the following chapter, the theoretical background to this thesis will be outlined.

##### **4.2 Towards a socialist-feminist perspective of social policy and the state.**

It is important to initially point out that feminism *per se* does not speak with a "unitary voice" (Franzway et al. 1986, p.162) as pointed out in Chapter 3, and therefore it is often difficult to disentangle the various threads of feminist thought. Nevertheless it is possible to identify that feminist perspective which has become known as socialist-feminist as distinct from others most particularly in its analysis of the family and its approach to an evaluation of domestic labour as work. Socialist-feminists argue that, in order to understand why it is that women continue to be oppressed, despite some recent legal and political changes, clarification needs to be made of the relationship between paid work undertaken in the public sphere, and unpaid work undertaken in the domestic, or private sphere. Socialist-feminists also argue for an end to the public/private dichotomy as there can be no real equality for women until the work they do in the home is recognised as work, and extended out into the broader arena of the economic market-place.



The socialist-feminist analysis of the state also recognises the inherent tension and dichotomy for feminists as many of them in fact look to the state for support for advancing the status of women in society. At the same time socialist-feminists continue to be aware of the fact that the state plays a key role in constructing and thus maintaining women's oppression (Connell, 1990). While any socialist-feminist analysis must focus on the larger structure of society, nevertheless it is crucial to a feminist perspective generally to maintain the individuality of women in any analysis, and therefore not to fall into the traditional social science 'mire' of homogeneity and objectivity (Yeatman, 1986, Flax, 1987). The inherent tension in the relationship between the state and women must also be continually be inferred so as to scrutinise the reality behind the veil of invisibility of women.

The socialist-feminist theoretical debate focuses on three inter-related factors: firstly, the relationship between patriarchy, capitalism and the state; secondly, the family as a focus of structuring and constraining policies by the state and thirdly, production/reproduction and the incorporation of domestic labour into the economic marketplace. This socialist-feminist perspective clearly provides this thesis with a framework through which the issues raised in the previous chapter can be dealt with further systematically. The three inter-related factors will be discussed further below.

#### 4.2.1 Patriarchy, capitalism and the state:

In early feminist analyses of capitalism and patriarchy, there tended to be two views posited; firstly that gender inequality was either caused by capitalism (ie. the traditional Marxist perspective) or by patriarchy (ie. the early radical feminist perspective). Four identified categories of writings on gender inequality show this gradual evolution:

- gender inequality as derivative from capitalist relations;

- gender inequality as a result of an autonomous system of patriarchy, which is the primary form of social inequality;
- gender inequality as resulting from patriarchal relations so intertwined with capitalist relations that they form one system of capitalist patriarchy;
- gender inequality as the consequence of the interaction of autonomous systems of patriarchy and capitalism (Walby, 1986, p. 5).

While a detailed analysis of these categories is beyond the scope of this study, Walby (1986) provides an excellent review. She argues that a more recent trend in feminist critique is to consider the relationship between patriarchy and capitalism as one of *interconnectedness*, albeit without the implied elements of harmony in such a term. It is far too simplistic to consider these institutions as direct alternatives, or indeed to view patriarchy as somehow servicing capitalism. As Franzway et al. (1989) point out, some earlier patriarchal state theories have treated the state "as an agent of patriarchy" (p. 27), while others tend to see the "state itself as patriarchy" (p. 28). Instead, the state should be viewed as a "complex of relationships" (Burton 1985, p. 104) and patriarchy seen as residing in the so-called "objectivity of the state's structures" (Franzway et al., 1989, p. 29). Patriarchy and capitalism should not be seen as having an harmonious relationship. On the contrary there is continued conflict (Walby, 1986, p. 45) and the affiliation itself is dynamic and constantly changing. The state, then, derives its entity from both patriarchy and capitalism and can thus be viewed as the medium through which patriarchal actions and relations are actuated. Put more powerfully, "the state is the patriarchal power structure" (Connell, 1990, p. 9) and "an institutionalization of power relations" (1990, p. 11).

#### 4.2.2 The family and women's role:

Socialist-feminist analysis argues that the state organises the domestic life of its citizens through the dissemination of its ideology and through its policies and practices. McIntosh (1978) argues that there

are two functions of the state which systematically act to oppress women, firstly, the family household system and secondly, the use of married women as a 'reserve army of labour' (1978, p. 257).

The family household system as supported by the state both ideologically and practically through its policies, particularly those of taxation and social security (Pascall 1986), is that of the male as breadwinner and the female as dependent/carer/nurturer. It is important to continually re-stress how inadequate this traditional perception of these roles is, and how the state continually reinforces them, thus continually maintaining its oppression. As McIntosh (1978) and others, (including Pascall, 1986, Franzway et al., 1989 and others) point out, the State often 'takes over' these functions of breadwinner and carer, but it does so while overtly criticising 'the family' as being negligent in its 'duty'. In this way, the family household is "... importantly structured and constrained by state policies" (McIntosh, 1978, p. 267).

As McIntosh also concludes, "the state's role in the oppression of women is usually indirect". In this way, Connell argues "the state can in appear in itself to be gender-neutral ... [which] is a vital aid to legitimacy" (1990, p. 8). The relationship between the state and women is not as simplistic as just a notion of total oppression would indicate, on the contrary, the relationship between the state and women is full of contradictions. While the state controls women and women's work in its endeavour to impose traditional roles on women, nevertheless, it encourages and supports women to work. In the welfare state particularly, there has been a growth of work opportunities (albeit the majority part-time) for women. However as Matthews (1984) reminds us, women's entry into the workforce in large numbers is in the main into those areas for which they have always been responsible as part of their domestic role, that is, nursing, community services, the service sector.

Historically, women's paid work is seen by the state as a pool of labour which can be drawn upon in time of need and which can, through ideology and policy, be reduced when no longer required (Matthews, 1984). As Benson (1978) says, the "'cult of the home' makes its reappearance during

times of labor surplus and is used to channel women out of the market economy" (p. 182). In addition, in a chapter in *Staking a Claim*, Franzway et al. (1989) refer to what they consider as an Australian phenomenon, the fact that the state in this country has over the last ten to fifteen years employed many feminists to help develop its policies and deliver its programs. Thus as Pascall (1986) points out, the state's roles for women are "ambiguous" (p. 27). This ambiguity serves to give the state more power, as women become confused and thus further divided on the issues. Crucial to an understanding of this confusion is that the interests of women as a class are not uniform, as full-time homemakers have different interests to those of full-time paid employees. In addition, the way in which women react to their relationship to the state is also class based. Those women whose education and work-experience gives them the confidence and assertion to speak out, react differently to those women whose experience is one of dependency and powerlessness. The state must cater for both these groups but what it tends to do, as will be discussed in more detail in Chapter 7, is to create a false homogeneity in its policies and in this avoids the issue altogether; thus this false conceptualization of homogeneity is one of the factors which explains the oppressed social position of women.

#### 4.2.3 The production/reproduction debate:

The socialist-feminist debate has, since the early 1970s, centred around the issue of domestic labour (or unpaid work) as work in the same sense that paid work is deemed to be work. Women, working in the home, alone and often without support, can be seen as conforming to an ideology and standards they have been socialised into accepting (Matthews, 1984). Such work is not considered important enough to be part of the economic strata of society (Cass, 1982). It is not recognised as part of Australia's gross domestic product (G.D.P.) or indeed in any 'measure' of the country's economy. Housework is ignored as work as Bottomley (1983) puts it because "... women are supposed to be working for love" not money (p. 26). In this way, the family becomes sequestered outside the economic sphere of production.

In opposition to this orthodox view, socialist-feminists argue that the family is central to the economic sphere of production and that a recognition of women's domestic labour as work, is an essential first step in the movement to redress gender inequalities (Hartmann, 1978). So long as the state continues to subscribe to the view that work that is valued is work that is paid and unpaid work is therefore not valued, women will continue to suffer oppression. In any discussion of these issues, it should always be remembered that the state (and those who own the means of production) benefit and profit from the unpaid work of women.

What socialist-feminists do not necessarily agree upon, however, is the answer to the question - just what sort of work do women do in the home? Is it, for example, production or reproduction? Is it consumption or circulation? And in addition, is it productive, non-productive or unproductive of "value and surplus value" (Walby, 1986, p. 17). The main issue seems to be that of the definitions of what constitutes production and reproduction. McIntosh (1979) makes the point that *reproduction* is not just a biological fact, that is in having the next generation of workers, it is also food, shelter, sleep, exercise and all those "... social conditions that will preserve people's personality structure and outlook on life" (p. 153). McIntosh concludes that the role of women can therefore be seen as maintaining a balance between the dependent and independent members within the family household.

Unlike McIntosh, Pascall (1986) considers the work undertaken by women in their role as caring agents for the welfare state as reproductive. She defines this to be the "... link [from] the human service work that is undertaken in the domestic arena to that which is part of public policy (and which is also largely women's work)" (p. 23). In this way, Matthews' (1984) argument endorses Pascall's' position in so far as women's entry into the workforce in large numbers only then to continue to maintain their 'domestic' roles within the paid workforce, from exchange of services to payment for those services. The Home and Community Care Program appears to be an appropriate policy in which to observe the practice of such a transition. From another perspective,

Walby (1986) argues that any "... distinction between production and reproduction is arbitrary and unsustainable" (p. 36). She goes on to point out that everything done by women in the home as domestic labour can (and is) in fact being bought in the market place. Yet, she says "... typically, when performed in the home it is considered reproduction and it outside, production" (p. 36). While this may seem as unassailable logic to some, in fact what is illogical about this is that different values are attached to the same labour depending on where it is conducted - either outside or inside the home. This dichotomy serves to provide yet another framework for separating women from the productive sphere. Walby continues:

It is entirely inconsistent to see a person who is paid a wage to do [such] ... tasks as being engaged in production and a women who does them unpaid as being engaged in reproduction. A distinction between re-production and production is unfounded and should be rejected in favour of conceptualizing all these tasks as production (1986, p. 36).

For the purposes of this analysis, therefore, work considered in the domestic, informal sphere - that is the labour of caring for family members, and the work undertaken in the public sphere - that is, caring for people as part of formal human services, will both be considered as production in the way discussed above.

#### 4.3 Summary.

The socialist-feminist perspective therefore recognises that an analysis of the complex inter-relationship between patriarchy, capitalism and the state is essential as a first step in abrogating inherent gender inequalities. The public/private dichotomy and the family household system as supported by the state and the idealised and systemised role of women within that household system also demand to be challenged. The perception of the state's structures and its policies and programs as gender-neutral must be seen for the fabrication they are. The relationship between women and the state is complex and full of

contradictions and needs to be analysed sensitively and with attention to individuality and personal experience. Socialist-feminism recognises the centrality of the family household to the economic means of production and that the work women undertake in the domestic sphere needs to be made visible and not exploited further.

This present analysis will therefore use the socialist-feminist theoretical framework as the one most suited to an analysis of the policies which are embedded in the Home and Community Care Program. As the caring work undertaken by women in the home within the broad ambit of the Home and Community Care policy can and is all being undertaken outside the home, in formal human services and for paid wages, the position that women's domestic work is part of production will be the perspective adopted in this analysis.

## V THE HOME AND COMMUNITY CARE PROGRAM: AN INTRODUCTION.

The Home and Community Care (H.A.C.C.) Program was one of several initiatives of the newly-elected Hawke Labor Government in 1983 within the broad area of community services. The Program was designed to enable frail aged and younger disabled people to remain in their own homes, rather than be constrained to utilise inappropriate or premature institutionalisation options. In addition, the Program recognised the need to provide assistance for carers of such people. The Program was to be federally administered by the newly-created Department of Community Services (in 1987 the Department of Community Services and Health was created) in a joint Commonwealth/State cost-shared arrangement. In each state, the Program was to be oversighted by the State Government and delivered through the major formal human services of the non-government welfare sector and local government as well as through the informal network of family and friends. This chapter will introduce the Home and Community Care Program, give a brief outline of its history, policies and policy development; the Program's relationship with carers and caring will also be discussed and its future directions briefly outlined.

### 5.1 History and Background.

The Hawke Labor Government came to power in December 1983 on a platform of major social and economic reform (Reeves and Thompson, 1983). In this political environment, one of the many issues confronting the newly elected government was the changing nature of Australian society. Seen as especially critical was the slow but steady increase in the number of people over the age of 65 and in particular, those people over the age of 75 whose growth was estimated as 41% in the decade between 1986 and 1996 (Coleman, 1988, p. 9). This coupled with a decline in the number of people under the age of 15 years, from 35% in 1901 to 23% in 1986 to a projected 19% by 2021 (Coleman, 1987) was cause for concern. Coleman (1987) estimates that "80% of funds for services for the aged and disabled" were with the Commonwealth, while State Governments provided only 18% and local governments a low 2%" (p. 16). Table 1 shows the



expenditure of the previous Fraser Government for the financial year 1982/3 and the expenditure of the first year of the Hawke Minister 1983/4. The following points should be noted; firstly, that income maintenance (ie. pensions) absorb nearly 86% of total expenditure on the aged; secondly that of the remaining 14% of expenditure around 13% goes towards nursing homes and hostels accommodation and the remaining 1% to home and community care services. By 1986, the percentage expenditure on home and community care services of total aged care had increased slightly to 1.75% while that on nursing homes had also increased to 13.5% of total expenditure (Coleman, 1987, p 5).

Table 1:

Total Commonwealth Expenditures on the Aged (\$ million) for 1982/3 and 1983/4:

	<u>1982/3</u>		<u>1983/4</u>	
	<u>\$ tot.</u>	<u>% tot.</u>	<u>\$ tot.</u>	<u>% tot.</u>
Income Support (Incl. aged and service pensions)	5925.5	85.95	6608.0	85.7
Home and Community Care	76.0	1.1	87.4	1.13
Nursing Homes	886.3	12.85	1004.4	13.03
Program of Aids for the Disabled	5.6	0.01	10.9	0.14
<hr/>				
Total Aged Expenditure:	6893.4	100.00	7710.7	100.00
<hr/>				

(Source: Coleman, 1987, p. 5)

The Federal Government contended that the major proportion of costs were unevenly balanced between it and the State governments (see Sax, 1990) and as a result, the Labor government resolved to concentrate "resources more on younger as well as older people in relatively greater need" (Kendig and McCallum, 1990). Over the past eight years there has been a continuing pressure to persuade the States to accept more financial responsibility for aged care.

In 1981, a House of Representatives Standing Committee on Expenditure inquired into, among other things, institutional and community care for the aged (Howe, 1990 p. 159). One of its terms of reference was:

"To review the evidence obtained from any evaluations of Commonwealth programs for changing the balance between institutional and community care services" (1990 p. 159).

Howe (1990) provides a detailed analysis of the resultant *McLeay Report* (1982) which argued the need for some major re-thinking of aged care policy because of the economic and demographic realities as discussed above. A more detailed discussion of the *McLeay Report* appears in Chapter 9. The increasingly high costs of institutional care for a very small proportion of aged people (around 6% of the total aged population, Graycar and Harrison, 1984) was one area which required urgent re-assessment. Concurrently, there was much open public debate about the aged 'crisis' and questions were being asked as to how governments in Australia were going to be able to cope with such a 'crisis', seen broadly as an economic one with any solutions by definition therefore also being economic. There was also public debate about the need to 'return to the family what belongs in the family', that is, care for family members. This debate had been current for some years, but had reached its apogee in the policies of Reagan in the United States and Thatcher in Great Britain. The previous Fraser government (1975-1982) had also sustained the concept of the family being the first place of care and support, particularly obvious in the rhetoric of the then Minister for Social Security, Fred Chaney (Hardwick and Graycar, 1982). In other words, there was a perception that the state had taken over from the

family what was its rightful domain - that is the care of its infirm and aged members, and the rhetoric surrounding aged care became associated with that of community care and family care. This combination of factors: social, cultural, demographic, economic and political, helped to create the environment in which the Home and Community Care (H.A.C.C.) Program had its genesis.

## 5.2 The inception of the Home and Community Care Program and some concomitant difficulties.

The decision to make the H.A.C.C. Program a joint Commonwealth/State one through the creation of the *Home and Community Care Act*, was done as a way of attempting to re-distribute the economic burden of aged care. This Act subsumed four other Acts; the *Home Nursing Subsidy Act* 1956, the *States Grants (Paramedical Services) Act*, 1969, the *State Grants (Home Care) Act* 1969, and the *Delivered Meals Subsidy Act* 1970. This decision was based on two Commonwealth objectives; firstly, to commence a transfer of emphasis from institutional care to home care and secondly, to start a process whereby the costs of that care would be initially shared more equitably between Commonwealth and States and in the long term by the local government sector and the non-government sector; thereby effectively reducing Commonwealth expenditure in the future when the aged population was to peak to around 5 million by the year 2021 (Kendig and McCallum, 1988 p. ix.). The State Governments felt they had not been adequately consulted in this major policy shift, and many resisted what they saw as an attempt by the Commonwealth to circumvent its responsibilities (Coleman, 1988). In addition, as Sax points out, opposition from the States also came because they were reluctant to have "their budget priorities influenced by Commonwealth cost-sharing policies" particularly when these priorities were those of the "providers rather than potential recipients of services" (1990, p. 30).

The political risks in this kind of major change policy development were high, but the imperatives forcing the Federal Government to the decision were immediate and pressing. At the same time that the Commonwealth was

developing the H.A.C.C. policy it was also planning major changes in the residential component of aged care expenditure and the *Nursing Homes and Hostels Review* was announced on 25 June 1984. It was proposed that this Review examine the high cost of institutional care and recommend major policy changes to the Government. The system constraints inherent in the decision to introduce H.A.C.C. included the invoking of the Commonwealth's rights under Section 97 of the Constitution. Thus despite there being Labor Governments in four States at the time of the Program's introduction, the issues behind the development of this policy aroused many of the long-standing debates surrounding States' 'rights'. The combination of both the proposed H.A.C.C. policy and the changes heralded by the *Nursing Homes and Hostels Review* led to increased concern and further intransigence from the States. This impasse between the States and the Commonwealth on the cost-sharing arrangements of the H.A.C.C. Program resulted in a long delay to its introduction. For example, in Victoria it took over 10 months to complete the negotiations for its introduction (Sisley, 1989), and as late as November 1985, Brian Howe, then Minister for Social Security, was still berating the States when he said that

it suited the States to encourage the Commonwealth to spend more and more on accommodation [for the aged]. It has not suited them to put in the kind of investment that is necessary in the local community to ensure that the very high proportion of people who remain at home have the kind of support that enables them to live useful and happy lives" (*Commonwealth Record*, 1985, p. 2707).

Sisley argues that the time taken could have been less had the States "been involved in the early stages of policy development" (1989, p. 48). This was also confirmed by the findings of the National Community Consultation on H.A.C.C. conducted in 1987 (Picton, 1988, p. 2).

H.A.C.C. can be seen as an example of a program developed 'on the go', rather than through the classic policy formulation and implementation stages (Graycar, 1977). This has also had direct impact on the information about the Program. It was a major complaint during the early

stages of the Program's implementation and it is still a complaint today, that information about the Program is sadly lacking. The impact was incremental as initially, public information was kept largely to major Ministerial Statements, or speeches while these raised hopes, but provided no real knowledge within the industry. However, the issuing of important *Home and Community Care Program National Guidelines* was delayed until 1988, and despite good intentions, service providers and service users felt, as Liberal Senator Messner put it, "hoodwinked" (Hansard, 20 March 1985. p. 489-490). The conflict between the Commonwealth and State governments has already been mentioned and the two-tier system of cost sharing created sizable problems (Picton, 1988) nevertheless there was some consensus about the need to further develop home care services as a viable alternative to institutional care. The policies of deinstitutionalisation in the mental health area were also pressuring State governments to consider alternative care policies. Thus, while the issue of the cost sharing was being debated, the issue of whether or not services should be provided to frail elderly and younger disabled people at home and the roles of families in that care in the home was never questioned (Saunders, 1990).

The task confronting the Commonwealth was how to implement such a large scale, complex and largely centrally planned social policy which involved such a diverse number of players and was set against the background of increasing lobbying by aged and disabled support groups. This thesis will attempt to show that the "how" occurred through the centring of the Program around the resurrection of *community, home and family*, and thus, by implication, a reliance of the labour of women.

When the Program was first announced, in the August 1984 Budget, it immediately raised the hopes and expectations of many people, both aged and disabled (Australian Pensioner's Federation, 1989). Its subsequent delay in implementation (over eighteen months in some States) caused dissatisfaction and cynicism among many groups (Picton, 1988). In March 1985, Senator Tony Messner repeated what John Cornwall, the Labor Minister for Health in South Australia had said, that H.A.C.C.

"had been significantly oversold in a pre-election climate, had unduly raised expectations, [and] had suffered from bureaucratic wrangling" (*Hansard*, Senate, 20 March, 1985, p. 489 *passim*).

Nevertheless, the Commonwealth remained (ostensibly) confident that it could manage such a large shift in aged policy and human service praxis. Indeed, considering the mounting increase in overseas debt, and the pressure on the Australian economy at this time, it had no real alternative.

The decision to move Commonwealth expenditure emphasis in aged care policy from institutional care to home based care was seen as a long term goal, and identified as such early in the planning process. The aim was to provide additional services to those approximately 94% of Australian aged people who wished to remain in their own homes (Grimes, 1984). While many of these people were already receiving some services, many potential service users were not part of the formal network of care (Kendig, 1986). The objectives of the planning process were seen as an attempt to make the aged care policy more equitable, as well as to cut expenditure. Community care was seen as a less expensive alternative to high cost institutional care and the Government recognised the need to transfer expenditure from one group to the other (Coleman, 1988). The allocation of these services was to be undertaken through the use of the State Governments, local governments, the non-government welfare organisations (some 1500 of whom were already providing such services as home nursing and meal-on-wheels across Australia (Coleman, 1987, p. 27)) and of course, the informal network of family support.

### 5.3 H.A.C.C. and aged care service delivery in Australia.

The introduction of H.A.C.C. raised the whole issue of just who had responsibility for aged care in Australia and how was the Program going to be delivered within the existing framework of aged care praxis? The

Commonwealth had always accepted income maintenance support for aged and invalid citizens since Federation, however the Government's involvement in home care services was more recent (Healy, 1990). The major and most severe structural constraint was the lack of local government involvement in human services in Australia and the need to increase its influence in order to provide the kind of service delivery envisaged by the policy planners (*Proceedings of the First National Conference of Local Government and Community Development*, 1986). As a result of a constitutional anomaly, local government has no direct means of involvement with the Commonwealth instead both parties must work through the agency of the State Government. In the Second Reading debate on the *Home and Community Care Bill*, in November 1985, Senator Grimes stated two factors held back an opportunity to provide an aged care "utopia", firstly, funds and secondly, "... if local government in this country had had a tradition of involvement in the sorts of services in this area as it does in some of the social democracies of Western Europe" (Hansard, 13 November, 1985, p. 3078). Presumably the issue of informal care in this utopian world was assumed as being available. In September 1988, the Federal Government attempted to change that part of the Constitution necessary to allow a more immediate relationship with local government, but it was defeated at Referendum. As a first attempt to deliver services, the Home and Community Care Program largely incorporated existing services with some new ones. Nevertheless, the funding for new services was greatly diminished as the Program got underway. The cost of maintaining existing services was larger than expected (Australian Pensioners' Federation, 1989). Unmatched monies, \$94 m. over the four year period from 1987/88, was made available by the Commonwealth with the idea of "testing of new service models and of improving access to services for a number of disadvantaged group" (Coleman, 1987, p. 28). It is understood that this unmatched money will be expended by the end of the 1990/91 financial year and no further monies will be made available (personal discussion with Department of Community Services and Health personnel).

#### 5.4 H.A.C.C. and caring.

The Home and Community Care Act states that one of the Program's objectives is:

'to promote the provision of a comprehensive and integrated range of home and community care designed to provide basic maintenance and support services, both directly and through their carers, to persons within the target population and thereby to assist them to enhance their independence in the community and avoid their premature or inappropriate admission to long term residential care" (*Home and Community Care Act*, No. 184, 1985, p. 5). (Underline is added).

Thus, the 'clients' of the H.A.C.C. Program are both service users and their carers. In this sense H.A.C.C. has undertaken a difficult task to meet the needs of both these groups. In the H.A.C.C. sense, 'carer' is always implicitly understood to be an unpaid carer, that is, a spouse, relative or friend. 'Caring' as such, is not defined in the H.A.C.C. Act, but the definition of 'carer' used by the policy makers, is similar to that used by the Department of Social Security for their Carer's Pension; someone who cares for someone else by providing frequent attention to routine bodily functions and constant supervision for a permanent or extended period of time; or the nature of caring is such that it has to be seen and regarded as a full-time activity.

As will be discussed in more detail in Chapters 7 and 8, caring is therefore seen as a full-time activity, and the H.A.C.C. service is designed as a way of supplementing, not supplanting that service. As Coleman remarks, H.A.C.C. was "... designed to supplement or substitute (when not available) care from families. H.A.C.C. was not designed to provide full time care and attention" (1987, p. 8). The point to be made here is that H.A.C.C. was always seen as supplementing what was already seen as supporting the major burden of care - the family, or informal system. In the Second Reading Debate on the H.A.C.C. Bill in 1985, Senator Grimes made this clear when he said:



Many people doubt their continuing ability to provide for the needs of aged or disabled family members at home. In the past, families have felt that they have no option but to encourage or seek institutional care for their relatives, even when this may be quite an inappropriate solution (Hansard, 14 November, 1985, p. 2124).

In the next chapter, I discuss in more detail the concept of community = family = women. In the context of this chapter, it should be noted that when discussing 'the family' in relation of H.A.C.C. policy and praxis, family = women. Therefore while family care was seen as essential and H.A.C.C a program to provide support to such informal care, nevertheless, in the discussion on the provision of services to aged Australians, the assumption of family support is a given and rarely analysed or questioned, a fact which has important implications for a socialist-feminist perspective.

In the same way in which any government policy tends to homogenise its service users, the H.A.C.C. 'carers' are also seen as exactly the same. In Chapters 6 and 7, the major Australian surveys of aged people in the last decade and their findings will be discussed in more detail, however it should be pointed out here that, as yet, there is no real empirical data gathered by H.A.C.C. as to the nature of its carers, who provides the care, what their needs are and who needs formal service support but is not receiving it. The Australian Bureau of Statistics only recently (1988) produced *Care of the Handicapped at Home* (Catalogue No. 4122.0) and its *Domestic Care of the Aged* (Catalogue No. 4121.0) is yet to be produced. Despite the confident statement in the *H.A.C.C. Program Commonwealth priorities for service development* that the "philosophical basis of both Commonwealth and State government policies" have begun to change because of a "greater understanding of informal care, particularly the role of carers" (1986, p. 2), the Guidelines themselves go on to concentrate on the formal service sector, largely ignoring the informal one. Indeed as one reads through the H.A.C.C. literature, one feels that 'carers' and their 'needs' are often a tacked-on after-thought and the

major focus of the policy is on the formal service sector. One exception must be the carers of persons with dementia.

The policy development of H.A.C.C., which, as has been discussed above, was fragmented and responded to conflicting economic and societal pressures and its policy implementation undertaken as it was in a climate of distrust and conflict between Commonwealth and State, resulted in H.A.C.C. being produced with little or no real empirical knowledge about who its clients were, either carers or carees. Thus H.A.C.C. was formulated on what was essentially a shallow knowledge base and this was, and continues to be, one of its essential weaknesses.

#### 5.5 H.A.C.C. Program implementation and evaluation.

The process undertaken to implement the H.A.C.C. Program provides an insight into the complexities of policy implementation. Firstly, unlike other policy initiatives (for example, the Australian Assistance Program or the Disability Services Program) there was no initial 'experimentation' period which should have considered a number of issues concerning delivery, such as securing resources, both physical and human, identifying target populations, promotion of the Program and an attempt to predict future operating conditions. The changeover from the existing policies as outlined in the previous Acts, to the Home and Community Care Program, just occurred. This was largely because the new policy was imposed on top of existing programs. Nevertheless, intervention on behalf of the Commonwealth was very high. The change in the status quo was expected to be incremental, but the imposition of H.A.C.C. on service providers was immediate. In this sense, as in the launching of any new policies, timing was crucial. As the National Community Consultation Review of the Home and Community Care Program 1988 Summary Statement put it, the inadequate planning and poor introduction of the Program resulted in it being:

'introduced in a difficult climate with little public information and debate. [It] .. was not well-conceived and ... the design and

introduction of HACC was hasty and ill-thought through, focuss[ing] principally on inter-Government funding and working arrangements and inadequately on service and client definition and service provision issues' (Picton, 1988, p. 2).

In addition all the players in the complex implementation process had conflicting positions. While the States had always enjoyed large Commonwealth grants for building nursing homes and hostels, the Commonwealth was now threatening to reduce such grants. The local government sector was wary and suspicious as it felt it was being used as a scapegoat in these negotiations. The non-government sector, particularly those agencies who had previously delivered such services as meals-on-wheels, home nursing and so on, were concerned that funding would diminish, or even cease because of the emphasis on new types of service delivery and because of the so-called 'no-growth' areas (Picton, 1988). Therefore, the change process undertaken in this implementation stage was clearly more in the Commonwealth's interests than those of the other players. The Commonwealth had as its imperative a long-term reduction in the costs of aged care. It also had one eye on the early election of December 1984 and the increasingly active aged care lobby (Australian Pensioners' Federation, 1989). It made a number of promises in the pre-election climate, including that of the establishment of an Office for the Aged. The support for the H.A.C.C. Program came from many of the non-government agencies who had been lobbying for home care programs for many years. It came from academic circles, where changes to Australia's aged care policy had been argued for over a decade and it came from the aged and disabled lobby groups who advocated for more independence and less institutionalisation (Coleman, 1987). A major part of the implementation process was devising ways of organising the service delivery. There were some initial constraints because of the way in which the Program was imposed on top of existing services as such services were delivered in vastly different ways in different states. Any broad co-ordination of services was thus difficult, indeed in the long term, it proved almost impossible. In addition, the H.A.C.C. Program itself was placed in a Division called 'Community Programs' within the Central Office of the Department of Community Services. Thus it was separate from

both the Residential (ie. Aged care) Division and the Disability Services Division. Co-ordination between Divisions caused confusion and delays. In the States, the situation repeated itself as H.A.C.C. was placed in Health Departments in some States and in Community Service or Welfare Departments in other States. The different positions taken by all the players gave the Program an air of inconsistency from which it could be said it is still largely recovering (Healy, 1990).

The scope of the Program was fairly clear from the beginning, although the delays and the frustrations were not envisaged. The pre-existing programs subsumed by the new Act were aged programs and there was, and still is, a perception that H.A.C.C. is for the elderly community only, and the younger disabled have been forgotten (Australian Pensioner's Federation, 1989). The boundaries of the Program were fairly clear also, however, not everyone happy about the exclusion of some groups - the so-called 'no growth areas'. The service delivery of H.A.C.C. Programs were always envisaged as the responsibility of either local governments or non-government organisations in conjunction with service users and their families. In this sense, the informal system became crucial to the successful implementation of the Program. As has been discussed elsewhere, the informal system is the least known and understood of the four major sectors of human service delivery. The organisation of the Program could thus not be completely planned. In her excellent chapter on H.A.C.C., Healy (1990) points out that the conflict between service providers and the Commonwealth also resulted in a lack of data collection on services users, and therefore a "lack of knowledge about the program beneficiaries" (1990, p. 137), which was subsequently criticised by the Auditor-General in his 1988 Report when he said the Department of Community Services and Health "has been unable to find out details of specific services being provided, who is being serviced and to what extent" (section 8.1, 1988, p. 68). In addition, the non-government and local government sectors had been using and would continue to use a majority of voluntary staff in order to provide the services needed and this in turn placed additional stresses on the nature of the services which could be provided. Many of the resources necessary for the delivery of the H.A.C.C. Program were already in place as has been

described. Nevertheless money for additional service providers was limited and the Commonwealth was keen to try what it termed 'innovative services'; that is, models of care delivery that did not necessarily conform to existing patterns. In order to do this, it found that it had to supply additional money - so-called "unmatched funds". The major proportion of the H.A.C.C. Budget was largely absorbed by existing services and the States refused to provide additional monies for such new services. Nevertheless, the amount of money allocated by the Commonwealth was considered minimal compared with that expended on existing services, or indeed, on institutional care generally. Indeed, as can be seen in Table 1 above, for every \$1.00 expended on home and community care, \$11.50 was expended on nursing homes and hostels. (A further analysis of the expenditure of community care and institutional care appears in Chapter 9.) The delay in timing because of the negotiations surrounding the cost-shared arrangements, resulted in the first of these innovative services not being funded until early in 1986 (Healy, 1990). An unexpected, and potentially concerning result of the late introduction of H.A.C.C. was that the state hospital system, partly to alleviate its own cash-flow problems, but also because, for the first time, there was a perceived alternative, started to discharge patients early, with the understanding that 'H.A.C.C. would provide for them' (Australian Pensioner's Association, 1989, Picton, 1988). This example of unintended consequences increased pressure on the need for H.A.C.C. services and increased criticism about the lack of money available to the Program (Australian Pensioners' Federation, 1989). It should be pointed out, that H.A.C.C. itself was not primarily designed to act as a 'safety net' for the hospital system, but rather as a way of strengthening the availability of community care alternatives to institutionalisation.

The Commonwealth/State Agreements included the establishing of a Review of the Program in its third grant year. The first Review was commenced in 1987 and its Report (*First Triennial Review of the Home and Community Care Program 1988*) was published in December 1988. The Review Working Party consisted of senior Commonwealth/State officers with an independent chairperson, Dr. P. Saunders of the University of New South Wales' Social Welfare Research Centre. (Dr. Saunders' views of the outcome of this

Review are discussed further in Chapter 9). As the Terms of Reference show, the Review focussed heavily on administrative and funding matters that concerned both the major partners of the Cost-Shared Agreements. In addition, the Commonwealth perceived the Review as an opportunity to air some of the policy initiatives, such as the 'no growth' issue or the increase of services to the younger disabled, within the body of the Review as a way of obtaining broader consensus for future program implementation. In this sense then, the H.A.C.C. Review can be seen as part of the policy implementation of H.A.C.C., rather than policy evaluation.

However, another Review undertaken by the National Coordinating Committee for Community Consultation, and auspiced by A.C.O.T.A. (Australian Council on Ageing) and ACROD (Australian Council for the Rehabilitation of the Disabled), was conducted in 1987 and a report produced in 1988. Outcomes of this review focussed initially on a lack of information - for both service providers and the general public. There was also concern about the lack of adequate planning and the rather heavy concentration on administrative arrangements between Commonwealth and State thereby excluding community needs. There was criticism of the lack of co ordination and consultation between the Disability Services, Residential and Home and Community Care areas within the Commonwealth and of the whole Commonwealth/State issue and the "delayed and disparate implementation" (Picton, 1988 p. 2) occurring across the States. In addition the "... differing priorities and approaches at the planning level" had resulted in H.A.C.C. being "... adversely affected" (Picton, 1988, p. 2) according to the Committee. The issue of funding to existing services (over 85% at 1988 figures) and the lack of resources for new services was also raised; however criticism was made of the "... funding priorities" which placed undue emphasis on the creation of new services where the Committee felt "... existing services [more] appropriately diversified and resources" (Picton, 1988, p. 3) could have undertaken the task. Finally, the other major issue was the lack of consultation, not only with formal service providers, but also informal ones - ie. the families themselves. This neglect of families and the women in those families who were expected to provide the care, is a crucial factor

within the context of this thesis. In the opinion of the Committee, this lack of consultation in turn denied the policy makers the "... experience and knowledge" of these groups and thus the Program suffered as a result and continues to suffer as a result (Picton, 1988, p. 3).

#### 5.6 Future Directions.

It can be seen from this brief discussion that the Home and Community Care Program was introduced into the human service sector in Australia with minimal discussion and minimal consultation with the major players. In addition, it developed policy without a clear understanding of or appreciation of, the needs of its major client groups - the aged people and their carers. The conflict between the Commonwealth and State Governments and later the State Governments and local governments and non-government agencies took an enormous amount of time and energy from the Program (Coleman, 1987). (While this conflict is discussed in passing and referred to on occasion (Healy, 1990, Sisley, 1989, Picton, 1988, Coleman, 1987) the history of the introduction of H.A.C.C. and the Commonwealth/State dichotomy still remains to be written.) The focus taken by the Commonwealth was on solving these issues of conflict, rather than gathering empirical data about the needs of clients. In addition, as will be discussed in more detail in Chapter 9, assumptions as to the nature of carers and those being cared for were built into the Program from its inception and because of the controversy regarding its implementation, these have yet to be fully addressed.

The issue of Commonwealth/State cost-shared arrangements in regard to H.A.C.C. have, in the light of the current (1991) recession, again become the major focus of the Program. In the 1990-91 Budget a *Mid-Term Review of Aged Care* was announced. The outcomes of the Review, scheduled for completion in June 1991 will have far reaching implications for H.A.C.C., including the possibility that the whole Program will be transferred outright to State Governments (personal communication with Department of

Community Services and Health personnel). The implications of such a decision on H.A.C.C. are difficult to speculate upon. As Coleman says:

"Tensions between the Commonwealth and the States necessarily arise when one side attempts to shift the responsibility for funding ... onto the other. How far the States will accept further responsibility for aged care services remains to be seen" (1988, p. 12).

In the last twelve months, H.A.C.C. has been absorbed into the Residential Programs Division of the Commonwealth Department of Community Services and Health, and there is recent discussion to transfer responsibility for the younger disabled to the Disability Programs Division, thus re-establishing H.A.C.C. as a policy for aged people only. The future for H.A.C.C. looks set to be as controversial as has its recent past. It could be argued that the bureaucratic equivocation will again displace the needs of carers and the people they are caring for.



## VI THE 'FAMILY' AND THE 'COMMUNITY': A CRITIQUE.

### 6.1 Introduction.

The fact that the Home and Community Care Program was developed at a time of great economic, political, social and demographic transition in Australia, is not coincidental. The use of terminology such as 'home', 'community' and 'care' are, as shall be discussed in this chapter, symptomatic of more important underlying suppositions about the nature of Australian society. This chapter will show how oppression of women occurs through the ideological assumptions behind the continued use of terms such as 'the family' and 'the community' in social policy and human service praxis. While many social theorists argue that the continued use of the word 'community' is confusing and tends to hide reality, only socialist-feminist social policy theorists have made the crucial connection between women = family = community (Finch and Groves, 1983, Wilson, 1982). This chapter will firstly, introduce some definitions of 'family' and 'community' within the context of this thesis. An analysis of the women = family = community model will then be made. A brief outline as to the traditional sociological view of the family, familial ideology and women's 'role' in the family will be discussed; how state family policies condone and maintain such familial ideology and how a socialist-feminist perspective analyses and explains the substance of women's oppression. In the second part of the chapter, an analysis of the use of the term 'the community' will be made with particular emphasis as to the myth of community and its underlying assumptions which has significance as to the nature of 'care in the community' and its resultant consequences for women.

### 6.2 Definitions.

A feminist analysis of the *family* must focus on women as individuals within the family group and the relationship between them and the State.

A socialist-feminist conceptualisation of family incorporates firstly, that it is patriarchal in nature (Bryson, 1984), secondly, it is a locus of struggle between its members (Hartmann, 1978) and finally that it is a place wherein men exercise power with the collusion of the state (McIntosh, 1978). A socialist-feminist critique identifies three major areas of concern: *firstly*, an analysis of the kind of patterns that underlie state policies; *secondly*, an analysis of the boundary between the state and the family and *thirdly* an examination of the public control over reproduction and women's work (Pascall, 1986).

While the *Home and Community Care Act 1985*, does not define 'family', nevertheless by observing the interaction between the Welfare State and the lives of Australians, it can be seen that there is some conflict within state policies as to what actually constitutes a family. While some state policies, such as social security or taxation, support diverse family groupings, including nuclear, extended, defacto, sole-parent and so on, others, as this research will show, when arguing for 'back-to-the-family'-type policies which are in fact arguing for a return to a traditional functionalist family. A recognition of this inherent ambiguity of the concept of family is crucial to an analysis of the assumptions intrinsic to the Home and Community Care Program.

*Community*, as will be discussed further below, has become an ubiquitous, yet largely undefined concept within state policies. Bulmer (1987) suggests that a 'sense of belonging' can be considered as community and this can comprise of three factors; *firstly*, the degree of interaction between people; *secondly*, the interests and values shared by neighbours and co-residents and *thirdly*, whether local people recognise that they live in an identifiable area. Plant et al. (1980), on the other hand, define community as "... characterized by hierarchy, place and mutual obligation between groups in different positions within the hierarchy" (p. 220). Bender (1978) in saying that "... community can be defined better as an experience rather than a place" (as quoted in Bulmer, 1987, p. 26) rejects the traditional geographic concept of community. However, inherent in all three of these definitions is an assumption that community can be gender-free.

In her socialist-feminist analysis, Finch (1984) proposes that it is the issue of 'networks' within communities that is a crucial one for feminists. "Where such networks exist at all ... they are fundamentally women's networks" (1984, p. 12), in the sense that both in the formal and the informal service sectors, women undertake the major responsibility of care. Her analysis concludes that 'community' is "fundamentally a gendered concept" (p. 12) and one that will, by definition, continue to remain so, as long as caring remains preeminently women's work. As this research will show, caring is women's work, both paid and unpaid, and therefore the notion that community is a gendered experience, rather than a static place, will be employed in this analysis.

### 6.3 Women = family = community.

As analysis in this chapter will show, use of the terms the 'family' and the 'community' in the context of social policy and welfare praxis have become euphemisms. The truth is that community means family and family means women (Wilson, 1982, Finch and Groves, 1985). The emotive use of such value-laden language as community and family hides the "reactionary implications" (Wilson, 1982, p. 40) behind such words as well as what the social policy really means and the welfare provisions imply. In the idealistic world of the policy-makers, the male breadwinner shares his income with his female dependent and children in an environment of harmony and goodness. This 'ideal family' lives in an 'ideal community' where the neighbours are intimate with each other and care for each other. In this 'community' the care of the infirm or disabled family member is joyfully undertaken on an equal basis by all family members, joined enthusiastically by their friends and neighbours. Further, in this idealistic world, there is no loneliness, no alienation, no violence - only shared interests, harmony and the acceptances of responsibilities. The social policies advocated by the state continue to assume that this idealistic world has existed in the past and should be re-established in the future in order to preserve 'family values' and 'community needs'.

It is essential to the state that this facade is maintained as it could be argued that if the facade was torn down and the reality exposed, the 'crisis' in the welfare state would deepen and the underlying oppression of women inherent within such policies exposed further. The state cannot afford to do this and still preserve its hegemony.

The real world of community is a world inhabited by women. It is not surprising therefore that women themselves reject the idealistic notion of 'community' as assumed by the politicians and policy makers, as it is a place women do not recognise and to which they do not belong (Pascall, 1986). Indeed Wilson (1982) argues that, to be consistent, we should do away with the word 'community' altogether because of its increasing misrepresentation. She says:

The 'community' is an ideological portmanteau word for a reactionary, conservative ideology that oppresses women by silently confining them to the private sphere without so much as even mentioning them (1982, p. 55).

While more women are entering the public world of paid work, the 'private/domestic' world continues to be a world of women, albeit one in which the patriarchal state is taking an increasing interest. If 'community', as Bulmer (1987) argues, is a 'sense of belonging', it is the women, those who make up the networks of care, who belong in this world, not the men who leave it everyday, both emotionally and physically, in order to participate in the public world.

In this necessarily brief discussion regarding theories on family and community ideology, the aim will be to introduce the concept that social policies in Australia are based on traditional notions of what a family is, who is a member of that family and what that family member's role should be. In addition, the patriarchal relationship between the family and capitalist society as a whole will be discussed. A socialist-feminist critique identifies that when the state demands a 'return to the family within the community' in its caring policies, it is in fact demanding that women continue to work for the state, in the home, unpaid and dependent.

#### 6.4 The 'family'.

##### 6.4.1 Traditional family theory and ideology:

Historically, the nuclear family is a relatively new phenomenon, but families, of one kind or another, have long been part of our social framework (Jasplin, 1989) and any definition of 'family' must vary according to time, place, history and social context (Bottomley, 1983). Parsons and Bales (1956) contended that the nuclear family is *functional* to modern industrial society, in other words, the nuclear family sustains the needs of contemporary industrial society (Joseph, 1986). The nuclear family is defined as consisting of two married adults, one male (breadwinner) and one dependent female (housewife), with usually two dependent children. The functionalist perspective of family ideology presupposes that the 'ideal family' appeared sometime during the middle of the 19th century (Bottomley, 1983, Finch and Groves, 1983, Rich, 1977) and that, since then, such an ideal has been in a decline which is now rapidly reaching its nadir (Friedman, 1980). In the United States in 1980 for example, President Ronald Reagan took office on an election promise to lead a "crusade to restore the American family" while in 1988, President George Bush announced similar proposals in order "to deal with a social crisis ... [that has] become a key election issue - the decline of the American family ("Bush crusades", 1988). There is an echo here of a call for a return to 'Victorian values' of the late 19th century as espoused by the Conservative government in Great Britain (Jasplin, 1989).

Functionalism argues that the nuclear family is essential to modern industrial society because firstly, it is small and mobile, and secondly, it performs the basic functions of the family, that is the reproduction and care of children, thus effectively defining the roles of the family members. Seen in this functionalist context, the family becomes a unit of social organisation within the larger 'system' of society. The functionalist view of the nuclear family is that it is normative, and, as such, it is 'good' and any alternative form is 'deviant' or bad. Functionalist theory has long had a major influence in sociological

thinking about the family (Bottomley, 1983, Sargeant, 1987, Kelly, 1980, Summers, 1976) and the structural-functionalist argument is based on the conclusion that there needs to be a structure and an order to society, in other words, a purpose to it. The family is one of these structures, the others being the law, economy, education and government (Jaaplin, 1989). Functionalists see the family as a microcosm of society as a whole, a place where each family member has a defined role, the continued endorsement of which allows society to maintain its equilibrium. Such functionalist arguments can also be seen to underlie the political rhetoric of parties both to the left and to right. For example:

Families give identity and a sense of belonging to the individuals in them. They are the basis for social organisation and order, the connection between the individual and the wider world (Western Australian Labor Government, 1988, p. 9)

and

[Our objective is the] ... reversal of modern anti-family attitudes and positive incentives to reinforce the family (Federal Liberal and National Parties, 1988, p. 15)

The current accepted view of the family (at both ends of the political spectrum) is that all families should work together to make wealth in order to thus ensure the stability of the market economy. When a decline in family values is argued, what is really perceived as being in danger is the free market economy (Jordan, 1987, Harris and Seldon, 1987) and the family as a unit in which individuals within the family are fused together as one whole. Such an assumption has far-reaching consequences for the individuality of women.

In addition to creating a structure of society and the family, the functionalist view also argues for a gender division of roles within the family. Within the nuclear family, the male adopts the breadwinner/head-of-the-household, or *instrumental* role, while the female is assigned the caring, nurturing, *expressive* role (Bottomley, 1983). The structuralist/functionalist view argues that, despite the increasing number of women entering the paid workforce, their role will continue to be expressive rather than change to instrumental. In this way the main

function of the nuclear family, to form "human personalities" (Bottomley, 1983, p. 15) is maintained and the nuclear family becomes crucial to the harmonious and continued functioning of capitalist society. As Yeatman argues, the 'family' has begun to be equated with 'society' because "... the family is seen to epitomise the values of shared identity and communalism" (1986, p. 165).

Functionalism and familial ideology merge on the issue of the roles within the family. There are several underlying assumptions within familial ideology about the family in a Western capitalist society. Firstly, that the family is a private domain and not to be interfered with; secondly, that it is fragile and needs constant protection; thirdly, that services should be provided by the state only to those who are without a so-called 'normal' family and fourthly, that such family has a Judeo-Christian foundation (Finch and Groves, 1985). The assumption embraced in such a view is that the nuclear family is 'good' and therefore in order to maintain its 'goodness' those proscribed male/female roles as determined by the ideology, cannot be changed. As Dalley puts it:

Familial ideology ... affirms that there is indeed something natural and appropriate about women's place being predominantly in the domestic sphere, that they have a natural inclination towards and aptitude for performing the monitoring, servicing tasks within the family setting. Further, it affirms as natural the dominance of men within the private sphere and, inevitably, in the public sphere - over which they have, or should have, it is believed, near monopoly of access (1986, p. 24).

The detail provided above is central to an appreciation of the latent and pernicious power that functionalism, role theory and familial ideology has in our society.

6.4.2 The socialist-feminist critique of familial ideology and women's 'role' in the 'family':

The socialist-feminist critique of familial ideology begins with the discussion that "the family as an institution in Australian society ... is patriarchal, or male dominated, in nature" (Bryson, 1984, p. 113). Bryson's notable analysis of the patriarchal family explains the gradual development in the disparity between public paid work and private domestic work that occurred as a result of capitalist industrialisation and culminated in the redefinition of housework as it occurred in the British census occupational categories. In censuses prior to 1871 a "... 'housewife' was included among the 'economically active'", but by 1912 the category had completely disappeared and "housework had been redefined" (1984, p. 114). Bryson points out that:

patriarchy in capitalist societies ... [is] crucially dependent on the definition of men's roles as economic and women's as 'non-economic' (1984, p. 115).

As has been discussed, functionalist familial ideology posits a role for woman in the ideal nuclear family which is one of a nurturer, a carer, and someone whose sphere of influence is bounded by the walls of the family home. In this way, functionalist familial ideology and patriarchal values can be seen to be in congruence. However, these are not the only roles assigned to women. Women are also crucial to the continuing advancement of the capitalist state. A woman is expected to provide and maintain the 'nest' in which the male breadwinner is 'refreshed' in order to continue in his role as a producer. She is the one who is expected to create the 'sanctuary' which acts as a buffer against the rigours of the 'real world'. Her role includes the expectation that she will socialise her children (the next generation of workers and carers) 'correctly'. In addition, she is the one who is most influenced by the media and her own socialisation to act as essential consumer of the goods produced by the economy (Matthews, 1984). Importantly, she is also seen as a guardian of moral values (Summers, 1976) safeguarding and preserving "... what capitalism is actually destroying - privacy and individuality" (Bottomley, 1983, p. 23). In this way, women are seen as the "linchpin of family life [and are] ... held responsible ... not just for their own



behaviour and attitudes, but also for the behaviour and attitudes of their children, husbands, and relatives" (Davis and Brook, 1985, p. 4).

Central to a socialist-feminist critique of familial ideology is the view that the family is a place where men exercise power with the collusion of the state (McIntosh, 1978, Hartmann, 1978, Kelly, 1980, McKinnon, 1983, Finch and Groves, 1985, Bryson, 1984) and instead of the 'family' being the warm, cosy 'haven from a heartless world' as it is so often described by the familial ideologists, the "... biological family is an inherently unequal power distribution" (Bottomley, 1983, p. 20). It was Hartmann (1978) who first argued that the concept of the unified nuclear family is erroneous and that an alternate model of the family as a "locus of struggle" where production and redistribution takes place between essential conflicting interests is more realistic. In this model, Hartmann argues, "... men exercise their patriarchal power over women's labor" (1978, p. 346). However, familial ideology presumes a unified and harmonious family and so the family is not seen "... as a group of individuals possibly in conflict, but [rather] as some sort of natural and indivisible unity" (Wilson, 1982, p. 47). Such ideology penetrates deep into the consciousness of both women and men and therefore despite the increasing participation of women in the public world of paid work as Hartmann and others have shown, the amount of unpaid work undertaken by men in the home has not increased in relation to the amount of paid work undertaken by women outside the home (Hartmann, 1978, Bryson, 1984, Sharpe, 1984). Even if women do work full-time, their assigned roles within the home, as determined by familial ideology, and supported by the notion of male roles as instrumental, (which is internally absorbed by both women and men through socialisation) determine that the women must continue to undertake the bulk of domestic, household unpaid work. As Thurer and others remind us, because of the strength and pervasiveness of familial ideology, women have the "... least cultural ammunition for disclaiming the role of perpetual homemaker" Instead, women find their "options become more limited...[and their] independence is undermined" (1983, p. 1162). It can be seen therefore that within our present-day patriarchal society, familial ideology creates enormous tensions for women. On the one hand, the ideology paints a glowing picture of the

family as a place of warmth, safety and joy; on the other hand, the reality for many women is cruelly different. Women (and men) absorb such ideology almost unconsciously and then find that they cannot explain their feelings of frustration and dissatisfaction. Why is their family life not like everyone else's as is depicted by the propaganda? Why do they feel discontented and disconnected? Why is it that they find their caring and nurturing role exhausting, while the images in the media and elsewhere show that this should be a natural function, and therefore easy?

It can be demonstrated that this familial ideology is inconsistent within itself and therefore further damaging to women (Burden and Gottlieb, 1987). Currently, it supports a limited role for women in the public world; women can undertake paid work, however, familial ideology continues to designate the mandate of such work, and in addition, maintains the view that women must continue their expressive roles within the family (Bryson, 1984). The so-called 'dual' role of women is in fact a double-standard perpetuated by the state which encourages women to work, often part-time, for low wages, but also maintains the "... ideologies of domesticity and motherhood" (Langan, 1985, p. 38). The state needs its 'reserve army of labour' and women provide just such an army (Cass, 1982). The strain of the dual role and of living up to the familial ideology, creates considerable pressures for women which can be seen in the increasing alcoholism, prescription drug abuse and mental health statistics (Summers, 1976, Kelly, 1980, Matthews, 1984).

#### 6.4.3 A socialist-feminist critique of state and family policy:

Familial ideology is based on an assumption of the family as a private place, a place where the state should not and does not, concern itself. While the reality for many women and their families is different (see McIntosh, 1978, Cass, 1982, Wilson, 1982, Graycar and Jamrozik, 1989) nevertheless, there are junctures beyond which the state will not step. As McIntosh puts it:

The state frequently defines a space, the family, in which its agents will not interfere but in which control is left to the man (1978, p. 257).

The state supports the dominant functionalist view of the 'family' (Hardwick and Graycar, 1982). Broadly, the state takes on the avocation of defining the roles of people - and constricting these roles through its policies and programs (Franzway et al., 1989) which is, of course, in its best interests to do so. Z. Eisenstein, observing the growth of the New Right in the United States, writes that such neo-conservative family policy has two purposes, firstly, to find a "remedy for inflation" (1982, p. 569) and secondly, to re-establish the patriarchal family and thus "dismantle the Welfare State" (1982, p. 570). Nevertheless, the state is also in conflict with itself in its attitude to familial ideology. While it argues for a private place for the family, it continues to intervene in that family (McIntosh, 1978, Cass, 1982, Graycar, 1983) and develop policies which may undermine the stability of the family in a functionalist sense. The most obvious example in the context of this analysis is that of encouraging women to return to the workforce, but other examples include the policies of equal opportunity and affirmative action as well as income maintenance to single parents. The state also continues to identify the family as a single economic unit, despite increasing evidence to the contrary, both demographic and sociological (Edwards, 1985, Bryson, 1984), in particular, in the large numbers of female-headed households. Cass, in charting the history of family policies in Australia, argues that the policy makers now perceive the family as a "provider of services" whereas in the post-war reconstruction era, the family was seen as a "receiver of services" (1982, p. 19).

In a detailed analysis, Pascall (1986) argues that governments of both left and right are continually developing what are termed 'family policies'. Such governments recognise the power of the expression 'the family' and how it arouses positive feelings in people as for example, in a recent publication of 48 pages by the Western Australian Labor Government, in which the word *family* was used 105 times (Government of Western Australia, 1988). As Bryson (1984) reminds us, language

"provides the fundamental building block of the social construction of reality" (p. 147) and in this way, the ideology of the 'traditional family' is constantly being socially constructed through the use of emotive and insidious language. In addition, the neo-conservatives of both Right and Left argue that the increasing 'power' of the welfare state must be restricted, and responsibilities for care of family members be 'returned back to the family'. Such rhetoric continues to support a long held and often refuted myth that families have stopped caring and that all care is conducted by the state (Aspin, 1989). In a recent publication from the Australian Liberal and National Party for example, it states that "families should be encouraged to look after their own members" (1989, p. 72) and that "... primary responsibility for welfare lies with individuals and their families" (1989, p. 74). The Labor Party also argues that it recognises "... the family as the basic unit of society fundamentally associated with the rearing of children and the provision of mutual care and support of its members" (1989, n.p.).

Nevertheless, it must be made clear that this 'diminution of family care and responsibility' argument is patently not true as the reality is that the family *does* care (D'Abbs, 1984, Finch and Groves, 1983, Rimmer and Wicks, 1983) and fact undertakes *most* of the care. The connection between family policies and neo-conservatism has been made by many social policy theorists (Graycar, 1983, Ginsburg, 1983, Hardwick and Graycar, 1982, Jordan, 1987, Mishra, 1984, Rimmer and Wicks, 1983, Robertson, 1988, White, 1989) and the concomitant pressure on families as a result of such policies identified. Yet the term 'family' continues to hide the actuality of *who* is precisely in that family and *who* is undertaking the caring and nurturing functions that the state is 'returning' to it. In this sense, many of the policy analysts fall short of making the connection between women and the state in the way identified by feminist writers. One such example is in a new book by Graycar and Jamrozik (1989) where they identify the issue early on:

the family is under a great deal of pressure. Politicians who emphasise the virtues of family care are either unaware of the costs to families providing that care or are cynically expecting a

major alteration to social provision and social resources ...

and who, while they do make the connection between the euphemism 'families' and the reality 'women', viz:

... we cannot formulate care policies on the expectation of the unpaid labour of women (p. 4).

nevertheless do not go far enough in identifying and examining the assumptions behind such policies and how these policies continue to oppress women. Familial ideology argues for a shift 'back to the family' from the state while in reality such rhetoric supports the economic rationalism of the neo-conservative desire to limit state expenditure, particularly on welfare (Cass, 1982, Graycar and Jamrozik, 1989). As Pascall puts it:

However incoherent 'family' policy may seem in certain respects, there is some consistency in social policy's tendency to preserve - at a considerable cost to many ... women's availability and readiness to care for family members within the family, without pay. Such preservation results in keeping women dependent in the family and weak in the public sphere (1986, p. 102).

It is no accident that the number of so-called 'family policies' are increasing at exactly the same time as there is a swing back to a neo-conservative economic rationalist view. This is not because the rationalists in some way want to uphold the 'sanctity of marriage' or of 'family life', but because in continuing to exploit the family they can continue to sanction patriarchy while at the same time exploit the unpaid labour of women.

#### 6.5 The 'community'.

As has just been argued, concepts such as 'the family' become interpreted according to the ideological position adopted, and therefore their

meaning becomes obscured by such ideology. This in turn accommodates those who wish to maintain power and control. As this ideology would have it, the 'community' is also conceived of as a place in which each individual family comfortably resides, a warm, happy and harmonious place. Nevertheless, despite its presumed omnipresence, 'community' is essentially a hidden place. Unlike 'the family', 'the community' cannot be produced as 'evidence' and when attempts are made to define it, it becomes even more increasingly chimeric. In the next part of this discussion, I will outline the pervasiveness of the ideology of 'community' and attempt to redefine just what it is that the fiction tends to camouflage. The connection between the mythology of 'community' and social policy (particularly the policy of care) will be made, and the need for the state to maintain its current ideology of 'community' in order to survive examined.

#### 6.5.1 The myth of the 'community' and its assumptions:

'Pre-industrial' writers and philosophers such as Plato, More and Rousseau argued for an ideal society - an Utopian place where Man, (as none of these writers argued for equality of the sexes in such a Utopia) would be able to achieve his full potential. In the 19th century, with the growth of urbanisation and industrialisation, the desire grew to try to recapture an 'idyll' that appeared to have vanished underneath the factory soot and pollution. Writers as diverse as Ruskin, Morris, Marx and Tonnies, believed that urban life alienated human beings and consequentially mankind was in danger of losing its essential humanness (Wilson, 1977b.). This argument, was, as Wilson points out, nothing more than a "romantic hankering" and yet, the concept of 'community' today - at least the 'community' representative of the social planners and politicians of both Left and Right, is a "confused one with [its] roots" still firmly in this 19th century idyll (Wilson, 1977b, p. 3). In 1887 Tonnies described the 'then' as *gemeinschaft* and the 'now' as *gesellschaft* and argued that *gemeinschaft* was a real community, wherein people shared involuntary relationships and bonds of familial kinship. *Gesellschaft*, on the other hand was an association of people, brought together for a utilitarian, common purpose and bound only by that

purpose. It should be stressed that *gemeinschaft* as defined by Tonnies, is never as unequivocal (ie. opposed to industrialisation - a return to village life) as subsequent discussion by writers after Tonnies, has made it appear (Wilson, 1977b). In an excellent chapter, Bulmer (1987) argues that it needs to be understood that it is this 'unequivocal' concept of *gemeinschaft* that is yet another myth which has dominated sociological thinking and social policy theory and praxis. This myth of 'community' is heavily analogous to that of 'family' in that it is seen as normative and always has an aura of goodness about it. In fact rarely is used in a negative way. As such, it is seen as pitted against the forces of 'evil' - the so-called 'non-community'. One example of such an 'evil' against which 'community' is opposed is institutionalisation. However, as Dalley, (1986), Finch and Groves (1985) and others point out, the institution was itself once seen as the ideal 'community', a haven for those whom society had abandoned. Deinstitutionalisation, that is, a move back to the community from the institution, is an illustration of how powerful the concept of institution as 'evil' has become. It evolved in the mental health field in Europe in the late 1950s and early 1960s and moved across to the United States in the late 1960s. By the 1970s with the growth of the civil liberty and parents' movements deinstitutionalisation had become part of the intellectual disability field also. Although a detailed discussion is outside the scope of this thesis, it should be pointed out that while deinstitutionalisation is often discussed in the aged care field, the issue is rather that of not building as many conglomerate living areas, rather than breaking up existing ones. For a brief history of deinstitutionalisation see Rothman (1979) and on how it affects women see Thurer (1983).

'Community' as a construct within social policy and practice has both allusions and assumptions built into it. As Wilson, (1977b, 1982), Bulmer, (1986), Plant et al. (1980), Pinker, (1982) and many others argue, 'community' is a heavily value-laden term, often used and rarely defined. Two contemporary examples reveal this as in a recent Government of Western Australia publication, called *Putting Families First*, the word 'community' is used 115 times, and not defined (1988); while in the *Home and Community Care Act 1986*, as well as in the *Home and Community Care*

*Program National Guidelines* (1988) once again the word 'community' is used with great enthusiasm, but is also not defined.

How then is 'community' perceived? Firstly, as a geographic entity. As Wilson (1982) describes, the Ruskin-Morris-Fabian concept of 'community' influenced social planners and architects in Great Britain (and also, by extension, in Australia) and catalysed, among other things, changes in the way in which urban planning was conceived. This re-conceptualisation became known as the 'garden-city' concept, wherein the "small village-like community was the ideal" but where the reality was very different and instead dormitory suburbs "devoid of social amenities" resulted (Wilson, 1982, p. 42). The isolation of aged people, women and young children at home in such dormitory suburbs has been and continues to be, well-documented (Coleman and Watson, 1987). While the concept of 'community' as a geographical reality suits the demographers and market analysts, simple geographic boundaries do not make a 'community'. In a criticism of a major study undertaken in Great Britain in the early 1980s, it was found that there was confusion between geographic boundaries and ideology. *The Barclay Report* (1982) defined 'community' as shared relationships and as well as a notion of 'well-being', an ideal which Bulmer (1987) calls "curiously metaphysical and far removed from the [geographic] sense of community" (1987, p. 31). Allan, in his paper discussing the issues raised by Barclay points out that this concern is centred around the "assumptions [made] about the malleability of ... individual relationships and consequent social networks that people create" (1983, p. 419).

Communities are also often defined as groups with interests in common - thus, the European Community, the Aboriginal community, the aged community. Such definitions tend to homogenise those individuals within such 'communities'. They also assume (as the word 'community' is itself so powerful) a harmony, a commonality of purpose, which denies the reality of conflict and difference. As can be seen, 'community' tends to mean all things to all people. One element all these 'interpretations' do have in common is *people*. People make up families, and families make up communities. While the ideology agrees that families are crucial to



communities, in all other ways the concept remains vague and amorphous. It is this very 'vagueness' that Plant *et al.* warn against. They argue that we should be

critical of the uninterpreted use of 'community' as a legitimating notion within the field of social policy ... [and that] ... the term ... is used to give an air of consensus to social policy, a spurious consensus that evaporates once the inherently normative structure of the concept is realised (1980, p. 207).

A consequence of this vagueness can be observed in the many fallacious assumptions that are made about communities. One example is that communities, by their definition (i.e. as normatively good) enshrine certain shared values. Another is that communities have a shared interest and therefore co-operation within such communities is natural and usual.

#### 6.5.2 Human service delivery:

Donnison, writing in 1976, put the development of social policy this way, that

policies evolve disjointedly and incrementally through the continuing interplay of pressures generated by competing interests (Quoted in Mendelsohn, 1979 p. 324).

The 'competing interests' in Australia in human services can be found in the four major social welfare program delivery systems that have evolved over the past century. Graycar and Jamrozik (1989) provide an analysis of the history of the development of these systems and the political interplay between them (see also Mendelsohn, 1979, 1982, and Roe, 1975). Briefly these systems are statutory, commercial, voluntary and informal. The statutory system, or formal services provided by both Federal and State Governments, are presently all under increasing pressure to become 'efficient' and 'effective'. The commercial sector, that part of the free market system wherein human services can be bought, for a price, and of course, for a profit to the organisation, is seen by some as the

'future' model for human service delivery. The voluntary (or non-government welfare (N.G.W.O.) sector, is the major service sector that 'props up' the statutory sector, and acts as a conduit between it and the informal sector. N.G.W.O.'s use a high proportion of voluntary labour and have in the past (according to Graycar and Jamrozik, 1989) not been held strictly accountable for their expenditure. Increasingly, however, this fact too is changing and the voluntary sector finds itself under pressure of accountability (See also, Baldock, 1983; Hardwick and Graycar, 1982; Graycar and Silver, 1982 and Graycar, 1977, 1979, 1983).

The *informal* sector is seen to consist of the nuclear family, extended family, kinship networks and neighbourhood relationships. The 'family' and 'community' are seen to comprise the informal sector, and it is here that the influence of neo-conservative social policies hit the hardest, but where least is understood as to the impact of those policies. It is increasingly obvious that while the rhetoric advocates 'back to the family and community'- type policies, for many people this creates additional stress, hardship and suffering.

#### 6.5.3 'The community' in human services:

The notion of a so-called 'golden age' of community has been consistently and loudly discredited by the social policy literature since at least 1955 when Hillery calculated over 94 different definitions and all them with only one thing in common - people (Plant et al. 1980, p. 204). In fact, Plant et al. (1980) in a brilliant series of essays, persuasively argue that the "vagueness" with which the word "community" is used today, has become an "embarrassment" to all (p. 204). Despite such convincing arguments however, the policy-makers are still advocating a 'return to the community' and a need for the state to 'hand back' responsibility to the family. As D'Abbs (1984), Graycar and Jamrozik (1989), Beresford and Croft (1984) and Hardwick and Graycar (1982) and many others point out, the family has never given up responsibility for the care of its needy. Instead as Pinker put it so aptly in his minority report to the *Barclay Report* (1982):

It seems that when our policy makers reach an intellectual impasse they cover their embarrassment with the fig-leaf of community (Quoted in Bulmer, 1987, p. 34).

D'Abbs (1984) argues that in the debate and in the ideology of Left and Right, the distinctions between 'community care' and 'family care' have become blurred. As has been discussed above, in Australia the terms are being used with increasing stridency, despite there being no clear definition of community, or indeed any deep understanding of how family networks function (Plant et al. 1984, D'Abbs, 1984). That 'fig-leaf' of community has come to mean whatever is possible to who ever uses it. Community has clear ideological undertones - it nearly always is presented as a positive, it exudes warmth, comfort and neighbourliness. Anything other than 'community' must therefore, by implication, be secondary and undesirable. It seems to escape the *laissez-faire* liberalists that on the one hand they advocate an idealism of the individual and on the other, an idealism of community. They fail on both counts to appreciate the reality of human service praxis. The reality is that few people (including some social scientists) use the word in any way that clarifies their ideological assumptions. Instead, these assumptions need to be extrapolated by context. 'Community' is a concept that is deeply ingrained in human consciousness but the reality of industrialised capitalistic societies is that few, if any, people live in a form of 'community'. As Plant et al., state:

The term [community] is thus used to give an air of consensus to social policy, a spurious consensus that evaporates once the inherently normative structure of the concept is realised (1980, p. 205).

The 'inherently normative structure' is, of course, the notion of a nuclear family, with clear stereotypic roles for family members.

Historically, 'community care' came into use initially when discussing policies for the mentally ill (Bulmer, 1987) and in Great Britain both the *Seebohm* (1968) and the *Barclay* (1982) Reports made much use of the term. Bulmer has an excellent analysis of the notion of 'back to the

community' and the reality that exists for people (1982, p. 33 *passim*). In fact, as Bulmer (1987), Jordan (1987), D'Abbs (1984), and others point out, the "informal support is likely to be least readily available to those whose needs are greatest" (D'Abbs 1984, p. 526), and, as shall be discussed below, this is especially true in the case of elderly people.

#### 6.5.4 The neo-conservative view of 'community':

The neo-conservative or *laissez-faire* liberalist viewpoint is that the state has 'taken over' the 'natural' role of the family and the community as nurturer and provider. This in turn has created a dependency which is unnatural and a thus there has been a "decline in personal responsibility and the interdependence of the family" to quote Senator Fred Chaney (Hardwick and Graycar, 1982, p. 3). In happier days, goes this neo-conservative view (of both Left and Right), the individual was cared for initially by the immediate family and then by the wider community. This concept of what Beresford and Croft (1984) call "welfare pluralism" is the basis for the reduction of state services and the resultant push back to the informal sector. They continue that

from where else but some assured reservoir of unpaid labour would the recruits come from to enable the proposed switch in emphasis from statutory to informal and voluntary support? [The New Right's] argument about women is caustic since women have traditionally been obligated to provide such care and are now increasingly being forced back into doing it by [such] policies (1984, p. 22).

Residual (*laissez-faire* liberalist) policies advocate an individualist approach and an increasing use of the private sector to deliver social programs. In this approach, the government 'steps back' and instead of delivering services, argues that the responsibility lies initially with the individual, then the family and finally the community. Accordingly, the firm links between the residual/selectivist developments in human services with the revival of the family and community debate can be seen. In this residual or minimalist (Yeatman, 1990) approach, the state only steps in to provide a 'safety net'. In 1981, Margaret Thatcher, as Prime

Minister of Great Britain one of the principal architects of laissez-faire liberalist social policies, had this to say:

But it all really starts in the family, because not only is the family the most important means through which we show our care for others. It's the place where each generation learns its responsibility towards the rest of society ... I think the statutory services can only play their part successfully if we don't expect them to do for us things that we could be doing for ourselves (quoted in Walker, 1983, p. 125).

Her words were pre-empted by Senator Fred Chaney, then Minister for Social Security in the Fraser Government, in May 1982, when he "expressed his disappointment in an increasing dependence on the state to provide services, in a decline in personal responsibility and declining family interdependence" (Hardwick and Graycar, 1982, p. 3). The dominant rhetoric has become that of privatisation (Clarke et al. 1987, Cox, 1988) which encourages stereotypic 'ideal' roles - such as 'breadwinner' for the man and 'carer' for the woman. This ideology tends to be concealed in notions of empowerment and individual rights (Beresford and Croft, 1984), however, what it does do is assume that the man's (breadwinner's) salary will be brought into the household and shared, and that the woman's (carer's) needs will be met in this way. Thus

privatization does not simply mean that private industry will provide necessary services in the place of public provision, it means that individuals and families will only be able to benefit from such services if they have taken the appropriate steps to insure themselves at an early stage or earn sufficient money to buy the services when required (Clarke et al. 1984, p. 191).

In addition, privatisation places increased stress on women as they are "forced to adopt the 'caring' role instead of the state, to give up paid work or to work only part time" (Clarke et al. 1984, p. 191). Indeed, as Graycar and Jamrozik put it, social policy is being formulated "on the expectation of the unpaid labour of women" (1989, p. 4). As Mishra (1984) says, neo-conservatism requires the "relatively powerless segments of the

population ... to pick up the cost of change ... [and] the weak must by definition be allowed to go to the wall" (p. 164). It can be seen from this brief outline the importance of the connection between the 'safety-net' approach and privatisation.

#### 6.6 Summary.

The above discussion shows that the assumptions underpinning the mythical 'family' and 'community' in Australian social policy require urgent revision. The myths enable decision-making regarding social policy and human service praxis which places increasing greater pressure on women as carers and service users. Where then does this place the large majority of social policy initiatives, based as they are on the false assumptions of the 'family' and the 'community'? It can be argued that it places them in a precarious position, one that is inherently flawed and therefore potentially self-destructive as will be discussed in more detail in Chapters 7 and 9.

The underlying assumptions discussed above have been shown to have little substance. Such assumptions should be discarded and policies and praxis be re-aligned to the existent nature of things. As can be imagined, this is a difficult task to undertake. Feminists have begun to articulate the issues, and increasingly more and more evidence from the United Kingdom, the United States and Australia shows the need for change (Pascall, 1986, Braithwaite, 1990, Thurer, 1983). However, the impetus for reform must come in the first instance from women themselves as it is unlikely that the patriarchal state will initiate any changes which do not suit it (Connell, 1990). As Wilson (1982) points out, this requires some clear thinking by all women as to what direction their lives are to take. The future nature of the family as enunciated by women, needs to be clarified and the public/private dichotomy requires continual challenging. Women (and feminists) also need to be aware that caring and nurturing is satisfying work for many women and their self esteem and self actualisation needs are met through their being needed by others (Gilligan, 1982). Therefore, any 'solution' will not be simple to derive

as the complexity of the problem is as diverse as the individuality of all women. What is required is open discourse about the issues, and the urgent relinquishing of the artificial language surrounding 'family' and 'community' that currently abounds in our political rhetoric and social policy theory and praxis. By continuing to hold the mirror of conscience and truth to reflect the ideology, the 'invisibility' of women as being the true nature and essence of family and community, can be exposed.

## VII THE SOCIAL CONSTRUCTION OF CARING.

This chapter will use empirical evidence from major surveys conducted in both Australia and overseas to argue that a detailed examination of the social construction of caring, synthesizes to an unambiguous conclusion, which is that it is the woman who assumes the major caring role in our society and who as a result suffers most physically, emotionally, financially and socially. It will be seen that current social policies perpetuate this iniquitous social arrangement.

### 7.1 Ideology and social policy.

Contemporary social policies are founded on the assumption that it is the nuclear family where the caring of family members should be rightly conducted. The family, according to this ideology, has a "moral duty to care; the bosom of the family is the place where a dependent person 'ought' to be" (Dalley, 1988, p. 6) and, at the 'heart' of this family is the woman who cares. This ideology assumes that women, either biologically or instinctively, are 'better' at caring than men, that caring is something innate within women, and that therefore any woman who rejects this role is seen as deviant (Dalley, 1988). This ideology also postulates that, congruent with the caring role is a personal sense of self-sacrifice and altruism which women should accept without complaint. The ideology is all pervasive as the image of a self-sacrificing, ideal 'mother figure' is one that underpins the Christian ethic, and one which has become part of Western literature and its artistic heritage. According to the ideology, the noble qualities of the ideal of motherhood include giving up all one's own personal needs and totally immersing oneself in the needs of others. As Dalley points out, this view has become one to which both women and men subscribe; women, who are the "chief losers in this conflict of interests" (1988, p. 15) nevertheless accept the ideology as reality, not as a construction based on those patriarchal interests clearly working against the best interests of



women. In this way, women are exploited by the ideology (Croft, 1986, Dalley, 1988) and nowhere is this exploitation more evident than in the social construction of care. As the social policies of the welfare state are imbued with these ideological premises, it is therefore not surprising that there is increasing discussion supporting the notion that 'family' care is diminishing and the state is reluctantly assuming more and more responsibility. As Croft (1986) puts it, the current status quo is "oppressive" to women because

it is on women's sweat and tears and frequently dashed hopes and plans that the gentlemanly and distanced official and managerial debates and prescriptions about caring and welfare rely (1986, p. 24).

The ideology of care conflicts with the increasing reality of large numbers of women entering the workforce and leaving behind their 'traditional' roles (Ungerson, 1983). Nevertheless, the "domestic sphere, the world of work, [and] the welfare state are all [still] organized as if women were continuing this traditional role" (Sassoon, 1987b, p. 160). This conflict between the ideology and reality manifests itself as a tension in the lives of women who care and creates stresses for both the care giver and the care recipient (Ungerson, 1987, Braithwaite, 1990).

## 7.2 "Untying The Knot": dependency and poverty as social constructs.

The intersection between the ideology and the reality of caring lies in the social construction of dependency and poverty. In this analysis, dependency occurs at two points, firstly, the dependency of the carer and secondly, the dependency of the care receiver. Feminist analysis must be "concerned with just how tightly the knot has been tied between the dependency of the carer and the dependency of the cared for" (Pascall, 1986, p. 30), and this particular discussion will focus primarily on the implications of that 'knot' of dependency for carers.

Social policies tend to highlight the physical and emotional needs of the dependent people for whom such policies are deemed to 'help' - yet the fact that such policies directly impact on the economic dependence of the women who care for these people, is rarely, if ever, discussed. One obvious explanation is that such dependence is seen as 'natural', as befits the 'traditional' role of women. In this way, it complements and supports the familial ideology espoused by such policy. That is, that it is 'natural' to have dependent women and such women have always been dependent on the male breadwinner. While that is slowly changing with increasing numbers of women engaging in the paid workforce and being self-supporting, nevertheless, when it comes to them providing care the immediate consequence for women is that they are forced (often against their will) to become dependent - if not on a man, then on the state. Thus "women have moved from *private to public dependence*" (Dahlerup, 1987, p. 121 (*italics in the text*)).

Although most of the care provided by women is unpaid, it is not free, it is in fact bought at a considerable cost (McColl, 1985, Brody, 1985, Mears and Watson, 1990). The price that women pay to care, the price exacted from them by the social policies that espouse 'familial' or 'community' care, is economic dependence (Pascall, 1986, Graham, 1987). As Pascall puts it

Social policy's tendency to promote both these arrangements [ie: the dependency dyad of carer and care receiver] amounts to the exploitation of one kind of dependency to deal with another (1986, p. 29).

The all too obvious outcome for those experiencing this 'dependency dyad' is the spectre of poverty. Once again, while the literature on poverty in old age is extensive (although the gender issues are not so well documented), the fact that many women who care also experience poverty *simply because they care*, is largely ignored. Graham says

Poverty and caring, are for many women, two sides of the same coin. Caring is what they do, poverty

describes the economic circumstances in which they do it (1987, p. 223).

Women who give care become economically dependent, and this dependence results in personal poverty. Many women give up work, or work only part-time in order to care. Data available is not altogether clear, but the Australian Bureau of Statistics shows that in the twelve months prior to April 1988, of the people who had left the labour force in the previous 12 months, 364,100 or 69% were women and more than 50% of these were women in the 25-44 year age group (ABS Cat.No. 6267.0, 1989. p. 1). Some 13.1% of women gave as their reason for ceasing their last job "to look after family, house or someone else" and of these 4.5% said they intended not to return (Table 18, p. 13). Kinnear and Graycar (1983) found that over 50% of the carers in their survey gave up work in order to care (p. 83); in the A.C.O.T.A survey, 11.2% gave up full-time work (Calder, 1986, p. 7); and Kendig et al. (1983) found that over 71% of their carers were not employed full-time (1983, p. 152). The stresses of caring also result from knowledge of a lack of enhanced career opportunities, or in perceptions by employers that women are 'not serious' about their work because they cannot work overtime, or come in late and leave early because of the demands of their caregiving.

Women with fewer resources carry the greatest burden. Hamner and Statham (1988) argue that this burden is heaviest for those women of the working class. The future for such women looks bleak, as carers with few resources (including property and financial) they will be "increasingly dependent on state services" (Ungerson, 1987, p. 151). In addition, their own care needs as they grow older are also in jeopardy, as the cycle of dependency becomes increasingly difficult to break. It can be seen therefore, that a class analysis of caring is very important to highlight the differential impacts, as some women can afford to pay for care for their elderly relatives, while others have no choice but to provide the care themselves.

### 7.3 What is care?

Considering the popularity of the words 'care' or 'caring' in the sociological literature and in the propaganda that often accompanies social policy documents, their meanings are surprisingly ill-defined. As discussed in Chapter 6, it serves as yet another example of words which everyone assumes they know and agree upon but which in fact has different meanings for different people. One aspect of 'care' that appears to be universally assumed and agreed upon, is that it is somehow 'natural' for women to care (Finch and Groves, 1983) because women 'do it better'. Therefore caring is something that is considered a private activity (Graham, 1983), one that occurs out of the public view and this again serves to reinforce the cultural notion that it is women's work and therefore best undertaken in the home. The caring/nurturing role is "crucial" to society, yet "rendered invisible by the way it has been socially constructed" (Dalley, 1988, p. 25). Caring for most of us conjures up feelings of love and duty. There is an agreement that it is our 'duty' to care for those we love. This duty extends most imperatively to our immediate family. A wife's 'duty' is to care for her husband and children and her elderly relatives.

A synthesis of the literature appears to highlight three key areas which interconnect to provide a useful outline of the caring process. Firstly, that a difference needs to be made between caring for a person and caring about a person (Dalley, 1988). Thus caring needs to be appreciated not only from an emotional but also a material perspective (Graham, 1983). Secondly, the differences between caring about or *tending* and caring for or *caring* need to be highlighted (Parker, 1980, Ungerson, 1983). Finally, and crucially, the 'costs' of care for both partners of the caring dyad need to be appreciated.

### 7.3.1 Caring for and caring about:

As Dalley (1988) and Braithwaite (1990) point out, caring for and caring about someone are perhaps best typified in what is culturally regarded to be the 'natural' function of motherhood while Braithwaite also provides a fascinating analysis of the differences and similarities in caring for a

child and caring for an elderly adult. The mother cares about the child - she loves it, nurtures it, protects it. As well, the mother cares for the child - she feeds it, bathes it, clothes it and sees to its general health and well-being. In this way "caring for and caring about are deemed to form a unitary, integral part of woman's nature" (Dalley, 1988, p. 8). Therefore any woman who wants to maintain the caring about function, but perhaps because of economic circumstances, must relinquish the caring for function, is considered deviant and not a 'good mother'. As Ungerson (1983) points out caring about somebody many have little in fact to do with whether you care for them; conversely caring for somebody may have little or nothing to do with whether you care about them. Patriarchal ideology assumes that the two functions are indisputably inseparable, that if a woman cares about someone, she must also naturally care for them. This assumption is also at the basis of a view of woman's nature as one essentially passive - *being* rather than the active (ie. masculine) *doing*. It should be pointed out here that in fact caring is not a passive function at all, but is extremely active and thus contradicts notions of women being passive. The invisibility of the heavy physical, mental and emotional activity involved in caring is based on the invisibility of women's work and the stereotypes associated with women's 'nature'. Thus something as active as caring becomes socially constructed as passive.

Graham explains that psychologists consider caring as the "constitutive activity through which women achieve their femininity and against which masculinity takes shape" (1983, p. 17). In other words, men don't care, simply because women do. However, Graham rejects this psychological view as too narrow and deterministic and well as being too simplistic, because as will be seen, some men do care, and in fact breadwinning itself could be argued as being 'caring'. Conversely, an explanation of caring which strips it of its psychological aspects and reduces it to a material perspective only, that is, that caring is women's work and therefore becomes an "obligatory transaction of goods and services which occurs in the patriarchal family" (p. 17) is also too narrow a view. Graham concludes that caring is "simultaneously about our material existence and our consciousness" (p. 14) and a perspective incorporating both aspects

(ie. psychological and material) must be used to understand caring more clearly. Caring and dependency, caring and poverty are also factors that need to be taken into consideration.

The social organisation of caring is therefore a complex equation of firstly "the institutions of caring (the family, the community, the state)" and secondly, "the conditions to which they give rise (dependency, poverty, powerlessness) (Graham, 1983, p. 25), an equation which delineates and limits women's lives.

### 7.3.2 Caring for as tending and therefore devalued:

Parker (1980) argues that caring for would better be described as *tending* which involves "such things as feeding, washing, lifting, protecting, representing and comforting" (p. 3). Tending has two crucial aspects to it - firstly, the service is given because the "sense of obligation on the part of the carer is socially rather than affectively constructed" (Ungerson, 1983, p. 32). Secondly, tending consumes the time of the carer in such a way that she cannot utilise time for other equally important activities, or indeed, she "may even become too exhausted to use her remaining time" (Ungerson, 1983, p. 32). Personal care of this intimate nature is, as Kendig (1985) puts it, the "acid test" of a relationship. His survey of 1050 aged people found that rarely if ever, was personal care (or tending) provided by anyone other than a spouse or a child.

It is because women do most of the caring for or tending, that caring is generally a devalued function in our society (Rimmer, 1983, Croft, 1986). For example, working with severely disturbed adults who have Alzheimer's Disease has less status than working with well aged adults; generally, however, working in the field of aged care, whether paid or unpaid, is considered a low status occupation. The tending work that is carried out - both publicly, in nursing homes and hospitals, or privately, in the home, is conducted in the most part by women, who are usually part-time and almost always poorly paid or often, not paid at all (Baldock, 1990). In November 1990, nearly 67% of people working in the 'community services' sector in Australia were women, and a comparison of part-time

workers shows that only one in seven were men (ABS Cat.No. 6203.0, 1991 Table 22, p. 24). The devaluation of those being cared for also impacts negatively on the carers. The costs of caring include the restrictive cost of being even more devalued as a person because you care.

### 7.3.3 The burden of care:

Caring should be conceptualised as a 'cycle' for women, firstly caring for their children, then their elderly relatives, and finally, usually, for their aged spouses (Hamner and Statham, 1988). Therefore, the greatest burden of care (Braithwaite, 1990, Kinnear and Graycar 1983, Kendig, 1983) falls on the woman. Braithwaite defines 'burden' as "forms of maladjustment arising from the caregiving role" (1990, p. 147) and these include those needs (such as physiological, security, love or self-esteem) which are "frustrated" by the demands of care-giving. The tremendous burden of care creates a situation of conflict for women and results in emotional, as well as physical and material costs to the carer (Statham, 1988). The Kinnear and Graycar survey found that stresses on the carer included: deterioration of work performance; decline in relationships between spouses and other immediate family members and deterioration of physical health (1983, p. 84). The A.C.O.T.A Survey identified the following stresses: loss of privacy; constant anxiety and insomnia; decline in family relationships; anxiety about the future (Calder, 1986, p. 8).

A survey recently conducted in the United States on husbands and wives as caregivers, showed that "wives were more depressed, as well as more burdened than husbands" (Pruchno and Resch, 1989, p. 162) and in addition, the researchers found that wives felt "trapped during a time in their life when finally, they thought, there would be time for themselves" (1989, p. 164).

### 7.4 Who cares?

This thesis hypothesizes that it is women who undertake the major burden of care and thus it challenges the traditional, conservative view that such care is vested and therefore diffused within the 'family' and the 'community'. This view asserts that care is undertaken equally between family members and that it is the community, that is networks of other relatives, neighbours and friends, which provides a support system to the family itself. The empirical evidence from sources in many surveys (including: Kendig et al. 1986, Calder, 1986, Kinnear and Graycar, 1982, Braithwaite, 1990, Mears and Watson, 1990 and McColl, 1985) support this challenge. In this section an analysis of who does the caring and what Shanas (1979) calls a "hierarchy of care" will be discussed.

A key point must be made that while caring is a relationship between two people, care is inevitably the responsibility of *one individual*. This may seem as if it is stating the obvious, but the point needs to be made because so often the literature of social policy and the political propaganda talks about 'the family' and 'the community' as if care is being distributed over a number of family members. In fact it is one person, and one only, who carries the greatest burden of care (Allan, 1988, Kendig, 1983, Kinnear and Graycar, 1983, Rossiter, 1986, Braithwaite, 1990).

#### 7.4.1 The hierarchy of care - the spouse:

In the hierarchy of care, the first person to take on the tending role is the spouse. As women outlive men and women also tend to have fewer major critical illnesses, it is more likely that as both partners age, it will be the wife who takes on the burden of care for her husband (Lewis and Meredith, 1988, Day, 1986, Kendig 1986b, Coleman, 1987, Braithwaite, 1990, Kendig, 1985). For these women, many of whom are of course, elderly and frail themselves, the burden of care becomes a heavy one as they struggle to maintain the spouse at home, often at great personal cost. As Cantor's (1983) survey in New York found, the "husband-wife dyads lived alone ... thereby increasing the potential for isolation and psychological stress" (p. 599). The A.C.O.T.A survey in Melbourne and



Adelaide confirmed this, finding that over 73% of the aged people were either living alone or living with a spouse. Shanas (1979(a), 1979(b)) has developed a model of a 'hierarchy of care' which explains this evidence further. An adapted model, following on from Braithwaite (1989), which shows the hierarchy of care (Figure 1) and the subsequent hierarchy within familial (non-spouse) care, is as follows:

Figure 1. The Hierarchy of Care:

SPOUSE  
  
CHILD or  
CHILD-IN-LAW  
  
OTHER  
RELATIVE  
FRIEND

Figure 2. Family (Non-spouse) Care:

DAUGHTERS  
DAUGHTERS-IN-LAW  
SONS  
  
OTHER FEMALE  
RELATIVES  
  
OTHER MALE  
RELATIVES

(Source: Braithwaite, 1990, p. 43).

An analysis of *Carers of the Handicapped at Home* survey undertaken by the Australian Bureau of Statistics, also bears out this hierarchy. In the over 75 age group, for example, 13.5% of daughters were caring for their

elderly fathers, while only 1.1% of sons were; for the same age group, 42.7% of daughters were caring for their mothers, while only 10.6% of sons were. In addition, in this latter age group, 15.2% of other female relatives or friends were also caring. The spouse/spouse caring dyad was the strongest, for example with 100% of wives caring for their husbands in the 70-74 year age group (ABS Cat.No. 4122.0 1990, Table 9, p. 18). The A.C.O.T.A. survey also found that "almost half (45.2%) of all women aged 75 years and older lived alone" (Calder, 1986, p. 3) without an immediate spouse to care. The question must then be asked, to whom do these women turn when they themselves need care?

#### 7.4.2 The hierarchy of care - the non-spouse:

The aged parent who is widowed (usually a woman), turns firstly to her children for care and then to her children-in-law; of the children, daughters provide most care, with daughters-in-law also caring, but not really with such intensity. Male children or sons-in-law provide minimal support. This pattern of care - ie. spouses first, daughters second and daughters-in-law third, with sons, other female relatives and male relatives only providing by comparison, a negligible proportion, is repeated over and over again in the literature analysed for this thesis. Braithwaite (1990) provides an excellent analysis of the 'hierarchy of care' in the results of her survey of 144 carers in the A.C.T. Of the 75 respondents who had spouses alive, in 62 cases the spouse provided care; of the other remaining respondents, in 73 cases care was provided by children or children-in-law. A further analysis of these 73 found that nearly 70% of them were cared for by a daughter; 15% by a daughter-in-law, 14% by sons (of whom 5 had no sisters and 6 were not married). The remaining 4 respondents had no living children and were being cared for by grandchildren, a niece and a nephew. Five other respondents were exceptional in that they were being cared for by companions, a niece-in-law, a sister-in-law and an ex-wife. (Of this latter group, women provided care in all but two of the cases where the men had retired, but their wives still worked.) Within this hierarchy of care, it is the spouses, daughters and daughters-in-law who undertake the bulk of the tending or personal care. Sons or sons-in-law may provide transport, or

do odd jobs around the house, but the intense one-to-one care is provided by the spouses and female children.

Kendig found that when older women live with their daughter a "large proportion" (1983, p. 136) of such women tended to be disabled, and therefore had to more heavily rely on their middle aged daughters for care. In addition, the proportion of female to male residents of nursing homes is directly proportional to their age. In other words, elderly women are more likely to require institutionalization, rather than elderly men, because of their longer life spans and better health. Of the over 2000 people interviewed in the 1981 A.C.O.T.A Survey, more women (8.3%) than men (3.9%) had their names on waiting lists for institutional care, and more non-married people (9.6%) were found to have their name on a waiting list than married people (4.7%). Finally, people who were living alone (12.2%) were also more likely to have their names placed on waiting lists (A.C.O.T.A., 1985, p. 107).

#### 7.4.3 The hierarchy of care - the 'woman in the middle':

As the longevity of the elderly parent increases, so the likelihood that the daughter or daughter-in-law will be middle aged herself when she is required to provide care (Hess and Waring, 1983). Brody (1981) calls this woman the "woman in the middle". She is "in middle age, in the middle from a generational stand-point, and in the middle in that the demands of .. [her] various roles compete for [her] ... time and energy." She is also "in the middle" in regards to "two potentially competing values ... the traditional value that care of the elderly is a family responsibility vis-a-vis the new value that women should be free to work outside the home if they wish" (Brody, 1981, p. 471). Such women often still have children of their own at home to care for, such women (aged between 45 and 64 years) made up 26% of the majority of married women working both full-time and part-time in Australia in 1989 (DEPARTMENT OF EMPLOYMENT, EDUCATION AND TRAINING., 1989, p. 89, Table 3). A comparison of Australian surveys of carers shows the veracity of Brody's analysis. Kendig found that 28% of non-spouse carers were over the age of 60 years and 23% were over the age of 50 years (1983, p. 152). The

A.C.O.T.A survey found that 41.4% of carers were over the age of 60 (Calder, 1986, p. 7). Braithwaite found that 50% of the non-spouse carers were over the age of 60 years (1990, p. 40).

Within families where there is more than one daughter, how are decisions taken as to who will care (Day, 1986), Braithwaite (1990) found that in some cases, daughters-in-law cared instead of daughters, and that economic circumstances alone could not be used to explain this. In other cases, she found that elderly parents left their own familiar surroundings and networks, in order to move to the A.C.T. area to be closer to their chosen daughters. As Braithwaite's survey was one of primary carers, it is natural that a positive outcome of such a move by the parent emerged. However, a contrary picture appears in a survey conducted by Coleman and Watson (1987), also in the A.C.T., which found that many women "had severed good social and service networks in order to be closer to their families, who in many cases, only visited once a week or a fortnight" (p. 57). In other words, the decision by the parent as to who will care, is often one fraught with conflict. The 'woman in the middle' often finds herself 'chosen' without having too much to say about it; as a result her burden of care becomes an emotional stress. The 1988 South Australian *Women at Home* survey, had this to say about such women:

These women reorganise their lives in ways which would be intolerable to most people; in some instances, they give up paid employment, forfeit all social life, never leave the home for more than one hour at a time, never take a holiday and suffer financial, personal and social stresses which are often damaging to their own health. Moverover (*sic*), the ultimate irony is reflected in the fact that for many of these women their own destiny is a nursing home bed as there is no-one in the home to care for them when the need arises. The rate of institutionalisation of women is twice that of men (1988, p. 40).

Stresses on the primary carer are also confirmed in *Women, the Caregivers*, a report of consultations by the Western Australian Women's Advisory Council, where respondents reported that "many had not had an extended break for anything from 9 to 29 years" (1986, p. 23). In

Braithwaite's survey, for example, one respondent had cared for her 100 year old mother for 45 years. Braithwaite says "Care had been provided in spite of a broken marriage and major health problems for herself and her children" (1990, p. 50).

The W.A. Women's Advisory Council report also found that carers were "sometimes loath to impose more than emergency help on the wider family. They pointed out that whilst "'time for myself' is recognised as of primary importance to survival [for the care-giver], the need for it is often mitigated by feelings of guilt and anxiety and of not being 'up to' the job. That is, the permanent, 24 hour commitment of being an (unpaid) carer" (1986, p. 23). The significance of the ideology of 'motherhood' and 'caring' is so imbued into women's consciousness, that is the emotional costs of care are perceived by them a 'failure of duty'.

#### 7.4.4 The hierarchy of care - the 'community':

In considering the evidence presented above, the ideology of 'care by the community' is therefore plainly erroneous and it is not care by friends, neighbours and wider kinship networks but rather care by women that should be the concern of public policy.

Kendig's 1981 survey of over 1,000 respondents in Sydney found that friendship in Australia is based on mutuality and reciprocity while personal care or tending by necessity tends to create a one-way relationship. He also found that the relationship between neighbours in Australia was based on a demand for privacy which tended to deny the kind of intimacy needed for personal care. Therefore neither friends nor neighbours were cited as primary care givers in any one case in the 1,050 people surveyed. Kendig found that neighbours were only called upon for emergencies mainly because of their geographical proximity, and even then, 50% of his respondents said that their neighbours would not "notice" if they were not around (1983, p. 139). The point must be made too, that Braithwaite's survey of 144 people in the A.C.T. did not include one neighbour as primary carer; nor did the A.C.O.T.A survey of over 2,000 respondents. In addition, the latter survey found that almost

a quarter of the respondents had no contact at all with their neighbourhood (Calder, 1986, p. 6). In the Kendig survey, 10% of the respondents admitted that no neighbours would know whether they (the respondents) were not visible regularly in their homes. The neighbour/neighbour relationship in Australia in the context of care is an area of sociological research that requires further study, however, from this short analysis, the conclusion can be drawn that for primary care, caring for or tending, the neighbour and friend play little or no part.

### **7.5 Informal and formal care: an ambiguous partnership.**

This analysis needs to focus on the impact of the formal sector on the informal and the way in which the formal sector maintains and supports the familial ideology of the social construction of care, and in particular, through the very large assumptions made by the formal sector about who is providing the care in the informal sector.

#### **7.5.1. Who does what in the system of care?:**

The broad framework of care can be divided into four key areas - the government, the commercial (or private-for-profit), the non-government (or voluntary) and the informal. Graycar and Jamrozik (1989) provide a detailed analysis of the relationships between the four sectors of Australian government, and Bulmer (1987) does the same for the British system. (See Chapter 5 of this thesis for a more detailed discussion).

While the relationship between the formal and informal sectors appears symbiotic, in fact it has no real basis of partnership at all. Bulmer (1987) argues that the relationship between informal and formal sectors, particularly in the area of care, is not perceived by the policy makers, or indeed welfare practitioners, in any wholistic way. There tends to be a concentration on the formal care network to the exclusion of all else. The fact that women bear the brunt of care in both sectors goes largely

unnoticed, while all focus tends to be on the professionalised services provided through the formal sector. As the motto of the Commonwealth Department of Community Services and Health - *Sharing Community Care* - demonstrates, the rhetoric of social policy has largely been about "sharing" community care through an amalgamation of formal and informal services, however the reality is that

policies for 'sharing' care involve a threat to traditional notions of the family and woman's 'role' and a [concomitant] fear of undermining women's commitment to caring work lies near the surface (Dalley, 1988, p. 96).

Kendig (1986a) argues that this lack of a wholistic vision and the underlying assumptions of familial ideology allow the policy makers to "manipulate" the informal sector through what he calls a form of "social engineering" developed at this time of "sustained and substantial cutbacks of welfare expenditure" (p. 8). The economic and ideological aspects combine in an interest to "maintain traditional family patterns" (Pascall, 1986, p. 96) and therefore assist in keeping the formal and informal sectors apart. As Beresford and Croft (1984) argue, familial ideology can also be seen behind the current popularity towards 'patch' services in Great Britain. 'Patch', also known as 'brokerage' or 'linkage services' in Australia (Howe et al., 1990), has been hailed as the future model for community care (Hilliard, 1988) and yet Finch (1984) and Beresford and Croft warn that it is

based on reliance on anachronistic and gender loaded notions of 'community'; the reprivatizing of responsibility of care; [and] the unpaid labour of women (1984, p. 33).

This also results in an attitude whereby the state is seen as a point of 'last resort' in care, as a 'safety net' - a place to turn when all else fails, rather than a as supportive partner in the caring relationship (Yeatman 1990) which in turn supports the residual concept of the state discussed in Chapter 3. This attitude impacts on the women providing the care who in turn view reliance on the formal network as a something of a personal 'failure' in their ability to care. The state tends to intervene

only at the carer's point of personal exhaustion (Pascall, 1986, Osterkamp, 1988, Rossiter, 1983).

In addition, when discussing the four sectors of service delivery, it should be clearly noted that in the area of personal care - that is, intimate tending in the home - formal services of any kind, rarely appear while the commercial sector is expensive and few people can afford to purchase its services (Graycar, 1984). In addition, both care recipients and carers are likely to be poor and dependent on state pensions or on others for financial support. As will be seen, voluntary (or non-government) home help, delivered meals and home nursing services (in other words, those covered by the Home and Community Care Program) are firstly, only sparsely available and secondly, often not known about by the carer receiver or her carer (Kendig, 1983).

#### 7.5.2 The assumptions held by the formal sector about the informal sector:

One of the key assumptions under-pinning the so-called 'relationship' between the formal and informal sectors is that everyone has an informal network on which to rely. In other words, everyone has a family and community. This, it could be argued, is as a result of the formal service sector having very little detailed up-to-date information about the informal sector (Kendig et al., 1983, Braithwaite, 1990, Auditor-General's Report, 1988). However, as Kendig found in his 1981 survey, a "substantial minority" (1983, p. 164) of elderly people have no children and as a result these make up an over-represented group in institutions, simply because they have no family and therefore no-one to care.

Policy-makers, practitioners and so-called 'family experts' of the formal sector appear to be in agreement with the familial ideology which designates women the caring and nurturing role (Dalley, 1986, Beresford and Croft, 1984, Langan, 1986) and the implicit assumptions of familial ideology result in formal human services being "geared more to the needs of men than women" (Braithwaite, 1990, p. 107). This agreed assumption directly impacts on the relationship between the informal and formal



sectors in the social construction of care. While it is beyond the scope of this thesis to discuss in any detail the power relationship between formal service and service user, or more specifically human service worker and human service client (Burden and Gottlieb, 1987, Ferguson, 1984), the iniquitous balance of power makes the term 'partnership in care' a euphemism at best and therefore urgently requires more detailed critical appraisal. As any human service client recognizes only too soon, there is little or no empowerment in being the recipient of care services (Ferguson, 1984). Instead, both the carer and care recipient tend to be at the mercy of and dependent upon, the formal service agency.

Another example of the assumptions of the formal sector that requires further analysis here is the consistent reporting by respondents to various surveys on care that the formal sector discriminates against wives in support of husbands who care for spouses (Ungerson, 1983, Pascall, 1986, Braithwaite, 1989, Pruchno and Resch, 1989, Kendig, 1986, Oliver, 1983, Wright, 1983). The assumption behind such discrimination is clearly that it is the 'natural' role of the wife to provide such care - but an 'unnatural' one for the husband, and therefore he requires more support from the formal network. In her analysis of formal services provided to 144 care recipients, Braithwaite (1990) found "[m]ale caregivers were more likely to benefit from Meals on Wheels than female caregivers". Her analysis for why this is so is interesting, as "it is consistent with a bias observed in how the service was administered. Female caregivers complained of being refused assistance for their co-resident elderly parents on the grounds that women were more able to prepare meals than men [and] exceptions did not appear to be made in the case of women who were working" (p. 107). The A.C.O.T.A survey found that 65.3% of non-spouse carers received the most help from formal services whereas only 26% of spouses received similar services (Calder, 1986, p. 7). It also found that while spouses were likely to get less help overall, the help they did receive tended to be regular help. Unfortunately, the survey data does not provide the husband/wife ratio in this formal service delivery. Pascall (1986) discusses an Equal Opportunity Commission (UK) study that confirmed that "male carers tended to receive more support at an earlier stage in the onset of dependency"

(E.O.C., 1984, p. 31 quoted in Pascall, 1986, p. 95). Ungerson (1983) analyses these findings further and concludes that women are seen by the formal sector (particularly by their general practitioners) as being able to 'cope' and women themselves often do not wish to be seen as not coping. Men on the other hand, because it is not their 'natural' function, have no such inhibitions and indeed the formal sector accepts their lack of ability to cope all too readily (Finch and Groves, 1984).

As argued earlier, the dichotomy between the familial ideology and the reality of caring creates a profound stress for women. Oliver (1983) in her analysis of the lives of women caring for their disabled or elderly husbands, identifies this attitude of the formal network when she says:

By seeing the wife as a person who will always be present, always free to assist and always willing to subjugate her own needs and wishes entirely to her husband, statutory services can avoid providing nearly all services (p. 77).

This U.K. finding was confirmed by Kendig in his Australian survey of 1981 when he found that "most current [formal] services are oriented towards disabled people living alone, and do little to assist the co-resident carers who currently provide the main alternative to institutionalisation" (1986, (b) p. 183). In her U.K. analysis of single carers, Wright (1983) also found that sex role expectations and placement in care were dependent on the type of household and that households in which men cared received more support from formal services. As an aside to this discussion, Finch (1984) points out that even in the discussion of future so-called 'genderless' community care programs, because of the "cultural phenomenon" of the "naturalness of caring" being a women's role there "seems little prospect that men will ... take on 'caring' tasks" in the future (p. 11). In other words, the hegemony of the familial ideology binds the major players in the formal sector together in its attitude to the informal sector and the role of women as carers.

### 7.5.3 Non-use of formal sector by carers:

A common theme has been drawn out of the analyses of various surveys relevant to the issue of 'care'. This theme was the lack of knowledge of carers and care receivers of the availability of formal services, and in the instances of those who are aware, a decided reluctance to make use of them. Lack of time was one reason given by carers for rejection of formal services; another was a reluctance "to use some of the existing services because ... [it] led to an increase in the dependency relationship, and ultimately ... services had the effect of increasing the burden of care (Kinnear and Graycar, 1983, p. 88). The lack of knowledge of formal services also was high-lighted in the recent *Final Report by the Committee of Enquiry into The Needs of Older Women* published in Western Australia. The report particularly highlighted the lack of understanding of H.A.C.C. service provision (1990, p. 12).

This reality of lack of knowledge and lack of information and therefore lack of empowerment on the part of the respondents is what is to be expected considering that both the carer and the care recipient are, as has been discussed, to a large degree outside of the public arena. In addition, the familial ideology pervades the formal sector to such a degree that support systems are available only when all else fails. Faulkner and Micchelli (1988) conclude that:

There is often an unspoken assumption that female caregivers will manage without support until their emotional exhaustion or stress produced physical illness creates a crisis in caregiving, to which the community will finally make a crisis response (p. 13).

Institutionalisation of the aged parent is often the response (Minichello, 1987, 1990) to that crisis. Further research as to how elderly people and their carers receive important information from the formal sector and the assumptions made by the formal sector in regard to care by women is long overdue.

7.5.4 Formal service sector and primary carer support:

Braithwaite persuasively argues that it is the lack of appreciation of the carer's role by the formal sector that can be cited as the chief reason for its failure to provide adequate useful supports for carers. She gives examples of where the inflexibility of the service agency only added to the already intolerable burden of care (1990, Chapter 12). In addition, as Oliver (1983) points out, the formal sector fails to identify strongly enough with the women carers and the fact that they are often personally vulnerable to feelings of guilt about their perceived failure to care and therefore do not ask for help they need. She says

The carer, knowing that she is not the direct recipient of services, is usually reluctant to seek help from those whom she sees as assisting her husband (p. 87).

Braithwaite confirms that while the support for the carer is undertaken in addition to support for the care recipient, more often than not such care is reliant on the good intentions of overworked formal care workers (1990, p. 140). Finch and Groves argue that the "gender-blindness" inherent in human service theory and practice, and which permeates the majority of the 'helping professions' must also accept responsibility as to this lack of recognition of the needs of the carers (1984, p. 93). The lack of knowledge of formal human services by the people who need them and are entitled to them is a recognised problem within the human service industry. Nevertheless, the reality for women who care is that support systems are not always available, are often premised on assumptions about the roles of women, and more often than not, when offered do not meet the needs of the carers, but rather suit the needs of the formal service system.

7.6 Demographic changes and their impact on care for the elderly.

It can be argued that the current social construction of care for elderly people as discussed above is in jeopardy from two sources: one is from

women themselves, as evidenced by the increasing feminist discourse on ageing and caring. The second is a more subtle threat, and is revealed by the demographic changes currently influencing western society. This section concentrates on outlining some of the broad social changes which are impacting on society and what trends can be identified for the future, a future which will have critical implications for women as carers. (A more detailed analysis can also be found at Appendix G).

#### 7.6.1 Demography - the aged:

The numbers of people over the age of 60 in Australia is increasing, with the fastest rate of growth in the next decade being that of the over 75 years group, the so-called 'old-old'. As the post World War II 'baby-boomers' reach old age, the numbers will increase further, to peak around 5 million or 22% by the year 2021, a growth of 8% from 1981 (Kendig and McCallum, 1986, p. ix.). Because the birth rate is still decreasing and life expectancy is increasing, the proportion of aged people as part of the population will increase. The proportion of ageing to working population is also increasing, although it will do so more rapidly after 2006 (1986, p. 4). The proportion of males to females of the aged population shows that high numbers of women are alive at older ages, with the group in the over 75 years the greatest proportion. In 1986 63.3% of the over 75 age group were women and 36.7% were men (ABS Cat. No. 2502.0, 1988, Table 1.5 p. 6).

#### 7.6.2 Demography - the 'women in the middle':

The present 45-54 age group is also undergoing major demographic changes. This group represents some 4.4% of the total female population of Australia (ABS Cat. No. 2502.0. 1988) and the workforce participation rate of this group was 64.8% of those born in Australia and 59.2% of those born outside Australia (ABS. Cat.No. 6203.0, 1991, Table 13, p. 19). In real terms this meant that in November 1990, 230,900 married women in the 45-54 age group worked full-time and 199,500 married women in the same age group worked part-time and this group made up approximately 21.4% of the total of working Australian women (1991, Table

16, p. 21). Of the 45-54 age group, some 272,200 married women and 62,000 single women were not in the labour force (Table 43, p. 36). There has been an increase in marriages among this group; in 1947 13% were unmarried however by 1981 this had dropped to 4% (Kendig and McCallum, 1986, p. 19). Women are also re-marrying and therefore becoming responsible for "re-constituted" families (Faulkner and Micchelli, 1988, p. 12). However, the number of children has been decreasing steadily since the early 1960s and there is an increase in the number of women having no children (A.B.S. Cat.No. 3223.0, 1988, p. 1).

These trends have implications for the future cohorts of women carers. Firstly, more women in the younger age groups will have had long experience of paid work and will want to continue working, instead of remaining or becoming economically dependent on their husbands. It would be expected therefore, that the proportion of married women working in the 45-54 age group will continue to increase, as it has done since 1947 (Kendig and McCallum, 1986, Figure 3.4, p. 14). Secondly, the future cohorts of women will be much better educated, as more and more women are either returning to post-secondary study, or entering university straight from school (ABS. Cat. No. 4108.5, 1990, p. 27). In addition, there is an increasing trend not to marry, or if marrying, to delay having children, or not having them at all. As Kendig and McCallum point out, there are some "predictions [that] suggest that as many as 11 per cent of the children of the 1950s will never marry - virtually twice the proportion for their parents' generation" (1986, p. 20).

### 7.6.3 Consequences:

Among the carers group are increasing numbers of women over 60 years who while initially will more than likely be providing care for ageing spouses, subsequently will, as they reach the over 75 ('old-old') age group, require care for themselves. In addition, women living alone (and in 1981 over 62% of women over the aged of 75 years were widows (Kendig and McCallum, 1986, Figure 4.1, p. 19)) are those in greatest jeopardy, from the threats of poverty, dependency and from potential institutionalisation.

As a result of changing marriage, child-bearing and work patterns of that group of women who traditionally make up the bulk of care givers, there will be an impact as to the future availability of such women. The changing demographic patterns of this latter group include increasing divorce rates, single parenthood, decreasing child bearing, re-marriage and increasing paid employment participation. A major consequence for women of their increasing longevity is that they are likely to care for an ailing spouse, before they too become in need of care. Widowhood is a firm possibility, and with widowhood comes the likelihood of dependency, either on a daughter, or daughter-in-law, or on the state.

However, the likelihood of having some one to provide that care is diminishing, as the demographic data shows. As Jordan (1987) points out, in the United Kingdom it is estimated that by the year 2001

the typical couple in their eighties will have only eleven (11) female relatives of whom three (3) will not be in employment, compared with a similar couple today [ie, mid-1980s] with forty (40) female relationships, fourteen (14) of whom will not be in paid work (p. 203).

In other words, just as there is an increase in the number of elderly people in the population, so there appears to be a decrease in the number of possible carers. The problem is then that the older a woman becomes the

more likely she is to be without younger women who are obligated by family bond to care for her. This situation may become even more pronounced for future cohorts of the old (Faulkner and Micchelli, 1988, p. 11).

Rimmer (1983) argues that remarriages in the U.K., some "23% of second wives were ten years or more younger" than their husbands, thus increasing the likelihood that "women will be caught in the third part of the caring cycle" (p. 143). Consequentially, increasing marriage and re-marriage rate, divorce rates and decline in birth rates as well as the current increased employment rate of women is actively working against

the possibility of a future "pool of potential caretakers". Graycar and Jamrozik continue:

In Australia the middle aged unmarried woman not in the labour force, who could be counted on to provide care is a disappearing species (p. 258).

While Rowland (1986) remains optimistic about the decreased mortality rate among children therefore providing their parents with a larger pool of potential carers, neither Rowland or other commentators pay much thought to the next cohort of 'women in the middle' who will be drawn from the first group of 'baby-boomers' (those born between the late 1940s and early 1960s) and whose attitudes to caring are likely to be influenced by their rather different education/work/marriage histories. Kendig (1986) believes that the "primary impact" of this lack of carers will be to "increase the stresses in providing care rather than to reduce its availability" (p. 176). In other words, because of the nature of the social construction of caring, the familial ideology on which it is based and the patriarchal system through which it is disseminated, women in the middle, the carers, are likely to find themselves with increasing burdens of responsibility. It is true, as Kendig (1986) points out that full time employment and full time care at home are "incompatible" (p. 176); nevertheless the fact remains that many women subject themselves to incredible levels of stress in order to care, and to prove that they can cope. I would argue that the weight of evidence reveals that the combination of demographic realities will result in a situation where there will be fewer women who will be able to care and this challenges the recent call by the present Minister for the Aged, that "there will need to be an increase in the carer population" (Howe et al., 1990, p. 3). The consequence of this depreciation of carers is likely to be that women will continue to care but the costs will be much higher (Ungerson, 1987).

#### 7.6.4 Trends that affect future caregiving:

There are four identifiable trends that can be drawn from the demographic evidence discussed above.



*Firstly*, the current cohort of women, who will provide care in the next decade and beyond are women who have experienced long periods of employment. It is possible that while they may not totally reject the caring role, they may demand more assistance from the formal sector than is now presently forthcoming.

*Secondly*, the increase in single parent households, most of which are female headed, many of which are poor, are also likely to result in women torn between the need to work full time in order to provide for their children and the need to care for elderly relatives.

*Thirdly*, 're-constituted' families are really an unknown quantity in the caring cycle. For whom does the woman care? And what about the children of such families? Where are their loyalties?

*Fourthly*, women are having fewer or no children, this plus their own increasing desire for the economic and personal freedom of paid employment, may mean that the future cohorts of carers will be reduced.

#### 7.6.5 Summary:

As Faulkner and Micchelli (1988) state "... today's young women are tomorrow's old women" (p. 17), however there is little empirical evidence about what today's young women think about their societally ascribed roles of carers, let alone what they think about growing old. Do these women want to care exclusively? Do they want to share care with formal services? Do they want to abstain from care altogether? Is there likely to be a shift in attitudes to a gender division of care? In other words, will men care? This latter scenario is the least likely as long as the hegemony of familial ideology remains.

#### 7.7 **Caring: Emergent Feminist Issues.**

By continually ignoring the contributions that women's caring work makes towards society (Land, 1976) such a society contributes to what Bulmer terms a "vacuum" in the "heart of community care policy" because of its

"failure to develop a policy to support women as informal carers" (1987, p. 212). Socialist-feminists argue that in the social construction of care and in the concomitant ideology of what is and what is not work, can be seen the reality of the inequality of men and women in our society. As long as the 'vacuum' persists, women will continue to remain oppressed and carry the burden of being considered unequal to their male counterparts. At present, as Dalley (1988) argues, the feminist view of care sits on the periphery of public debate on the issue. It is seen as ancillary to it, rather than the central issue. The feminist view must become "incorporated and integrated" (Dalley, 1988, p. 146) not only into public policy but also into sociological theory and praxis and thereby into the education curriculum of future generations of human service workers. The discussion to date, can be synthesized into several key issues which are of concern to a feminist critique and this section will identify and discuss these issues.

#### 7.7.1 Homogeneity v. Heterogeneity:

As has been discussed, caring, both private and public, is women's work however, none of these women are in any way homogeneous - particularly neither the caregivers nor the care receivers. Women's attitudes to caring and receiving care are also not homogeneous. For example, some women "want and value the role of carer" (Croft, 1986, p. 24) and find deep personal satisfaction in that role. Other women take on the role, but find it stressful and frustrating (Pruchno and Resch, 1989). As we have seen, the burden of care falls heavily on all carers; yet those who are caring and finding it frustrating, have an additional emotional load to bear. Women as care-receivers are not homogeneous either. Many elderly women choose to be cared for by other women, particularly their daughters. They reject the impersonality of a nursing home or hospital. Other women, as Day (1986) found, prefer not to burden their families, and want to have a choice of care, perhaps formal, professional care.

Therefore, for feminists, the issue of heterogeneity is a crucial one. It is all too simple to be attracted by the notion of grouping women together because they are elderly, or because they are carers, without

recognising the *essential differences* between all women. As argued previously in this thesis, (Chapter 4) research on and policy for women should have women's experiences as central to the issue under discussion. In the debate on care, women, whether they are the elderly, paid or unpaid carers or the volunteers, must have the right to state their views and be heard, but also, more crucially, must have the right to be involved in the making of decisions about their lives (Croft, 1987).

#### 7.7.2 The 'super-carer':

While it is recognised that many women choose to care and find the experience personally satisfying in a role which "allows them to express values central to their identity" (Braithwaite, 1990, p. 133), nevertheless, there is danger, as Braithwaite warns, in supporting the ideology of the 'super-carer'. Recently there has been much media discussion as to the 'new woman' being a 'superwoman'; a role which has led many women to over-achieve in their anxiety to reach this perceived 'epitome of womanhood'. The media particularly imbues its advertising with a picture of such a woman, who seemingly endlessly coping and satisfied with her caring, nurturing role, manages a job and a family with equal ease. Braithwaite (1990) warns against women believing such a role model when it comes to caring. She also warns against the formal sector encouraging such a 'superwoman' model. The role of caregiver brings with it "frustration, pain and despair" (p. 133) and women who care should be counselled as to this reality. The formal sector, in turn, should be far more sensitive to possible personal overload and breakdown.

While feminists have never subscribed to the notion of the 'superwoman', nevertheless, it is clear that there is a tendency for many women to assume the 'dual role' all too readily, and in accepting it create for themselves a stressful and difficult environment. The 'dual role' is a phenomenon created from the dichotomy that exists between the familial and patriarchal ideologies and the movement of women into the public arena. This is created by the public/private dichotomy and the invisibility of what occurs in the private domain, as well as the fact that managing a house, or caring for others is not considered 'real

work'. As long as these two domains are kept separate, the dual role will continue to exist. While society recognises that women can undertake paid work, nevertheless, the ideology of 'woman's place' has not changed, and thus women's roles are still tied to the private sphere. A feminist discourse must concentrate on the reality of what the 'dual role' means, and an emphasis on the need to redefine roles for women and men.

### 7.7.3 A dilemma - the exploitation of women v. their desire to care:

While the exploitation of women in the caring structure has clearly been established, what needs to be more clearly recognised is that many women want to care and many other women want them to, in order to be cared for by them. This dilemma, which can be summarised as Exploitation v. the Desire to Care, needs to be highlighted in any feminist critique such as this. As has already been argued, many women choose to care therefore in any feminist critique it is not satisfactory to ignore these women, or as Croft says, to dismiss them "simply as the consequence of false consciousness or the dominance of male values" (1986, p. 24). In the feminist debate on care, those women who want to care need to be considered just as much as those who do not. The exploitation of both groups is a fact, nonetheless, the discourse must consider just how to achieve a caring society without gender bias and still allow all women, carers or care receivers, to have a choice.

The present pattern of care in our society is not satisfactory for women. A great many of them, both as carers and receivers of care, are unhappy. The current social policies do not acknowledge such unhappiness, rather they tend to conceal it beneath propaganda about 'community' and 'family'. As the demographic data has shown, the next cohort of carers is likely to have even greater problems 'adjusting' to an ideal of care which is perpetuated through the familial ideology. The "prevailing pattern of care" says Croft "is divisive - setting carers against the people they care for and women against women" (1986, p. 24).

A feminist discourse must attempt firstly to untangle the reality of care from the fiction of the ideology and thus release women to recognise

their own needs. Secondly, a feminist discourse must become central to the discussion on care. The feminist critique of care has a decade long history, a feminist discourse on ageing is currently being generated and therefore the issues of

value, exploitation and discrimination (the moral status of those being cared for, the gendered division of labour relating to those who care both privately and publicly and the low economic value given to those who provide social care) (Dalley, 1988, p. 107)

need to be confronted and challenged. The exploitation of women who care, regardless of whether they want to or not, is morally iniquitous and ethically wrong. A feminist discourse must maintain the pressure while considering the needs of all women in the debate.

#### 7.7.4 Potential inter-generational conflict:

While gerontological literature has a long history, until very recently, feminist analysis and research in the area of aged care has tended to concentrate on the role of the carers, to the exclusion of the elderly women themselves (see also Chapter 4). While this thesis is also slanted towards that perspective, the point needs to be made that by so doing, feminists are, albeit unconsciously, determining a framework for possible inter-generational conflict. While the discourse continues to concentrate on the needs of women as carers, it tends to ignore or distort the needs of elderly women. I have discussed elsewhere (see Chapter 3) Russell's (1987) argument as to why feminists tend to concentrate on the 'woman in the middle' to the exclusion of elderly women. In the social construction of care debate, feminists should not lose sight of this area of potential conflict between women, and focus on the needs of all women involved. Hess and Waring (1983) put the dilemma as "how to provide humane care for the elderly while respecting the autonomy of both generations of women" (p. 227). Discussion as to the needs of the carers should not lose sight of the needs of elderly women, and vice versa. Hess and Waring conclude that feminists should be challenging social policies that do not take into account the needs of both

generations. In addition, it must be pointed out that women themselves should recognise the potential for conflict, and remain alert to the risk inherent in social policy that precipitates one group of women against another.

#### 7.7.5 'Work' in the human service industry:

While this thesis concentrates on the role of women who are undertaking unpaid work in the home within the human service system, nevertheless mention must be made of another feminist issue within the social construction of care. That is, the potential competition between women who undertake paid work in the human service sector and those that are unpaid. In this sense both those women at home and those women who undertake volunteer work are at risk of being polarised, through social policies and familial ideology, against those women who are working for money within the welfare sector.

Turner (1981) argues that while human services have become increasingly professionalised, the industry remains predominantly one which employs women particularly in the lower end of hierarchies, or as unpaid volunteers. Baldock's (1990) recent survey found that there was competition between paid and unpaid women and a sense whereby the 'professional' (ie: paid) group's attitude to the volunteers tended to be condescending. She points out that "[a]ttributes of their volunteer work - menial, fragmented, with limited continuity - were imputed to the volunteers who held the job: unskilled, unreliable" (1990, p. 15). This condescension can also be observed in the attitude of some 'professionals' towards the women caring the home. Finch and Groves (1985) identify this as a "gender-bias" (p. 99) of professional human service workers. This should not be surprising, given the hegemonic nature of familial ideology and how, as has been discussed, many women (including professionals such as co-ordinators, social workers, welfare officers, nurses, doctors and so on) are instilled with such ideological thinking. Women who are caring in the home privately and unpaid, can be made to feel inadequate when the 'professional' woman carer visits. As

has been discussed, many carers choose not to ask for help from the formal sector because of the increased burden this places on them.

The issue for a feminist discourse is that the women who are paid to care should, in the first instance, recognise that women are doing the unpaid caring, whether as wives, daughters or volunteers.

### 7.8 Summary.

The social construction of caring is a complex and dynamic set of inter-relationships which have broad implications for women generally and feminist analysis of social policy in particular. This chapter has identified the relationship between the formal and informal sectors as they intersect regarding care, and has shown that while the majority of care is provided through the unpaid work of women, nevertheless the formal service sector plays a crucial role in extending the social construction of caring. Indeed, as has been argued, it is in the state's best interest to do so, and those who work for the state in the paid formal sector continue to maintain the familial ideology in their attitude to care. The discussion focussed on the unpaid work of women who provide the bulk of care as 'invisible' work and that the true cost of such care is firstly, the amount and sheer complexity of the work done by women and secondly that, for many women, it becomes a choice between caring and being able to be independent through undertaking paid work.

Demographic changes in Australia were also outlined and showed that the dilemma of roles between paid and unpaid work will become an all important issue for the next cohort of women whom the state presently assumes will undertake the bulk of the care of the increasing numbers of elderly persons in the future. Four trends for caring were identified as a result of the demographic changes presently impacting our society and these were that because the next cohort of 'caring women' are likely to be well-educated and highly politicised, more demands may well be made on formal service systems than is presently the case. There may well be a continued increase in female-headed households and the concomitant

tension between the need for paid work and pressure to care. Reconstituted families are an unknown factor as to who will provide care to whom, and finally the decrease in the number of children being born will almost certainly have an impact on the future numbers of carers.

The final section concentrated on emergent issues that will challenge feminists in the discourse about care. These included the necessity to recognise the different needs of all women, and not to homogenize them. Secondly, to avoid maintaining role models of 'super-carers' which put undue pressure on women to over-achieve in their so-called 'dual roles'. Thirdly, the dilemma posed by on the one hand the exploitation of women and on the other the choice of some women to care. Fourthly, the latent inter-generational conflict that the whole issue of the different needs of carers and care receivers raises and finally, the fact that the social construction of caring as it is presently defined actually casts women against women in the area of unpaid versus paid work in the human service sector.



## VIII A CARE ANALYSIS OF FOUR HOUSEHOLDS.

In this chapter the thesis moves from theory and hypothesis to a scrutiny of the lives of real people who are caring and receiving that care. Four case studies are presented which examine in detail the issues regarding caring and tending, the community and the formal service system. These case studies help to illustrate and enliven the theoretical critique as well as to draw the connections between theory and praxis.

### 8.1 Case study methodology.

As the focus of this thesis was on home care for the ageing in the community, with particular emphasis on the Home and Community Care Program (H.A.C.C.), arrangements were made to conduct the case study within the parameters of the Community Options Program auspiced by the City of Belmont and funded under the H.A.C.C. unmatched monies policy of the Commonwealth Department of Community Services and Health. A demographic profile of the City of Belmont can be found at Appendix 1. Further details of the Community Options Program are at Attachment A and Appendix 2.

A three part structured interview schedule was drawn up and administered to four caring households which were selected primarily on advice received from the Co-ordinator of the Community Options Program. A copy of the interview schedule can be found at Attachment B. The interview was divided into three parts and conducted separately. In this way it was planned to reflect the essential components of the caring relationship, that is the primary carer and the care recipient as well as formal service provider. The interviews were designed to provide a 'snapshot' of the caring relationship, rather than the broader picture which would be obtained through a longitudinal study of a larger group (Leeways and Meredith 1988). The interviews were designed to be totally

confidential and no identifiers as to the names and locations of the people interviewed are made. Pseudonyms are used in all cases.

## 8.2 The caring relationships - a brief introduction.

The case study consists of data from four households, each of which provide a different perspective of the complexity of the caring relationship. The case study will utilise this data to expand further on empirical evidence already drawn together by surveys conducted in Australia and overseas.

### 8.2.1 The four dyads:

#### *Dyad No. 1 - Mrs. Austin (carer) and Mrs. Finn:*

Mrs. Finn is a widow of 90 years and an Anglo-Indian by birth. She has lived in Australia for 16 years, all of that time in her own house in the City of Belmont area. Her primary carer is her daughter, Mrs. Austin, who is 65 years old and married. Mrs. Austin's husband, who suffers from Alzheimer's Disease, has been in a nursing home for two years. Prior to that, Mrs. Austin nursed both her husband and her mother for three years. Mr. Austin still comes home every Saturday to visit. Mrs. Austin has two grown sons who do not live with her. Both Mrs. Finn and Mrs. Austin are receiving Age Pensions, and therefore Mrs. Austin is not eligible for the Carer's Pension. This household is in receipt of the Domiciliary Nursing Care Benefit.

#### *Dyad No. 2 - Mr. and Mrs. Paull:*

Mr. Paull who is 85 and Mrs. Paull who is 82 have lived in their own house in the City of Belmont area for over 43 years. They have three married children and some grandchildren. Mrs. Paull, who is the primary carer and has cared for Mr. Paull intensely for the last 15 months, is very frail

and has epilepsy which causes her to suffer bad falls on occasion. Mr. Pauli has ulcers on his legs, varicose veins, arthritis and has undergone hip replacement surgery. Mr. and Mrs. Pauli both receive the Age Pension and do not receive the Domiciliary Nursing Care Benefit. Mrs. Pauli does not receive the Carer's Pension.

*Dyad No. 3 - Mr. and Mrs. Rivers:*

Mrs. Rivers is 62 years old and has cared for her husband (who is 64) for 15 years, the last three years intensely. They have three children (one married, two divorced). They have lived in their own house for 40 years. Mrs. Rivers suffers from Addison's Disease and her health is poor. Mr. Rivers suffers from pneumoconiosis (dust on the lungs), has arthritis, diabetes, and gangrene on his fingers. Mr. and Mrs. Rivers receive the Age Pension and the Domiciliary Nursing Care Benefit. Mrs. Rivers does not receive the Carer's Pension.

*Dyad No. 4 - Mr. and Mrs. Kent:*

Mrs. Kent is 68 years old and has suffered from Alzheimer's Disease for 7 years, during which time Mr. Kent, who is now 70 years old, has been her primary carer. They have lived in their own home for 37 years and have one child, a daughter, who lives interstate. Mr. and Mrs. Kent receive the Age Pension and the Domiciliary Nursing Care Benefit. Mr. Kent does not receive the Carer's Pension.

**8.3 Who cares? What are the issues?:**

**8.3.1 Wives Caring:**

Despite the small sample in this survey, it is not surprising to find three of the four dyads to be spouses caring for spouses. All the major surveys, (Calder, 1986, Kendig 1986, Kinnear and Graycar, 1984,

Braithwaite, 1990, Cantor, 1983, Oliver, 1983) confirm that spouses caring for each other form the greatest number of caring dyads. Two issues in spouse caring relevant to the carer have been highlighted through the data acquired through this analysis; (a) the bonds of duty and loyalty; (b) the emphasis of traditional gender roles within this age cohorts' marriages and their consequences; (c) the strong emotional ties of marriage. The next section will analyse these issues from the perspective of wives caring.

*(a) The bonds of duty and loyalty:*

Russell (1981) points out that the marriage relationship is the "most significant bond" for most aged couples (p. 158) and empirical evidence shows that if a person who requires care is married, there is far less likelihood of institutionalisation (Kendig, 1986). In the caring relationship between wife and husband there is no element of choice as, could be argued, there is in the case of daughters and their elderly parents (Oliver, 1983).

As Mrs. Rivers pointed out, it is her "duty" to care for her husband. In her case the caring became extended over many years, and has recently become more and more intense and burdensome. Mrs. Rivers has been caring for 15 years and "intensely" for the last three years. As she is now 62 years old, she was just 47 and thus relatively young when she started caring for her husband. She also nursed her aged mother at home for thirteen months during this time. Despite her own poor health (Addison's Disease) she is fiercely independent, and rejects assistance, although desperate for some outside stimulation. "Let's go to Bali!" she suggested to the interviewer.

*(b) Gender role reversal and rejection of formal service systems:*

The other aspect to spouse caring is that of gender role reversal, or the maintenance of roles learnt long ago and ones which have become re-established through the caring function. Thus Mr. Paull grieves that he can no longer act the role of 'provider' and 'head of the household' for Mrs. Paull. He says:

*I feel very frustrated about the loss of independence. I've been responsible for her welfare for 60 years. It's been a reciprocal thing for many years - not just one way.*

Mrs. Paull, who at 82 years of age, was brought up in the traditional role of woman as wife, mother, carer and nurturer, has now to also take on the role of 'husband' (Russell, 1987, Pruchno and Resch, 1989). This change in what were previously the "sharply delineated" gender roles of the Paull's generation causes anxiety for them both (Gibson and Mugford, 1986, p. 70). This anxiety expresses itself in his feeling of being "indebted" and being an "obligation" to her, and her apprehension about being able to continue her "duty as a wife".

The anxiety that comes from the reversal of gender roles also expresses itself through the rejection by both Mrs. Paull and Mrs. Rivers of formal care services, and their insistence, despite personal illness, to carry on alone. While there is a 20 year age gap between the two women, nevertheless both of them were brought up and educated at a time when a woman's role was sharply defined and delineated by Australian societal values and described in detail in Chapter 6. The ideology of these values was deeply internalised by women of Mrs. Paull's and Mrs. Rivers' generation (Curthoys, 1981). Matthews (1984) argues that 'femininity' can be seen as different in different times in history, both qualitatively and quantitatively. For women such as Mrs. Paull and Mrs. Rivers what is the meaning of femininity? Matthews sees it as "work of the household and child caring" (p. 171). One could argue that it has now turned full circle for these two specific women, and they are once again defining themselves as 'feminine' through their caring relationship with their husbands - whose 24 hour care needs may well have cast them into a child-like (dependent) role.

The "centrality of the primary caring relationship" (Lewis and Meredith, 1988, p. 19) particularly as defined through the experience of women such as Mrs. Paull and Mrs. Rivers, creates a situation where "the injunction to care [is felt] so strongly as to deny that any one else could care"

(p. 13). As discussed in Chapter 7, the sense of personal self for many women is defined through the caring act. Oliver says that the wife "often feels herself to exist only in her caring role as this is the only one in which she is acknowledged " (1983, p. 76).

Thus we find that such wives reject assistance, a fact which requires more recognition in the formal service sector. The Community Options co-ordinator, in the cases of Mrs. Paull and Mrs. Rivers, has in fact recognised this and offered help on many occasions. She has suggested respite care as a way of allowing the women the chance "to catch their breath". Respite, however, is particularly vehemently rejected. Why? I would suggest that it is because it strikes at the core of the woman's self as defined by the caring relationship. Oliver quotes a carer speaking at a U.K. conference:

When carers become completely convinced that no-one else can do their work, they are awarding themselves the status that society denies them (1983, p. 76).

This would explain why, when both Mrs. Paull and Mrs. Rivers are clearly at the end of their emotional and physical strength, they continue to reject offers of help. As Oliver continues:

it becomes easier [for the primary carer] to make believe the situation is one which she wants to be in, rather than one which she is fighting against, and self delusion takes over ...

As a result, getting such carers to articulate their needs becomes difficult as

.. most carers are unwilling to speak openly about their stresses in front of the dependent and ... many will not admit their true feelings even when unaccompanied (1983, p. 87).

In addition, as has been discussed in the previous chapter there is a fear that the formal service will add to the burden of care (Kinnear and Graycar, 1983) and a fear that the professionalisation of care as offered by the formal service system will tend to erode "women's confidence [by]

delegitimizing the knowledge they have gained individually and intergenerationally from the practice of caring" (Rose, 1986, p. 165). "Care" as defined by these women is something markedly different to that defined by the formal service system, it is bound up with their identification of self.

(c) *Emotional bonds and caring:*

From the perspective of the spouse receiving care, the marital relationship is reinforced and strengthened through the caring act.

Mr. Rivers: *I am happily married. I have a good partner.*

Mr. Paull: *I feel indebted to her and that I am an obligation to her. I worry about her health.*

Alteggott (1984) suggests one result of such a close emotional tie between spouses is that it becomes the "preferred form of interdependence" to the exclusion of all others - including, specifically, formal services. The dependence, in these cases, is on the spouse "... regardless of problem, burden, adequacy or availability of alternatives" and in this way she suggests, that the caregivers'

accomplish a great feat if they manage to broaden the care system to include other relatives, neighbours, friends and peer support groups without sacrificing the *autonomy and intimacy* of the marital bond (1984, p. 484) (my italics).

I suggest that this is exactly the case in the relationships between Mr. and Mrs. Paull and Mrs. and Mrs. Rivers. Married as they have been for so many years and therefore reliant solely on each other, neither of the wives wishes to give up her independence to formal service systems, as both recognise that their relationship, which is all they have, would change and move outside of their control. This appears to provide one interpretation of the data that indicates that one individual is involved in caring rather than there being a 'network of care' as is so often

assumed by policy makers. In addition, it also suggests a reason why carers who are obviously caring intensely and are under stress, nevertheless are reluctant to accept support from formal service systems.

### 8.3.2 Husbands caring:

This thesis has argued that the burden of care is largely borne by women, and empirical evidence has been presented to support this hypothesis. Nevertheless, despite the demographic data which shows that women are living longer, and are more likely to suffer less debilitating illness and disability, there is a proportion of spouse care being provided by husbands, most particularly in the case of caring for wives with Alzheimer's Disease. For example, in a recent survey of carers for family members with Alzheimer's Disease conducted in Western Australia, O'Connor and Kingsley found that 38% of the 50 carers were husbands (1990, p. 175). Nevertheless, it should be pointed out that insofar as this affects the hypothesis as presented in this thesis, that is that women undertake the burden of care, husbands caring for wives form a very small proportion of the total caregiving population. A national survey in the United States showed that wives caring constituted 23% of the total caregiver group, while husbands caring constituted 13% (Pruchno and Resch, 1989, p. 159). It should also be pointed out that this percentage should not be confused by extrapolating it to male carers generally. As has been discussed, sons, nephews and other male relatives form a very small proportion of the caregiving group.

In this small sample there is an example of a husband/wife caring dyad, Mr. and Mrs. Kent. Mr. Kent who is 70, is caring for Mrs. Kent who is 68 and has suffered from Alzheimer's Disease for seven years. Mr. and Mrs. Kent have one child, a daughter who lives interstate. Mr. Kent had a professional career as a teacher, before he retired early to care for his wife.

The Kent household was included in this case study primarily to test the hypothesis as discussed in Chapter 7, that male carers receive more support from the formal service sector while women are, or appear to be,



more reluctant to accept support. In addition, there are other points that can be raised about the role of husbands as primary carers using Mr. Kent as an example, although the lack of pertinent data in this analysis makes it difficult to develop conclusive arguments, and further research is required.

Firstly, as has been discussed in the previous chapter, empirical evidence from other surveys show that male carers tend to get more help from the formal care system than do female carers, particularly wives and co-resident female carers (Russell, 1987, Wright, 1983). Finch and Groves (1985b) argue that because of the human service workers role as "gatekeeper", many such workers operate on a purely unconscious level of gender-bias (p. 99). In the case of Mr. Kent, his visits from the Community Options co-ordinator are fortnightly, while those to the other households are monthly. The co-ordinator provides, through her own admission, a "high level of on-going support", but it is difficult without further data and analysis to argue whether this is unconscious gender-bias at work or the result of meeting the needs of some-one caring for a person with Alzheimer's Disease in their own home.

Another point to be noted is one which Faulkner and Micchelli (1988) conclude that it is only when "by default, there are no women in the family" that men assume the primary caring role (p. 14). This is largely confirmed through other literature (Altergott, 1984, Russell, 1987), and would appear to be so in the case of Mr. Kent, as the only other woman in the family, the daughter, is unavailable to care as she lives in Victoria.

Mr. Kent's assertive attitude towards formal care provision also provides an interesting contrast with the attitudes of the three woman carers. Mr. Kent was receiving a number of support services from the formal service system before Community Options, but he was scathing about the standards and attitudes of these formal services and in particular about what respite care should and should not be. His experience was that respite needed to be more than just a "sitting" service, but rather an opportunity for the carer to have some-one to talk to and receive support

from. The definition of respite care is that it is "generally aimed at carers who need a break from the responsibility of providing care" (Commonwealth Department of Community Services and Health, 1988, p. 3). It is therefore to provide care to relieve that carer in order to allow that person to have a break away from the care receiver. Mr. Kent tended to see that it should be more a visiting/counselling service and therefore became quickly disillusioned by what was offered. This explains why Mr. Kent "enjoys" the visits of the Community Options co-ordinator so much as she provides exactly the kind of "respite" he needs.

Mr. Kent was also very assertive about the needs of people with Alzheimer's Disease, particularly about the tendency to "shelter" them. He felt they should be allowed "to assimilate and see different people, experience things like the weather and travelling about". He was also caustic about some of the services provided by specialist Alzheimer's Disease agencies. Without any more evidence than that provided through the case study, I would conditionally suggest that the example of Mr. Kent shows that the attitude of male carers to formal services is different to that of female carers (particularly wives of the same age cohort). Mr. Kent is therefore more likely to receive help because he demands it. The attitude of the wife carer tends not to place demands on the formal service sector and in Chapter 7 I discussed how the familial ideology imbued by both women and men tends to support the notion that it is natural for women to care, and unnatural for men to do so, thus male carers need more support. Another variable which may have bearing is that Mr. Kent's assertive attitude may well have some class bias. In other words, because of his education and his previous work status as a professional (teacher), he may well be able to articulate his needs a lot more clearly than can Mrs. Paull and Mrs. Rivera, neither of who have worked since marrying, and who are more likely than not only to have completed secondary education, as discussed above in Section 8.3.1.

### 8.3.3 Daughters Caring:

The case study of Mrs. Finn and Mrs. Austin provide an excellent example of the mother/daughter relationship in care. Here is the 'classic'

situation of the frail elderly (90 year old) woman, a widow, who relies on her daughter and a shared household in order to circumvent institutionalisation.

Mrs. Austin is an only child, with two grown sons who no longer live with her. One of these sons maintains close contact with his grandmother and mother, but undertakes no caregiving responsibilities. Mrs. Austin is 65 years old and thus can be classified as "aged" herself. Her husband, who has Alzheimer's Disease, lives in a nearby nursing home. He has been in this home for two years, prior to that, Mrs. Austin nursed him at home, and cared for her mother as well. This dual care was undertaken over a three year period, and confirms Boldy and Dench's 1986 findings that over 24% of their carers were caring for an additional person. Boldy and Dench conclude this to be a "surprising" finding, (1986, p. 20) yet as long as the pathology of care remains too little documented to be fully understood, (as discussed in Chapter 7), there may well be many women caring for more than one individual at home.

Unlike the other two female carers in this case study, Mrs. Austin encouraged her mother to use the Day Care facilities provided by the City of Belmont. This is viewed by Mrs. Austin as a "break" for herself, but is also an opportunity for her mother to "get out and socialize". Mrs. Finn enjoyed these activities very much. Despite Mrs. Austin having to drive her mother to the centre and collect her again, it does provide a reprieve in the caring activities, and allows both women an opportunity to be apart from each other. As Lewis and Meredith (1988) point out, regular respite also acts as a way for the primary carer to meet others and maintain a life beyond the caring relationship. In this way, Mrs. Austin is unique among the women carers sampled here and she confirms Altergott's view that

only the most burdened, more sophisticated and resourceful [caregivers] are likely to utilize the sparsely available formal supports (1985, p. 484).

In addition, as is discussed later in this chapter, Mrs. Austin also utilises the services provided by the City of Belmont Carer's Group and is the only one of the carers to do so.

#### 8.3.4. Roles of other family members:

All four relationships have a 'younger' generation to turn to, and apart from Mr. and Mrs. Kent's daughter who lives interstate, all the other second generational members continue to live in Western Australia and have contact with the caring households. There was family contact in all four households, to a greater or lesser degree.

Mr. and Mrs. Paull, have a son and a daughter who did shopping for them, and a grandson who chopped wood for them; they also stated that their daughter was their most frequent visitor. Mrs. Austin said that she appreciated the visits her eldest son paid to his grandmother and that he was their most frequent visitor. However, he was not responsible for any of the caring for, or tending duties.

While the Rivers household saw their youngest son and daughter-in-law regularly, nevertheless the relationship caused some stresses. For example, Mr. Rivers worried about maintaining his home and about continually asking his youngest son for assistance as he "spends a lot of time with his own family". Mrs. Rivers commented that she wished she had "more consideration from her family" in other words, more recognition for the work she was doing in caring for Mr. Rivers and more recognition that she was an individual, with needs of her own. Mrs. Rivers yearned for some "male companionship" for her husband as clearly it was not forthcoming from their children.

Mr. and Mrs. Kent had no family and no contacts with neighbours or friends. They appear to live quite a solitary existence. Their most frequent visitors were the paid care staff that visited weekly.

In summary then, the role of other family members in the provision of care in these four households is superficial. In a recent address by the

Community Options co-ordinator to a symposium held in Perth in March 1990, the following comments were made about families sharing the care for their elderly relatives:

If there is a family that does exist out there, and supports our client, I consider that very much a bonus. But we should not presume that everyone has a family. Quite often our people have no family at all. They may be immigrants. They may have been ostracised from the community, with no family support (Bulis, 1990, p. 31).

The paucity of other family support apart from that of the second generation tends to support empirical evidence from other surveys as discussed in Chapter 7, and the hypothesis proposed that caring is an individual act, and rarely one undertaken within a family network. There is no familial responsibility of care, only the responsibility of the primary carer.

#### 8.4 Caring and tending - the 'daily grind'.

As was discussed in Chapter 7, the act of caring for a person (or tending) involves all kinds of personal activities which are required in order to maintain quality of life. These case studies show the tendency for the caring relationship to change over time and for love to convert to obligation if the caring relationship is protracted and the primary carer feels increased pressure and stress.

##### 8.7.1 What does tending involve?:

All respondents identified the primary carer as the one person who took the most care of them and in all cases that person provides what Lewis and Meredith (1988) identify as "full time care" in the sense that "the balance of the carer's time and sense of responsibility was turned firmly into the caring task" (p. 12). In other words, the primary carer and the person being cared for have an intimate relationship of dependency. The carer's life revolves around the person they are caring for.

When asked what care they provided the primary carer identified those 'tending' tasks also listed by Parker (1981). These included: meals, laundry, making beds, help with dressing, cutting up food, feeding, showering, washing, and medication. In other words, just about everything. As has been discussed in the previous chapter, caring 'for' and caring 'about', involve different levels of emotional and physical involvement. Clearly, in the case of these four dyads, the primary carer was providing 'constant care and attention' and virtually, 24-hour nursing care. Both Mrs. Rivers and Mrs. Paull were not well themselves and thus were bearing additional stress. Mr. Kent's responsibilities also included ensuring the personal care, safety and security of Mrs. Kent. An example of the nature of caring for someone is given by Mr. Kent who, during a conversation with the Community Options co-ordinator one afternoon around 2.00 pm., casually mentioned that he had "just completed changing his wife's sixth incontinence napkin for the day".

#### 8.4.2 How do you feel about caring?:

Asked how they felt about providing this care the carers' responses were varied and insightful:

- Mrs. Austin:* Sometimes it's hard. I come home from visiting my husband to help my mother and I get tired but it's a privilege to look after Mum. I am an only child.
- Mr. Kent:* I don't mind at all - people don't understand the term a 'labour of love'.
- Mrs. Paull:* I feel it is my duty. Sometimes I get fed up and wish I could leave but I can't. It's my duty. I'm his wife.

*Mrs. Rivers: I'm still very independent. I get uptight. I could do with more consideration from the family - but there is 'duty' and compassion beyond duty.*

As Lewis and Meredith (1988) found in their survey of 49 caring relationships, the feelings of the primary carer about caring can be "profoundly ambivalent" and consequentially, the primary carer's own needs are "corresponding complex" (p. 2). While Mrs. Austin responded positively, nevertheless she had given up a professional career as a teacher five years earlier in order to look after her mother and her husband who has Alzheimer's Disease. Her life now revolves around daily visits to her husband in a nearby nursing home and caring for her mother. Mr. Kent, who also responded positively, confessed to missing full-time employment and wistfully yearned for a part-time job. As a professional (teacher) he had to take early retirement (at age 58), in order to care for his wife.

Mrs. Paull suffers from epilepsy and experiences bad falls. However she still struggles with all the caring tasks and rejects outside assistance. Her response to caring was not positive, she felt her strength and energy slipping away and found the constant 'daily grind' arduous. While she spoke of leaving, she knew she would not. Her 'duty' and loyalty were stronger than her desire to leave.

Mrs. Rivers, who was herself in poor health with Addison's Disease, was determinedly maintaining her own sense of independence and yearned "to live again", however her duty to her husband was the over-riding consideration.

#### 8.4.3 The health of the primary carer:

The health of the primary carers, particularly in the cases of the married couples, where both are elderly, is often at risk, to the point where either partner could be the formal services client (Oliver 1983, Russell, 1987).

In this case study, two of the four primary carers were at immediate risk. Mrs. Rivers suffered from Addison's Disease and an underactive thyroid; Mrs. Paull often had bad falls because of her epilepsy and was quite frail. Both Mr. Kent and Mrs. Austin cited their health as "good".

These findings of primary carers at risk are confirmed by a 1986 survey in Perth by Boldy and Dench of 38 carers in Western Australia, over half of whom were over the age of 60 years and 29% of these were 75 years and over. Half of these carers rated their own health as "only fair or poor" (1986, p. 19). In the Kinnear and Graycar (1984) survey, the carer's identified a decline in emotional and physical health in the years of caring. The Australian Council of the Ageing (A.C.O.T.A) 1981 survey showed that loss of privacy, constant stress, anxiety and sleepless nights, and problems with nursing were factors that attributed to poor health in carers. In addition, those caring for spouses were additionally worried about their own health, and the impact of this on their ability to care (Calder, 1986). These stresses were also confirmed by a U.S. study conducted by Cantor (1983) who identified spouses as having the greatest stress, and wives as experiencing the greatest stress of all, a fact confirmed by Pruchno and Resch, (1989).

#### 8.4.4 Primary carers as guardians:

The small sample studied here underlines just why there should be such sense of stress and anxiety experienced by the primary carer. In all four cases they are, after all, all that is standing between their loved one and the institution. Mr. Kent articulated what he felt would be his wife's response to the following question:

Question:                   How do you feel about your  
                                  relationship with your primary  
                                  carer?

Mrs. Kent :                *Without him I would be lost. I  
                                  would not want to go to a  
                                  hospital or a nursing home.*



There is a sense where all those being cared for in this sample are living the precarious existence of one totally dependent on another. There is a very thin line indeed between independent living in the community in one's own home and living dependent on others in an institutional setting. The guardian of that thin line is the primary carer. If anything was to happen to Mrs. Austin and Mr. Kent, it would be likely that Mrs. Finn and Mrs. Kent would be institutionalised immediately. In the cases of Mr. and Mrs. Paull and Mr. and Mrs. Rivers, there is some evidence to show that their families would step in, but if not, they too would be institutionalised. The notion of a 'caring community' and a 'network of care' can therefore be seen in these examples as the myth it is. As Rossiter (1986) puts it "community care [means] care by one person, often unaided and unrelieved" (p. 4). The 'community' and its role in relation to these households will be discussed further in this chapter, however the point must be re-stressed here that for all four primary carers theirs is the total responsibility for care and their loved ones would be in grave jeopardy if, for health reasons, that care was removed.

Another way of observing these relationships is to identify the essentially fiercely independent nature of people - particularly the elderly. As Kendig puts it (1985), the 'myth' of dependency of the aged needs to be seen in context. Yes, they may be dependent, but it is on their spouse, or on their primary carer, not on the state.

It can be seen from this sample, and from general Australian statistics that most elderly people would prefer to remain in their own homes. However formal care services need to recognise the fundamentally precarious nature of this desire, conditional as it is on the continuing good health of the primary carer. The physical health of the primary carer is paramount, nevertheless, formal care services also need to maintain a perspective of the emotional burden of care (Graham, 1983). The primary carer, such as Mrs. Rivers, who is 'screaming' out for a break, yet patently rejecting all offers of help, should not be abandoned as 'difficult'; but rather sensitive efforts should be made to elicit

needs that can be met, and by building up a trusting relationship, the service agency can act as a support to such a carer.

### 8.5 The 'community'.

#### 8.5.1 Neighbours/Friends:

As has been discussed in detail in Chapters 6 and 7, the notion of the 'community' idealises a 'network' of friends and neighbours that provide support to those people living at home. This case study tended to expose the idealism as mythology and found that for the Rivers, Kents, Pauls and Mrs. Finn, all of whom have lived in their area for many years, friends/neighbours have moved away or died leaving them without the supports assumed by social policy makers.

Three of the dyads have lived in their neighbourhood in the City of Belmont for well over 35 years, the other for over 16 years, yet all reported a lack of contact with neighbours. Mr. and Mrs. Paul had some limited interaction with their neighbours, while Mr. Rivers could only identify one person from their neighbourhood, Bill, who visited "just once a year." Mr. Kent responded that: "They [the neighbours] don't want to get involved" alluding to a rejection by people other than relatives which is supported through findings of other surveys and in the literature generally. This becomes more painfully true as the caring becomes more intensive and the needs of the person being cared for grow. Mr. and Mrs. Kent tend to see their neighbours as "superficial friends" only, and while they know their names, never exchange visits. In the recent survey of carers caring for relatives with Alzheimer's Disease, by O'Connor and Kingsley (1990), none of the male caregivers received help from friends, and only 10% of the female caregivers did so.

While the dyads have continued to live in their area for many years, their friends have moved away or, as Mr. Rivers put it: "Most of my friends are dead." The contact that Mr. Rivers had had through his CB radio hobby, was also lost, and he mourned friends from his "hometown"

whom he missed a lot but never saw, as bad health prevented him from travelling. Mrs. Finn identified two friends, one of whom visited her, and the other she visited accompanied by her daughter. There were no neighbours who visited. According to the Co-ordinator of the Community Options Program, this was by no means unusual for her client group. She says:

While people may seem to have a lot of friends it only takes a couple of events, such as the death of the partner or a disability, and suddenly they don't have the friends who can supply the support any longer. ... Friends are few and far between for frail aged people and it only takes a couple of events to leave them friendless (Bullis, 1990, p. 31).

As Kendig (1985) and others identify, there is a 'myth' of neighbourhood, discussed in detail in Chapter 6 of this thesis, which posits it as a caring, warm and friendly place. Bulmer argues that the "ideal neighbour is neither too interfering, too sociable or too intimate" (1987, p. 92). Nevertheless, in this small sample, the neighbours are not 'ideal', either in Bulmer's sense or in the sense in which the social policy propaganda as espoused by formal service systems would have us believe. The overwhelming sense one has for these households is that of isolation and intense loneliness within the neighbourhood they have lived in for decades. There is a sense of inward-looking into the relationship and to a few second generational family members for emotional nourishment. It can be seen that the so-called nurturing and caring community is sadly lacking in the case of these four households. The evidence amplifies that gathered in larger surveys and supports the hierarchy of care model as detailed in the previous chapter.

In response to the question "Who is your most regular visitor" three of the four dyads reported a family member, the fourth, that of the Kents, related that paid service workers were their most regular visitors. This tends to further underline the need for the formal care system and social policy makers to view the primary carer as the single most important person in the life of the person being cared for, and points to the fact,

as stated by the literature, that the primary carers provides care alone, without the support of neighbours or friends.

#### 8.5.2 Telephone Contact:

The 1981 Australian Council on the Ageing (A.C.O.T.A) Survey found that over 95.1% of respondents used the telephone for contact with others, particularly, family and friends. 67.4% of the respondents used the telephone weekly; of these 74.3% were women and 56.5% were men (Calder, 1986). The A.C.O.T.A Survey did not differentiate between those calls from aged households or those calls to aged households. Nevertheless, as a way of further exploring the 'community care' ideal a question regarding telephone contact was included in the case study.

The results showed that in these four households there was little or no use of the telephone to maintain contact. Mrs. Finn used the telephone to call one friend, who was sick, but the other households used the telephone little, if at all. The relative isolation of three of the four couples seems even more startling when correlated against the ACOTA findings. The only plausible answer comes from the earlier observation that because of the lack of neighbours and friends, one could well ask, whom would they call?

#### 8.5.3 Activities outside the home:

In the case of these four households, outings appear limited to those of an essential nature only, for example, shopping, the hospital, the day care centre or the doctor. While Mrs. Finn visits a friend accompanied by her daughter, and Mr. Kent takes his wife on outings which she "enjoys"; Mr. Paull actively resists going out as he is "too embarrassed" getting in and out of cars, and as a result, he is "not interested any more" in outings. Mr. Rivers stated that bad health prevented outings and this in turn limited the activities of his still essentially independent wife.

Transport is cited by many surveys (Kendig, 1986; Kinnear and Graycar, 1984) as being a major source of assistance provided by the primary

carer. In the case of Mrs. Paull, however, her age, epilepsy and frailty preclude her from being her husband's driver. In this case, the formal support service was able to provide taxi vouchers to assist them to the hospital or the doctor, without needing to rely on voluntary services. Taxi vouchers are also made available for social outings. In the example of these four households, it can be seen that outings take the form of formal appointments, rather than pleasurable, social occasions.

## 8.6 Implications of preliminary findings for the formal service system.

### 8.6.1 Use of formal services:

As outlined above, the Community Options program has been in place at the City of Belmont since July 1989, in this context it is interesting to see the comparative lack of contact with formal care services experienced by three of the four households, (the exception being Mr. Kent), until such time as Community Options came into their lives. Mrs. Finn and Mrs. Austin tried, and then rejected the Meals on Wheels service but did use the Day Centre once a week. Mr. and Mrs. Paull had visits from a nurse from the Silver Chain organisation, but only to change dressings, not to shower Mr. Paull. Mr. Kent had used Silver Chain home nursing two times a week, home help one a week, the Day Centre once a week and Meals on Wheels five times a week. Mrs. Rivers, who had been providing care for 15 years, did not have any formal support until contacted by the Community Options co-ordinator a few months previously. A brief summary of the current use of formal care services by all four households follows. The Co-ordinator visits usually lasted an hour.

Figure 2. Use of formal care services by four households:

Name	Service	Agency	Period	Time
Mrs A./	Day Care	City of Belmont	12 mths.	2 x wk.
Mrs. F.	Home Mtce.	Commun. Options	6 mths.	
	Private Meals	Commun. Options	1 mth.	
	Meals on Wheels			
	Ongoing Visits	Commun. Options		1 x mth.
	Home Help	Commun. Options		2 hrs. x wk.
Mr. &	Home Help	Community Options	10 mths.	2 hrs.x wk.
Mrs.K.	Home Nursing	Silver Chain		20mins.x.wk.
	Meals on Wheels			
	Day Care	City of Belmont.		
	Podiatry			
	Ongoing Visits	Community Options		1 x 2 wks.
Mr. &	Home M/tenance	Commun. Options.	5 mths.	
Mrs. P.	Transport	Commun. Options.		
	Home Nursing	Silver Chain		20mins.x.wk.
	Podiatry			
	Ongoing Visits	Community Options		1 x mth.
Mr. &	Private Meals	Commun. Options	9 mths.	
Mrs. R.	Gardening	Commun. Options		as requested
	Ongoing Visits	Commun. Options		1 x mth.

Two points stand out from this summary. Firstly, that the use of formal care services is not high given the acute levels of needs of those being cared for (such as frailty, Alzheimer's Disease and so on) and secondly, that ongoing formal care supports are mostly provided through the visits conducted by the Community Options co-ordinator. In other words, while the personal care needs of all four people being cared for are very high, *their carers are providing for most of these needs.* However, while the nursing, podiatry and gardening/home maintenance services that are provided to the households are few, yet they appear to be crucial in enabling the carer to maintain the high level care provided and maintain the role of guardian as discussed above.

When asked if there was anything they needed by the way of formal care that they were not receiving, Mrs. Austin, Mrs. Rivers and Mrs. Paull said "nothing", while Mr. Kent asked for a number of additional services, including a beauty parlor/massage for his wife and "some-one to talk to" for himself. This may well indicate that the women had a limited knowledge of available services, or that they were reluctant to further the relationship with the formal service sector as discussed above in Section 8.6.1 (b).

Mrs. Austin is the only carer who takes advantage of the City of Belmont's Carers Group. This group meets twice a month to provide information and support to carers. Croft (1986) argues that such support groups, while useful for some, actually create further pressure for carers, particularly if they are not combined with some form of respite care for the person being cared for. Braithwaite (1990) found that the use of such support groups were limited and indeed, the City of Belmont group has not been able to increase its numbers, despite the increase in the number of clients in the Community Options Program.

#### 8.5.2 Rejection of formal services:

Given that Community Options is available to all four households and willing to provide much more in the way of formal care and support, why is it that there is a strong sense of rejection of, or at the very least, a reluctance, to use formal care? I have discussed some of the psychological factors elsewhere, but there are some practical reasons to which the carers themselves alluded in the questionnaire.

##### (a) *A lack of consistency in formal carers:*

Mr. Kent cited this as being a major criticism of the formal care system. It is not uncommon for a different care aide or nurse to visit a household each time. In other words, there is little or no ongoing rapport established between either carer and nurse or the person being cared for and the nurse or care aide. In particular, the current system of home care supports assessment visits by all service providers. Thus,

the service user can be asked the same assessment questions by as many as four or five different agencies and then the services provided are often done so by different care aides or nurses (Bullis, 1990, p. 34). Since this case study was conducted (July 1990) there has been a changeover in the co-ordinator position at the Community Options Program itself, which would add further weight to this argument. Braithwaite (1990) also comments on this lack of consistency as a finding in her survey of the A.C.T. in 1986. In the case of Mr. and Mrs. Kent, for example, the service providers were their only regular contact and thus the issue is more pertinent. If the formal care provider is the only other human being the person being cared has contact with on a regular basis apart from the spouse, or primary carer, the need to establish a relationship with that formal care person becomes paramount.

(b) *Attitudes of formal carers:*

While it is appreciated that the Silver Chain Nursing Association undertakes an essentially efficient service over the whole of Western Australia, nevertheless there is a feeling among some human service workers and carers that the service has become so structured, organised and bureaucratised that it has lost its flexibility in service delivery or what can be termed the 'human touch'. Forbes (1988) provides a more detailed discussion in her *Report on Community Consultations, Silver Chain Home Help Service*. Mr. and Mrs. Paull had used a Silver Chain nurse over three years ago, but rejected the service because of the lack of interest shown by the nurses. Only "one nurse took notice of our welfare as a whole" said Mrs. Paull. Braithwaite (1990) suggests that this 'holistic' approach is not encouraged by the service agency, but rather left to isolated individuals acting alone, mainly because of the stress and pressure on the nurses' time. It can be argued that the increasingly 'scientific' nature of human service care is alienating the very people it sets out to help (Rose, 1986, Ferguson, 1984).



(c) *Flexibility of Services:*

One of the distinct advantages of a program such as Community Options is its inherent flexibility - largely because it has its own budget. A large impersonalised service such as, for example, Meals on Wheels, is unable to be individually flexible, as in the case of Mrs. Finn, whose request for a diet more to her liking, which met her standards of quality and quantity, was not able to be met. Community Options, on the other hand, were able to provide her with a private meals service. The flexibility comes not only with the use of a budget with few 'strings' attached to it, but also within the relationship established between the carers, person being cared for and the one formal care person. The consistency with which the Community Options co-ordinator has been able to visit and to maintain a close relationship enables such flexibility. For Meals on Wheels, Mrs. Finn was 'just another client' and a 'difficult' one at that.

It has come to the author's attention that since this case study was undertaken however, the co-ordinator has left the Program and two additional staff have been employed. In addition, it appears that a result of the recent joint Evaluation of the Program on behalf of the Commonwealth and State governments, may be the adoption of a less flexible, more structured approach, with more reporting and less freedom and flexibility.

(d) *The role of the primary carer:*

There is a need for the formal service system to recognise the primary carer for what they are - the sole carer. There is a need to cut through the rhetoric of 'community' and 'family' and to be veracious about what really happens in caring households. Caring is an essentially one to one experience and the formal care system should not ignore the role of the significant other in this relationship. The formal care system needs to work alongside the primary carer in the way that is being attempted by Community Options despite its inherent rigidity and potential for future inflexibility. The formal and informal care provided must be complimentary, not in conflict. As Kendig puts it

If services are to build on and integrate with existing informal supports, the relationship will nearly always be with a very close relative and seldom with members of the broader community. (Kendig, 1985b, p. 10).

### 8.6 Conclusions.

The findings of this case study tend to support several key issues identified by empirical evidence gathered in major surveys in Australia and the United States. These can be summarised as follows: firstly, the ages of those being cared for and those caring for them show that increasingly, elderly people are being cared for by other elderly people. Secondly, spouse care and daughter care predominate and while there is some incidence of husbands caring, the majority of people providing care are women. Thirdly, the informal care system takes much more responsibility for care than the formal care system and that care is provided by essentially by one other individual, usually the spouse or the daughter. The physical and emotional health of the primary carer is paramount and the continued independent living of the care receiver is largely dependent on this factor. Finally, caring itself is hard work, both emotionally and physically and this fact should be more recognised, particularly when the carers are elderly themselves.

## IX H.A.C.C. AND ITS ASSUMPTIONS: ANALYSIS AND IMPLICATIONS.

### 9.1 Introduction.

The disparate threads of the arguments outlined in previous chapters will be drawn together by focusing on those identified assumptions which are intrinsic to the H.A.C.C. Program. An assumption is, in this context is something that is "taken as being true" (Collins, 1968) and this chapter will firstly, identify these assumptions and secondly, provide an 'evolutionary' background and/or history to each one. The implications of these assumptions generally on Australian social policy development and implementation, with specific reference to the Home and Community Care Program itself, will be discussed. Appendices have been used in order to condense the information in this chapter.

### 9.2 The assumptions.

As a result of the present research, six broad assumptions have been identified which are inherent to the Home and Community Care Program and these assumptions together with the values and ideologies that shape them, form the framework in which H.A.C.C. as a social policy is delivered. These six assumptions, while unstated and often invisible, are nevertheless crucial to an appreciation of the impact of H.A.C.C. as a social policy on women in Australia and its inherent gender bias made visible. The assumptions are:

(1) That H.A.C.C. as a policy is premised upon an unsubstantiated concept of the 'community' and consequentially 'community care';

(2) That the traditional 'family' and familial values are a precondition to H.A.C.C. service delivery;

(3) That within this familial ideology, it is assumed that 'family members' will undertake 'traditional' roles;

(4) That service delivery can be best undertaken by extending a 'traditional' domestic role of women, thus utilising them as an unpaid, or poorly paid, labour force;

(5) That the informal service system, while recognised, is nevertheless deemed to be of no real economic importance, and is viewed as simply 'complementary' to the formal service system;

(6) That the demographic realities now confronting Australian society can be surmounted by maintaining this essentially traditional attitude to social policy.

This chapter will examine each assumption in turn, utilising both primary and secondary sources. The chapter will conclude with an analysis of the implications of these assumptions.

### 9.3 Background, history and 'evolution' of the assumptions:

*Assumption 1: That H.A.C.C. as a policy premised upon is an unsubstantiated concept of the 'community' and consequentially 'community care'.*

The very name, Home and Community Care Program, provides a starting point in the discussion about this first assumption. While the *Home and Community Care Act 1985* provides a definition of a 'community organisation', there is no definition of either 'home' or 'community' or 'community care' or indeed 'care' itself.

In the last ten years, 'community care' has become the preferred model of service delivery for the aged in Australia (Healy, 1990) and as such, is seen as the 'desirable' approach in contrast with that of institutional care, which tends to be posited as 'undesirable'. This is a relatively recent phenomenon, however, as the long history of aged care in this country was one of infrastructure provision (ie: bricks and mortar) in

the building and staffing of institutions such as nursing homes, hostels and hospitals (Kewley 1980) and thus the involvement of the Commonwealth in 'home care' or 'community care' was slow in developing (Keens et. al. 1983). For more details regarding the increasing pressure for community care programs in the decade prior to the introduction of H.A.C.C. Program, see Appendix 3A.

The Federal Government's response to economic and social pressure for change was to commission a report. The result, the *McLeay Report*, was published in 1982 and was by far the most influential of the many Government commissioned reports issued in the previous decade. It immediately came under criticism, and it is useful to recall some details of this debate, as H.A.C.C. had its genesis in the *McLeay Report* and thus the assumptions of that Report became in turn the assumptions of H.A.C.C. The Report agreed firstly that 'community care' had its roots in the outdoor relief/charity approach of the late 19th and early 20th centuries, and in this way avoided discussion on the issue of the responsibility of such care. Secondly, while the Report recognised a role for the informal care sector, and that women were the majority of carers, nevertheless, it neglected to identify the key role of informal care and that women shouldered the major burden of that care. Thirdly, the *McLeay Report* argued that a shift in expenditure from institutional care to community care was urgently required, although it failed to identify how best to undertake this. Finally, its focus was an economic one rather than sociological and as such, failed to provide a much needed foundation for the social policies that emanated from it. (A more detailed analysis of the assumptions in the *McLeay Report* appears at Appendix 3B).

The *Home and Community Care Program* (H.A.C.C.), announced in August 1984, was the subsequent community care policy developed as a result of the *McLeay Report*. The H.A.C.C. Program did not confront the issues circumvented by the *McLeay Report* but rather accepted them as unsubstantiated assumptions. As history now shows, the crucial matter of the transition of funds from institutional to community care has not yet occurred (*Auditor-General's Report*, 1988, Healy, 1990). The expenditure allocated to the Home and Community Care Program in its first full year

of operation (1986) was only \$100.9 m. compared with the expenditure for hospitals, nursing homes and hostels, which accounted for a total of \$3570.9 m. of the total Department of Community Services and Health Aged Care budget of \$7945.2 m.. This ratio is maintained in the projected outlays until the year 2021, when it is estimated that H.A.C.C. will account for \$193.2 m. and residential care for \$6261.9 m. within a total budget of \$12897.1 m. (Coleman, 1988). (A table identifying this difference can be found at Appendix 3C.). This projection shows that while there is an increase in monies allocated to community care, nevertheless the bulk of expenditure remains with the institutions. The future is thus in danger of being seen as more of the same, with the assumption being that community care will largely remain in the hands of those individuals who are providing such care now. Kinnear and Graycar point out that "... the prevailing ideology of welfare is one of more responsibility for support to be assumed by the informal and voluntary sectors of care" (1983, p. 81), and in this way, it can be seen that because H.A.C.C. has failed to achieve the transfer of funds, the Program instead depends largely on the voluntary and unpaid labour of carers.

The *Home Care Strategic Plan* proposed by the Department of Community Services and Health in 1988 argued that a "supportive community culture" needs to be encouraged as part of the objectives for the future (1988, p. 2). I would argue that this again makes similar assumptions about the concept of 'community' and the Program should rather acquire more detailed information about the informal sector before it can properly plan such an objective. In the meantime, the amount of formal services available will still continue to be spread thinly across the community and the emphasis will remain with institutional care and any transfer of funds from institutional to community care remains largely rhetoric, as can be seen in the example of Western Australia where the estimated state expenditure in residential care is estimated at \$143 m., almost equivalent to the total national expenditure on H.A.C.C. for the same year (see Appendix 3C).

It can be seen that while 'community care' itself continues to remain undefined and the Program perseveres in relying so heavily on the work on

unpaid carers, and while the majority of expenditure continues to support institutional care, the Home and Community Care Program will remain trapped and unable to move towards a more comprehensive and realistic home care program.

*Assumption 2: That the traditional 'family' and familial values are a precondition to H.A.C.C. service delivery.*

As discussed in Chapter 6 *community = family = women*. It is this fact that the Welfare State chooses to ignore and by ignoring it, condones its abuse. Economic rationalisation and increased state interest in "family policies" has served to promote an ideology of traditional values for families and women. As Cass puts it:

the assumption ... underlying policies governing family life and underlying political descriptions about the role of the family in 'troubled times' are: that the sexual division of labour in the family is natural and must be supported (Cass, 1982, p. 20).

The increasingly populist conception of 'the family' is one that is embedded in Australian culture, is embraced by all political parties (Chapter 6), and has its apotheosis in the H.A.C.C. Program. H.A.C.C. purports to provide services to families, in their homes, in the community. As the "family was legitimated as the basic institution for the social organisation of care" , in the post-war years, so now the family is "acting as a hidden welfare service" (Kinnear and Graycar, 1984, p. 79). The Government admits that "HACC was not designed to provide full-time care and attention" (Coleman, 1987, p. 8) and for the reasons discussed in previous chapters, the onus of care continues to remain with families, and the responsibility of care on the women of those families. For example in the case study outlined in Chapter 8, while the average length of care was 4 years (one was as long as 15 years), the average length of formal service assistance was only 9 months, and one carer, Mrs. Rivers, had been caring for her husband for

15 years, intensely for the last 3 years, and had received no assistance from the formal service system.

It appears that the reality for the majority of families caring in Australia today, is that they receive little or no assistance from the Government to provide such care. This was confirmed by Kendig et al. who found that only 7% of survey respondents used home help, Meals on Wheels or home nursing services which reflected "their severely limited availability" (1983, p. 145).

In addition, it should be pointed out that H.A.C.C. tends towards a model of 'intergenerational living' - that is, a supposition that when the family cares for its elderly generation, it is doing so within the younger generation's home. This is based on the same idealism that argues for a 'return to the community'. In fact, as Sax has argued "... there is very little evidence that extended three generational households were ever common in Australia. Nor was there ever an 'intergenerational utopia' in Europe or the U.S. as suggested in romantic portrayals of the past" (1985, p. 8). In 1981 for example, fewer than 5% of elderly people lived in their children's homes (Kendig and McCallum, 1988, p. 23). A new Australian Bureau of Statistics publication (1990b) is expected to be available soon which will enable a more detailed analysis of this issue and provide empirical data which will clearly identify who is doing the caring and where.

In respect of aged care, for those aged people without families, the 'choice' offered by the State was, and still is, institutionalisation (or its euphemism, long term residential care). The assumption inherent within H.A.C.C., that care will be provided through the family, tends to ignore the large proportion of aged people who have no family (30% of those over the age of 60 in 1981 lived alone Kendig and McCallum, 1988, p. 24) or who are widowed. Spouses provide the front line defence against institutionalisation. The assumption that there will be a family and a carer for all elderly people does not hold up and there is an urgent need to re-assess home care for those elderly women without spouses or without families. This gap in the social policy appears to be becoming more



recognised as a funding priority for 1988/89 within the H.A.C.C. Program was for persons living alone (*Department of Community Services and Health, 1988c*).

The point being made here is that 'family' should not be considered as a stereotype; instead there should be a greater recognition of diversity in individual situations. Traditional family values and familial ideology are embedded into the fabric of Australian social policy, not only in the Home and Community Care Program, but also in the Social Security system and the Taxation system. As Cass reminds us, the post-war Australian welfare state was established with an ideology of the "constitution of the 'family' as the most appropriate targets for welfare policies" (Cass, 1982, p. 14) and H.A.C.C. perpetuates such an ideology, one which impacts directly on the role of women in society, and particularly, women as carers.

*Assumption 3: That within this familial ideology, it is assumed that 'family members' will undertake 'traditional' roles;*

The corresponding growth of the Welfare State and its notion of the 'family' as its focus and the congruent changing role of women come together in the example of H.A.C.C. H.A.C.C. social policies are determined for 'the family' and for 'the community', yet, as has been argued, both these places are euphemisms for 'women' and in the context of H.A.C.C. the use (over-use) of the word 'carer', also tends to hide the truth (see also Appendix 3D).

The *McLeay Report*, recognised the role of women in providing care, but argued that while "[c]hanging female participation in the workforce is commonly seen to have an effect on the availability of carers" such "[g]eneralised comparisons [were] not particularly informative for policy development" (1982, 3.23, p. 27). The *Report* concluded that statistically there would be enough women to care, and that the issue was therefore rather "whether assistance is to be seen as a reward for those who

already provide care or whether it is intended as an incentive to others to take on such responsibilities" (1982, 3.23, p. 27). As D'Abbs (1984) argues, while the *Report* indeed recognised who was providing the care in the community, nevertheless it assumed that this was a satisfactory situation. D'Abbs calls this an "ellipsis" (1984, p. 512) as it patently ignores all the issues of equity, financial constraints and women's needs.

Unlike the *McLeay Report*, the *Home and Community Care Act* (1985) does not identify women as the majority of carers. The first of H.A.C.C.'s stated principles and goals is *inter alia*:

to promote ... services, both directly and through their carers, to persons within the target population and thereby to assist them to enhance their independence in the community and avoid their premature or inappropriate admission to long term residential care (*Home and Community Care Act 1985*, III, 5 (1) (a) p. 5.)

It is clear from this statement that the role of the carer - that is, the role of women, is crucial to the delivery of services, however the fact that women provide the major proportion of that care is not identified and the implications of this fact are therefore ignored. While the introduction of an integrated community care social policy was heralded by Senator Grimes as

a new approach to the planning of community services in Australia, an approach which will hold out the possibility of achieving a more caring and equitable society (*Hansard*, 1986, p. 2126)

the fact that the "more caring and equitable" society envisaged by the lawmakers was one that actually ignored the needs of one section of the community, by camouflaging women as individuals with the cloak of familial ideology, was not recognised.

*Assumption 4: That service delivery can be best undertaken by extending a 'traditional' domestic role of women, thus utilising them as an unpaid, or poorly paid, labour force;*

H.A.C.C. provides an outstanding example of a social policy that capitalises on the poorly paid and unpaid labour of women so as to keep down the cost of care to the Welfare State (see also Appendix 3E). One of the more obvious myths is that because caring is 'natural' to women, it therefore is not work, and because it is not work, it does not have to be paid for, or is paid for only in a token way, at minimal rates (see Chapter 7). This creates an "invisible 'welfare system'" (Case 1982, p. 23) which includes the women (spouses and daughters) caring at home and the women volunteers caring on behalf of H.A.C.C.-type funded agencies.

H.A.C.C. details nineteen (19) categories in the type of assistance offered by the Program and twelve (12) of these are considered as "home-based" including: Personal Care; Housekeeping; Linen Provision; Laundry and Household support; Social support services; Food services; Home nursing; Home paramedical; Respite Care (Department of Community Services and Health, 1988). Ten (10) of these 'home-based' services are work traditionally done by women. It is no surprise therefore, to find that the majority of people working within H.A.C.C.-funded agencies (either as paid or unpaid) are women (Stehlik, D. and Underwood, R. 1988). Many paid staff come to H.A.C.C. from other 'female-centred' careers (for example, nursing, social work, occupational therapy, counselling and so on), and often commence there as a volunteer. In some cases, such women volunteers acted as a catalyst to get the program going in the first place and later as funding becomes available, accept the paid role that they had previously undertaken for nothing (Stehlik and Underwood, 1988). Interestingly, this transition from voluntary to paid work has often resulted in the women co-ordinators being taken more seriously by the formal service system. As Baldock (1990) found, volunteer work is often trivialised because "assumptions [are made] that 'middle-class' women undertake volunteer work because they 'do not need to work'". This in turn obscures the fact that "actually important work is performed" (1990,

p. 16). The field of human services, and the Welfare State as a whole, rely on the labour of these women and H.A.C.C. would not be able to function at all without them. H.A.C.C. is indeed a women's industry and "[w]omen's paid caring work is devalued, as caring labour is seen to be their 'natural preserve'" (Baldock, 1990, p. 16).

As a social policy, H.A.C.C. assumes that an organisation of care exists for each individual user, which the co-ordinator is supposed to determine in order to assist and support the user. Such an organisation is assumed to include family, friends, neighbours and voluntary agencies in the community. The reality (as established in Chapters 6, 7 and 8) is that often aged people have no such network. The co-ordination of volunteers necessary to provide the range of services is therefore a complex and demanding task. In her recent study of 482 volunteers in Western Australia, Cora Baldock found that most were:

older women who had not received formal education beyond the age of 14 or 15; and, when in paid work, had been in low paid and low skill women's work ... (1990, p. 15).

Attitudes towards volunteers by the paid staff were found to be "... similar to that displayed by paid workers in the primary sector of the paid labour market to their subordinates" (1990, p. 15) - in other words, while they were considered by the women co-ordinators as equal to paid workers, Baldock found that

Attributes of their volunteer work - menial, fragmented, with limited continuity - were imputed to the volunteers who held the job: unskilled, unreliable (1990, p. 15).

It can be seen from this that H.A.C.C. relies on the work provided by poorly paid women, volunteer women and women as unpaid carers in the home. On the one hand, it recognises its need for such an 'invisible' welfare system (hence the recognition of carers within the *Home and Community Care Act, 1985*), on the other hand, its continuing denial of the value of such work is creating stresses on women both in the invisible (informal) and the visible (formal) welfare systems.

*Assumption 5: That the informal service system, while recognised, is nevertheless deemed to be of no real economic importance, and is viewed as simply 'complementary' to the formal service system;*

The informal service system, which is said to include families, friends, neighbours and volunteers, is seen as complementary to the formal service system, that is, the government, non-government and private sectors (Chapter 5). This assumption, which is essential to the H.A.C.C. program, firstly disregards to a large degree the reality of how people live their lives (Chapter 6), and secondly repudiates the informal sector as essential to the economic fabric of Australia.

The informal sector or informal economy is crucial to the successful delivery of H.A.C.C. services. However, while the informal economy has always been women's domain, it has never been included in what Matthews terms the "masculine economy" (1984, p. 48). Matthews traces this development of the 'masculine economy' from the 1891 Australian Census, where "breadwinners and dependents" were first delineated, and as a result women's work was categorised into that of "wives without gainful occupation" (1984, p. 58). For the last one hundred years, Australia has had an active and important informal economy, which however, is overtly ignored because it is not recognised as part of the 'malestream' economy, that is, the economy of the public market place. The savings that the informal economy makes in the national welfare budget have never been calculated. Nevertheless, when one considers that 93% of aged people live independently, with the support of their families or spouses, as well as the fact that the current annual cost of care of a person in a nursing home is estimated at around \$25,000 per annum, these combined figures enables one to get some sense of the savings incurred by the State.

As has been established in Chapter 7, the cost to carers is that of emotional, physical, psychological stresses, as well as the more obvious

financial burdens (Kinnear and Graycar, 1983). As Graycar and Harrison argue:

All forms of care involve a cost, and at present the cost is being borne by women as carers, volunteers and low-paid workers, and what community care policy there has been has accepted the situation (1984, p. 8).

Graycar and Harrison were writing prior to the announcement of H.A.C.C. (1984) and at that time they had already concluded that care by women had "reached its limit" (1984, p. 4). Nevertheless, despite its rhetoric, H.A.C.C. has not alleviated the stresses and burdens of caring shouldered by so many people in Australia, calculated in 1986 as being over 200,000 (Rossiter, 1986). In any estimate of H.A.C.C. budget or expenditure, the cost is calculated in terms of the formal service sector, while the cost to volunteers, spouses and daughters is not calculated; thus the true cost of care is never measured.

Watson and Mears (1990) found that stress levels were very high among their 50 respondent carers. The lack of choice regarding the decision to care was often the first in a series of stresses that would increase with the length of time undertaken in caring (Chapter 8). In addition, Watson and Mears found that their respondents largely relied on themselves to provide care, the use of the formal service system often added to the stress levels, as it was neither "comprehensive or thorough" and left many of them "baffled and confused" (1990, p. 124).

However, as this assumption attempts to show, there is *some* recognition of the invisible welfare system (or the informal sector) and at this point, mention should be made of assistance made by the Federal Government towards the cost of informal caring. There are two major kinds of assistance, firstly, the *Domiciliary Nursing Care Benefit* administered by the Department of Community Services and Health, under the auspices of the H.A.C.C. Program, and secondly, the *Carer's Pension* administered by the Department of Social Security (a detailed analysis of these benefits can be found at Appendix 3F). To summarise, these two 'benefits' are

ostensibly designed to enable frail aged and disabled people to stay at home and to provide some 'recognition of the burden of care', but they do not recognise that caring is work and therefore credit the carer with an income that is commensurate with that work. In addition, it should be pointed out that the eligibility criteria for both benefits are very stringent and in fact a great many carers find themselves not eligible.

D'Abbs (1984) also mentions three other factors regarding the informal service system which bear repeating here. *Firstly*, informal networks tend to disadvantage the disadvantaged further; that is, if there is a spouse caring, the formal service sector seems to assume all is well, and that services are not needed, and this was borne out in the case studies of Mrs. Pauli and Mrs. Rivers who had been caring intensely for many years, alone and unaided. *Secondly*, the informal network is not something tangible "out there" which can be utilised at will. The informal service system does not have a fully structured framework in the same way as does the formal service system and any attempt to structure it that way is doomed to fail. *Finally*, the informal service system should not be used as an excuse to devolve more responsibility from the formal sector. As has been discussed 'community care' is very often regarded as a "cheap alternative" to institutionalisation (D'Abbs, 1984, p. 531).

It can be seen that despite some attempt to alleviate the stresses on the informal care system, the informal service system is crucial to the delivery of services under the H.A.C.C. Program. It can be seen also that while the onus of care which falls on the carer has been recognised, albeit in a very limited way, through the Domiciliary Nursing Care Benefit and the Carer's Pension and by recognition of the carer as a "service user" of H.A.C.C., nevertheless, the crucial role played by the informal service system is not fully acknowledged either by H.A.C.C. or by the formal human service system generally. In particular, the fact that as needs intensify, so the caring/tending tends to fall more and more to one person requires urgent recognition.

The assumption that the informal service system is not important economically and merely an adjunct to the formal service system is

clearly fallacious. The Australian social welfare system, including the Home and Community Care Program, requires urgent re-assessment of economic priorities in order that the care for the aged in the future does not continue to rely on the economic exploitation of the informal sector and the women in that sector.

*Assumption 6: That the demographic realities now confronting Australian society can be surmounted by maintaining this essentially traditional attitude to social policy.*

Throughout this thesis, mention has been made of the demographic realities confronting Australian society in respect of its ageing population. In Chapter 7, I discussed the impact of demographic changes on the ageing population as well as on the 'women in the middle'. Demographic discussion must include the changing nature of the role of women and families in Australian society, and how this in turn will impact on the question of aged care in the future.

*(a) Women Ageing:*

Women make up the greater proportion of the so-called "old-old", (within 9 years the proportion will be: "half of those aged 60 to 69 years, 56 per cent of those aged 70 to 79 years, and 68 per cent of those aged 80 or over" Kendig and McCallum, 1988, p. 11) and this has two immediate concerns for the Home and Community Care Program.

Firstly, that women as spouses tend to undertake the majority of care for their elderly husbands, but who in turn will care for them? The aged care literature, while touching on this subject, often then returns to discussing "the aged" as a homogeneous group and ignores the gender issue inherent in this demographic reality. What are the needs of these frail elderly women who have given their energies and their whole lives to the care of their children, and later their spouses? A more detailed analysis of the demographic data taken particularly from *Greying*



Australia. *Future Impacts of Population Ageing*, by Kendig and McCallum (1986) can be found at Appendix 3G.

Secondly, the issue of poverty among older women is becoming increasingly well documented and in particular, the issues of "low economic and social status prior to retirement" and the subsequent "imposition of depressed social status through retirement" as discussed by Walker (1987, p. 178). While there is increasing discussion about the need for women to take out superannuation, nevertheless the fact that most women work part-time, or in cycles of interrupted work, precludes them from the advantages of superannuation and thus their financial situation regarding retirement will remain precarious.

It can be seen therefore that the work undertaken by women in the home, caring for their families, and caring for the ailing spouses, places them in greater jeopardy, firstly, because it is unpaid and therefore they lose any opportunity to undertake paid employment and secondly, because having undertaken this unpaid labour on behalf of the State, they are then in need of care themselves, and to whom do they turn? The statistics show that women tend to make up the majority of those living in alone and those living in institutional care (Kendig, 1986).

Another point needs to be made here about the future for ageing women. Many Australian women will have had a longer experience of paid (either part-time or full-time) work than the current cohort of aged women. Thus the fact that older women will have had experience in dealing with the public world will have impact on the way in which those women will demand services (Kendig and McCallum, 1988).

Thus the issue of financial security and the concomitant issue of care in old age are imperative ones for elderly women. Two recent reports, *Women and the Challenge of Long Life* (1983) and *Enquiry Into the Needs of Older Women* (1989) (Appendix 3G) confirm this and also argue that older women are individuals and as such, require services that acknowledge that individuality, rather than the services based on a notion of homogeneity that presently exist. The issue of providing care and financial supports

for the growing number of frail aged women is one that will require sensitive and careful planning for the future.

*(b) Women Caring:*

Here, the demographic realities are also well-documented, but nevertheless have been largely overlooked by the social policy makers, or as has been discussed in the case of the *McLeay Report*, misinterpreted (Appendix 3B). The demographic realities are as follows; firstly, women today are increasingly better educated than their mothers and grandmothers and with these greater expectations are entering the workforce in large numbers and remaining in the workforce after marriage. Secondly, while marriage remains generally popular, even re-marriage after divorce, some women are choosing not to marry at all and in addition, women are having fewer children or choosing to have no children at all. The higher proportion of women with education will result in a cohort of women that will make educated decisions about such crucial life choices as whether to have children, whether to continue to work and whether to take care of their elderly relatives. In addition, these women will be more assertive and more articulate and will thus make increasing demands on the State for the kinds of support services they want (Appendix 3G).

As Healy (1990) points out, this has an immediate and fundamental impact on the future of caring. Women "the volunteer backbone" (p. 140) may not be available to volunteer and thus the premise on which H.A.C.C. is based, that women will provide the care both in the home and outside the home, voluntarily or in poorly paid employment, is in danger of collapsing. Increasingly, women will demand some recognition of the fact that they are working in the home for no financial recompense. For example, the recent South Australian report entitled *Women at Home* (1988), makes a recommendation that the "Federal Government take steps to abolish the Dependent Spouse Rebate and replace it with a payment to the homemaker" (No. 11, p. 74). At Appendix 3G can be found a more detailed discussion about the demographic realities of changing patterns of family life, divorce and re-marriage rates, women working and child bearing and rearing.

In a recent address to a Melbourne conference, Dr. P. Saunders, the Chairperson of the Home and Community Care Triennial Review Committee pointed to the demographic realities and drawing on his recent experience with the Review consultations said:

Either there will not be enough female carers, or the amount of care each has to provide will increase very substantially in the coming decades (1990, p. 209).

By contrast, however, the Commonwealth Government has chosen to interpret the demographic data differently. In a recent Discussion Paper, a much more optimistic approach is taken although the Paper concludes that

whether carer support is forthcoming will depend on social norms regarding the provision of care, the other opportunities available to carers of working age, particularly women, and the policy measures taken to assist carers (Department of Community Services and Health, 1991, p. 9)

It is clear that the Home and Community Care Program needs to urgently address the issues that demographic data defines as to continue to ignore them will place the whole Program at risk. A social policy that remains static and linked to past ideologies and mythologies is an inadequate and inferior one.

#### 9.4 The assumptions: a summary.

This chapter has argued that the six assumptions identified in this research, analysed together constitute a social policy fabric which is basically unbalanced, premised on obsolete data and concepts and consequentially, poised for crisis. The assumption that there is a 'community' is, as we have seen over and over again, fallacious. Friends and neighbours do occasionally act in caring ways, but they cannot and should not, be relied on. The assumption that care must and should be provided in the family and that familial ideologies are reasonable and

equitable, also needs re-examining. Such ideologies demand that women provide the care and remain in the home to do so. While it can be seen that the pattern of work for women is changing, nevertheless, the assumptions about what is women's work pursues them into the paid work force and denies them equality and justice.

The assumption that the informal service sector can be relied on to provide care *ad infinitum* and that this will continue to 'complement' the formal service sector is also tenuous. The informal service sector relies on the continuing unpaid work of women in the home. In addition, it relies on the volunteer work of women in the formal sector. The formal sector itself is ambivalent about the roles of such women. The relationship of the formal to the informal sectors requires much analysis and future revision.

Finally, the demographic realities of the future constitution of Australian society are overwhelming in their implications regarding which issues must be confronted. The nature of Australian society has changed and will continue to change. Social policy must acknowledge this. It must prove more timely in appreciating these demographic realities than it presently appears to. As a major aged care policy, the Home and Community Care Program, in particular, requires major revision to incorporate these realities.

## **I SUMMARY AND CONCLUSIONS.**

This thesis has endeavoured to show the complex equation that constitutes the social construction of caring and how the assumptions that are intrinsic to the Home and Community Care Program are inextricably connected to that social construct. This thesis has argued that in order to more fully appreciate that caring is work, often hard, always relentless work, a recognition of the nature of this complexity is required. The hypothesis postulated for this research has been found to be validated. There are assumptions within the social policy that underpins the Home and Community Care Program and these assumptions require urgent, immediate discourse so as to reveal the inequities within the current social policies.

As a way of furthering such discourse, this final chapter will have three parts, firstly a brief discussion as to the current status of care and caregiving in Australia; secondly, some analysis towards a gender-free model of care, and finally, a brief outline as to future research in the caregiving area.

### **10.1 The current status of care and caregiving in Australia.**

At present, Australia is undergoing a period of political, social and economic turbulence. At such times, the call for economic rationalism and a return to traditional values becomes even stronger. As this thesis has shown, the Home and Community Care Program is based on such traditional values. The Program itself is at a crucial juncture in its short history. It has the capacity to provide a future model for caring, which, if premised on a less exploitative paradigm of care, would meet the needs of both carers and care receivers. However, the Program is in jeopardy. The economic rationalist approach demands even more efficiency and effectiveness; it is possible that the Program will contract in the

future, if the proposed transfer from Federal to State responsibility goes ahead. This will in turn put even more pressure on those least able to bear it, the primary carers.

It is unrealistic to expect change to come from the State, as it has an investment in maintaining the present static and 'gender blind' approach to social policy. As Lewis concludes:

It is in many ways easier for government to give a measure of recognition to women's traditional work [such as the Domiciliary Nursing Care Benefit or the Carer's Pension] than it is to promote significant change in the sexual division of labour (1986, p. 97).

I would add that it is also easier for governments and formal service providers to organise more 'support services' for carers, carer groups and carer conferences, than it is to tackle the inequities within the present system of care or even to "persuade men to do more of the caring work at home" (1986, p. 97).

As this thesis has outlined, present social policy argues that the Home and Community Care Program can be viewed as a future model for care. If this is to be our future, the onus and responsibility of care for the increasing numbers of aged women and men will not be the responsibility of the State, but will continue to rest with the informal care sector and therefore with women who care. The future for Australian women both as caregivers and care receivers is poised on the verge of a crisis in care. Women, wives, daughters and daughters-in-law are working hard to maintain the level of care to their elderly relatives. This invisible labour force is sustaining the fabric of the Welfare State. Should such labour, for whatever reason, no longer be available, that fabric will tear. As this research has shown, the demographic data available can be interpreted to show just how tenuous is the presumption that there will 'always be a primary carer'. The present model of social policy assumes a static future, one which continues to deny women a freedom to choose for themselves.

Since the commencement of the research for this thesis in September 1989, there has been an exponential growth in caregiving literature in Australia, for example, Braithwaite (1990), Howe et al. (1990), Schultz and Schultz, (1990, 1991), Graycar and Jamrozik, (1990), Kendig and McCallum, (1990). There has also been an increase in surveys and case studies, for example, McCallum and Gelfand, (1990), Watson and Mears (1990), O'Connor and Kingsley, (1990), Pilpel (1991). There have been some major Government Reports initiated, for example, the *Mid-Term Review of Aged Care Reform Strategy 1990-91* and the *Review of HACC Service Types (South Australia)*, as well as the yet to be published *National Evaluation of Community Options Programmes*. The Western Australian State Government has established a *Family and Community Commission*, part of whose brief it is to address the "pressures and challenges posed by an ageing population". A *Carers Week* was held in November 1990 in Western Australia, a *National Carers Congress* is planned in Queensland in March 1991 and there is increasing evidence of media concern in carers and caregiving (for example, *The Age*, 18 April, 1990; *West Australian*, 28 September 1990).

There are some positive outcomes from such interest. Firstly, the issue of ageism is under discussion and in the Western Australian Equal Opportunity Commission, measures are well in hand to present draft legislation on ageism to State Parliament. Secondly, a discussion paper, tentatively entitled: *Family Responsibility and Equal Opportunity Legislation*, is to be published shortly by the Western Australian Government, which addresses the issue of discrimination in the work place against people who are experiencing family difficulties, including caring for their elderly relatives. On this latter topic, there are also some positive signs that the Federal Government has taken some interest in the issue of the "needs of carers who are also employees in the paid workforce" as a consultancy, auspiced by the Confederation of Australian Industry, has been established to examine in particular, flexible working hours (Department of Community Services and Health, 1991, p. 35).

It can be seen that the issues surrounding caring and caregiving are becoming increasing fashionable. Whether such interest will have any real

impact on those providing the care has yet to be seen. History shows that such trendy topics tend to fade away rather quickly, as some other issue becomes more interesting and politically important. Nevertheless, this thesis, and the current growth in related literature, are helping to make the invisible, visible. What is less clear, however, is how much of this interest will focus on the gender issues inherent within caring for the aged as discussed in this thesis.

## 10.2 Towards a gender-free model of care?

By way of concluding this thesis on a positive tone, a brief analysis of a future non-exploitative model of caring will now be undertaken. The vacuum in the heart of community care policy is the issue of gender bias and the burden of care being carried largely by women. Community care policy, as this thesis has argued, rests on traditional, conservative values and ideologies, and before a gender free, non-exploitative model of caring can be developed, there needs to be a recognition of the inequities inherent within the current system. Urgent critical analysis, particularly feminist analysis, is required so that future generations of women are not exploited and disadvantaged as a result. While caring may well remain women's work in the foreseeable future (Finch 1984), nevertheless, rather than declaring that the whole of society needs changing, and therefore erecting difficult barriers which tend to compel towards incremental, and therefore negligible change, some issues can and should be confronted now.

Firstly, the euphemisms of 'community' and 'community care' must be set aside and the reality confronted. By continually identifying who is in fact doing the bulk of the caring, we can come a little closer to meeting the real needs of the women undertaking that work. Community as a gendered concept should be discarded and an authentic realisation of how care is provided should be established. This total reconstruction needs to be incorporated not only within social policy practice, but also social policy theory. Education curriculums need to be transformed and formal service system training requires immediate change. Such a



reconstruction requires constant reiteration, but it is possible to change established world-views, as can be seen in the recent past with other major societal issues.

*Secondly*, while there is increasing pressure from feminists to view child caring as work and for informal child carers to be paid a "living wage" (Broadside, 1990, p. 4) nevertheless concentrating just on child caring creates potential divisions between women and misses the proposition that caring generally, must be regarded as work. The argument for a living wage for those who choose to remain at home to care must be extended beyond child care. The resource implications of such a move must be identified in an environment wherein work at home is deemed as of equivalent value to work undertaken outside the home. The informal economy must be identified as important to the Australian economy as a whole, as is the issue of the current rising unemployment figures. Women working at home caring are not unemployed, yet they are not even recognised in that sense by the formal economy. This would be a small step forward, yet it would be a move towards addressing the real issue. That is that women be paid for the care they provide in the home, a payment that should go beyond the tokenism of the Domiciliary Nursing Care Benefit. The re-direction of expenditure from the formal service sector to the informal service sector, as was argued would happen as a result of the introduction of the Home and Community Care Program, has patently not occurred. A redistribution of finances is possible, but it requires a social and political will, and a recognition by vested interests, such as those in the formal service system, of the present inequities. In the push for informal child caring to be recognised and paid for, the issue of informal caring for the elderly should not be avoided.

*Thirdly*, there must be a genuine freedom for women to choose and this freedom is only existent when there are alternatives from which to choose. At present, a large proportion of women do not have alternatives. While caring is something that is undertaken for reasons of love, or duty or compassion and the burden of care is often accepted by women with joy and deep commitment; nevertheless, such a burden is also

often imposed from without (by social policy and practice) as well as from within, from families themselves. The intensity of the work grows in direct proportion to the intensification of the needs of the care-receiver. Often decisions are undertaken by women who care, for example to leave paid employment, or to reject formal service provision, because of a lack of alternatives and flexibility. At present there is no real choice for women who care, particularly women in difficult economic circumstances, and it is therefore "profoundly insulting to claim that many thousands of women now caring have 'chosen' to do so" (Finch, 1984, p. 15). It is even more crucial in the present political climate to continue to argue for freedom of choice, as it is more likely that such few alternatives as presently exist, may be eroded in the name of economic rationalism and recession in the future.

### 10.3 Future research suggestions.

Ageing and caring are two issues of concern to future feminist researchers into the next decade. A number of possible topics have been identified throughout the course of the current investigation. Briefly, these are as follows:

#### (a) *Neighbour/neighbour and friend/friend caregiving:*

The ideology of community care postulates a caring sharing environs of friends and neighbours. Recent empirical evidence demonstrates the paucity of this kind of care. Yet social policy persists in idealising it, and basing service delivery models on it.

Research question: How can social policy reflect the true nature of how informal care is provided?

#### (b) *Care-givers and Information:*

Research questions: How do caregivers receive information about formal care services? Where are the key connections made? Whom do primary carers trust to give them information?

(c) *Care-givers and a rejection of formal service systems:*

Research questions: Why is it that many stressed care-givers reject care from formal service systems? What can the formal service sector learn from such rejection? Is it class or ethnically based?

(d) *Gender discrimination in service delivery:*

Research questions: How widespread is the socialisation of the formal service sector which supports the notion of caring as natural for women and unnatural for men, and therefore assumes that husband carers require more assistance from formal services?

(e) *What are the needs of the future cohort of 'women in the middle'?*

These women, who are now in their late 30s and early 40s are the future generation of aged Australians.

Research questions: What kind of care do they want to receive? Whom do they want to care for them? Have they considered the options? Are they likely to be a strongly assertive group in the future? Will this have impact on State policies?

These and other questions are waiting to be urgently addressed. The subject of carers and caregiving is a topical issue in social policy theory and praxis today and it is vital that feminists participate in the ongoing discourse.

Through the exploration of the assumptions intrinsic to the Home and Community Care Program, this thesis has highlighted some of the issues confronting Australian women who are caring and Australian women who receive that care, and in this way has endeavoured to make the previously invisible caring work of women, visible and open to scrutiny. It is essential that this discourse continues.

## XI REFERENCES.

Abbey, R., Hall, J. & Rungie, M. (1987). Community options: A new approach in assessment and the delivery of services in the aged care field. *Australian Journal on Ageing*. 6, 10-14.

Acker, J. (1988). Class, gender and the relations of distribution. *Signs*. 13, 473-497.

Allan, G. (1988). Kinship, responsibility and care for elderly people. *Ageing and Society*. 8, 249-268.

Allan, G. (1983). Informal networks of care: issues raised by Barclay. *British Journal of Social Work*. 13, 417-425.

Altergott, K. (1984, August). Managing interdependence: family development, policy and the care system in an aging society. Paper presented at XXth International C.F.R. Seminar on *Social Change and Family Policies*. Institute of Family Studies, Melbourne, Victoria.

Aspin, L. J. (1989). *The family*. (2nd. ed.) Melbourne: Longman Cheshire.

Auditor-General (1988). *Efficiency audit report: Department of community services and health Home and Community Care Program*. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics (ABS). *Domestic care of the aged*. (1991b). Australia. Catalogue No. 4121.0. Canberra: Australian Government Publishing Service. (In publication).

Australian Bureau of Statistics (ABS). *Carers of the handicapped at home* (1990). Catalogue No. 4122.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics. (ABS.) (1991). *June 1990. The labour force Australia*. Catalogue No. 6224.0, Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics. (ABS). (1991). *November 1990. The labour force Australia*. Catalogue No. 6203.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics. (ABS). (1990) *Women in Western Australia. Census 1986*. Catalogue No. 4108.5. Perth: Australian Government Publishing Service.

Australian Bureau of Statistics. (ABS). (1989) *Perth. A social atlas. Part 2. Demographic Characteristics*. Catalogue No. 2502.5. Perth: Australian Government Publishing Service.

Australian Bureau of Statistics. (ABS). (1988). *Australia in profile. Census 86*. Catalogue No. 2502.0. Canberra: Australian Government Publishing Service.

Australian Bureau of Statistics. (ABS). (1988). *Family formation survey*. Catalogue No. 3223.0. Canberra: Australian Government Publishing Service.

Balbo, L. (1987). *Crazy quilts: rethinking the welfare state debate from a woman's point of view*. In A. Showstack Sassoon Ed.), *Women and the State*. (pp. 45-71). London: Hutchinson.

Baldock, C. V. (1990, July). *Working without wages in the Australian welfare state*. Unpublished paper presented at XIIth World Congress of Sociology, Madrid.

Baldock, C. (1983). *Volunteer work as work: some theoretical considerations*. In Baldock, C. & Cass, B. (Eds.). *Women, Social Welfare and the State*. (pp. 278-295). Sydney: Allen and Unwin.

- Baldock, C. & Casa, B. (Eds.). (1988). *Women, social welfare and the state*. Sydney: Allen and Unwin.
- Barer B. M. & Johnson, C. L. (1990) A critique of the caregiving literature. *The Gerontologist*. 30, 1, 26-29.
- Barker, D. & Allen, S. (Eds.). (1976). *Sexual divisions and change*. London: Tavistock.
- Beau, P. & MacPherson, S. (Eds.). (1983). *Approaches to welfare*. London: Routledge and Kegan Paul.
- Beechey, V. (1978). Women and production: a critical analysis of some sociological theories of women's work. In. A. Kuhn & A. M. Wolpe (Eds.). *Feminism and Materialism: Women and Modes of Production*. (pp. 155-197). London: Routledge and Kegan Paul.
- Benston, M. (1978) The political economy of women's liberation. In A. Jagger & P. Rothenburg-Sirval (Eds.) *Feminist Frameworks*. (pp. 177-184). New York: McGraw Hill.
- Beresford, P. & Croft, S. (1984). Welfare pluralism: the new face of Fabianism. *Critical Social Policy*. 9, 3, 19-39.
- Boldy, D. & Dench, V. (1986). The needs of a group of "vulnerable" elderly persons in the community and their carers. *Practical Applications of Policy for the Elderly*. Occasional Paper No.1. Perth: Bureau for the Aged.
- Bottomley, G. (1983) Feminist and sociological critiques of 'the family'. In A. Burns, G. Bottomley & P. Jools (Eds.) *The Family in the Modern World: Australian Perspectives*. (pp. 19-30). Sydney: Allen and Unwin.
- Bottomley, G. 1983a). Review of historical and sociological models of 'the family'. In A. Burns, G. Bottomley, & P. Jools. *The Family in the*

- Modern World: Australian Perspectives.* (pp. 3-18). Sydney: Allen and Unwin.
- Bowles, G. & Klein, R. (Eds.). (1983). *Theories of women's studies.* London: Routledge and Kegan Paul.
- Braithwaite, V. (1990). *Bound to care.* Sydney: Allen and Unwin.
- Broadside. *Newsletter of the National Foundation for Australian Women.* March 1990 2, Canberra.
- Brody, E. (1981). 'Women in the middle' and family help to older people. *The Gerontologist.* 21.
- Brook, E. & Davis, A. (Eds.). (1985). *Women, the family and social work.* London: Tavistock.
- Broom, D. H. (1988/89). The slippery dilemmas of success. *Australian Society Supplement.* Dec.-Jan. 16-17.
- Broom, D. H. (Ed.) (1984). *Unfinished business. social justice for women in Australia.* Sydney: George Allen and Unwin.
- Brown, J. (1990). Who cares for the carers? *The Age.* (Tempo pp. 1-2). 18 April.
- Bryson, L. (1984). The Australian patriarchal family. In S. Encel & L. Bryson.(Eds.). *Australian Society.* 4th Edition. (pp. 113-169). Melbourne: Longman Cheshire.
- Bulis, H. (1990). Invited response to symposium proceedings. *Ageing into the nineties. Policy planning and practice.* Centre for Advanced Studies. Perth: Curtin University of Technology.
- Bulmer, M. (1987). *The social basis of community care.* London: Allen and Unwin.

- Burden, D. & Gottlieb, N. (1987). *The woman client. Providing human services in a changing world*. New York: Tavistock.
- Burns, A., Bottomley, G. & Jools, P. (Eds.) (1983). *The family in the modern world. Australian perspectives*. Sydney: Allen and Unwin.
- Burton, C. (1985) *Subordination: feminism and social theory*. Sydney: George Allen and Unwin.
- Bush crusades on family decline. *Weekend Australian*. September 17-18, 1988.
- Calder, R. (1986) *Older people at home: A summary of the A.C.O.T.A. survey*. *Australian Journal on Ageing*. 5, 1, February.
- Cantor, M. (1983). Strain among caregivers: A study of experience in the United States. *The Gerontologist*. 23, 597-604.
- Cass, B. (1988/89). New directions in welfare. *Australian Society Supplement*. Dec./Jan. 21-23.
- Cass, B. (1985). Rewards for women's work. In J. Goodnow & C. Pateman (Eds.), *Women, Social Science and Public Policy*. (pp. 67-94). Sydney: George Allen and Unwin.
- Cass, B. (1982). Family policies in Australia. Contest over the social wage. *S.W.R.C. report No.21*. Sydney: University of New South Wales.
- Cass, B. (1981). Wages, women and children. In R. Henderson (Ed.), *The welfare stakes*. (pp. 45-83). Melbourne: University of Melbourne Press.



Cass, B. & Radi, H. (1978). Family, fertility and the labour market. In N. Greaves & P. Grimshaw (Eds.). *Australian women. Feminist perspectives*. (pp. 190-203). Melbourne: Oxford University Press.

Cavaller, R. (1988, October 28). The policies of aging. *Financial Review*.

Clarke, J., Cochrane, A. & Smart, C. (1987). *Ideologies of welfare. From dreams to disillusion*. London: Hutchinson.

Clayton, S. (1983). Social need revisited. *Journal of Social Policy*. 12, 215-234.

Coleman, L. & Watson, S. (1987). *Women over sixty. A study of the housing, economic and social circumstances of older women*. Canberra: Australian Institute of Urban Studies.

Coleman, M. (1988, May). *The cost of care and who pays*. Paper provided to A.A.V.C.A. Conference. The reforming of care for the aged and disabled. Sydney.

Coleman, M. (1987). *The crisis in age care is now*. Paper provided to a workshop on research on ageing. The Gerontology Foundation of Australia. Sydney: The PostGraduate Committee of Medicine of the University of Sydney.

Coleman, M. (1975). *Care of the aged*. Canberra: Australian Government Social Welfare Commission.

Collins English Gem Dictionary. (1968). London: Collins.

Commonwealth Department of Community Services and Health. (1990). *Mid-term review of aged care reform strategy 1990-91*. (unpublished).

Commonwealth Department of Community Services and Health. (1990). *Draft manual. domiciliary nursing care benefit*. Canberra. (unpublished).

Commonwealth Department of Community Services and Health. *Annual report 1988/89*. (1989). Canberra: Australian Government Publishing Service.

Commonwealth Department of Community Services and Health. *Home and Community Care Program*. (1988). (brochure). Canberra: Australian Government Publishing Service.

Commonwealth Department of Community Services and Health. *Management plan 1988/89*. (1988a). (unpublished).

Commonwealth Department of Community Services and Health. *A promotion strategy for the H.A.C.C. program*. (1988b). (unpublished).

Commonwealth Department of Community Services and Health. *Funding priorities*. (1988c). (unpublished).

Commonwealth Department of Employment, Education and Training. (1989). *Australian women's employment strategy*. Canberra: Australian Government Publishing Service.

Commonwealth Department of Social Security. (1990). *Social security rates. A guide to rates of payment from September 1990 to March 1991*. Canberra: Australian Government Publishing Service.

Commonwealth Department of Social Security. (1988). *Pensions manual*. Canberra: Australian Government Publishing Service.

Commonwealth of Australia. (1988) *Auditor-general's report, 1988*. Canberra: Australian Government Publishing Service.

Commonwealth of Australia. (1988). *First triennial review of the Home and Community Care Program*. December 1988. Canberra: Australian Government Publishing Service.

- Commonwealth of Australia. *Home and Community Care Act*, 1985.
- Commonwealth of Australia. *Delivered Meals Subsidy Act*, 1970.
- Commonwealth of Australia. *States Grants (Paramedical Services) Act*, 1969.
- Commonwealth of Australia. *States Grants (Home Care) Act*, 1969.
- Commonwealth of Australia. *Home Nursing Subsidy Act*, 1956.
- Commonwealth Record. (1984). 8-14 October. Canberra: Australian Government Publishing Service.
- Community and Family Commission. (1990). *Western Australia in the year 2000*. (brochure) Perth.
- Connell, R. W. (1990). *The state, gender and sexual politics*. (unpublished working chapter).
- Connell, R. W. (1986). Theorizing gender. In N. Grieve & A. Burns (Eds.). *Australian women. New feminist perspectives*. (pp. 342-395). Melbourne: Oxford University Press.
- Cox, E. (1988, April), Privatisation and women. *A.S.W. Impact*. 14-15.
- Croft, S. (1986). Women, caring and the reappraisal of need - a feminist reappraisal. *Critical Social Policy*. 16, 6, 23-29.
- Curthoys, A. (1981). The sexual division of labour under capitalism. In N. Grieve & P. Grimshaw (Eds.). *Australian Women: Feminist Perspectives*. (pp. 39-43). Oxford: Martin Robertson.

D'Abbs, P. (1984). *Family support networks and public responsibility*. XXth International C.F.R. Seminar on Social Change and Family Policies. (pp. 509-535). Melbourne: Australian Institute of Family Studies.

Dahlerup, D. (1987). *Confusing Concepts - confusing reality: a theoretical discussion of the patriarchal state*. In A. Showstack Sassoon (Ed.) *Women and the State. The shifting boundaries of public and private*. (pp. 93-127). London: Hutchinson.

Dale, J. & Foster, P. (1986). *Feminists and state welfare*. London: Routledge and Kegan Paul.

Dalley, G. (1988). *Ideologies of caring. Rethinking community and collectivism*. Basingstoke: Macmillan Education.

Dalley, G. (1987). *Women's welfare*. *New Society*. August. 10-11.

Davis A. & Brook E. (1985). *Women and social work*. In E. Brook & A. Davis (Eds.). *Women, the family and social work*. (pp. 3-27). London: Tavistock.

Davis, G., Wanna, J., Warhurst, J. & Weller, P. (1988). *Public policy in Australia*. Sydney: Allen and Unwin.

Day, A. T. (1986). *Changes in caregiving across generations: perceptions of people aged 75 years and over*. In H. Kendig (Ed.). *Ageing and families. A support networks perspective*. (pp. 110-126). Sydney: Allen and Unwin.

Day, A. T. (1984). (Ed.). *Women and the challenge of long life*. Report on a survey for women over 60: - National Women's Advisory Council. Canberra: Australian Government Publishing Service.

de Beauvoir, S. (1972). *Old age*. Harmondsworth: Penguin.

Delmar, R. (1986). What is feminism? In J. Mitchell & A. Oakley (Eds.). *What is feminism?* (pp. 8-33). Oxford: Basil Blackwell.

Delphy, C. (1984). Patriarchy, feminism and their intellectuals. In D. Leonard (Ed., Trans.). *Close to home. A materialist analysis of women's oppressions.* (pp. 138-153). London: Hutchinson.

Dowse, S. (1984). The bureaucrat as usurer. In D. H. Broom (Ed.), *Unfinished business. Social justice for women in Australia.* (pp. 139-160). Sydney: George Allen and Unwin.

Du Bois, B. (1983). Passionate scholarship: notes on values, knowing and method in feminist social science. In G. Bowles & R. Klein (Eds.), *Theories of women's studies.* (pp. 106-115). London: Routledge and Kegan Paul.

Economic Planning and Advisory Council. (1987). *Aspects of the social wage.* Canberra: Office of E.P.A.C.

Economic Planning and Advisory Council. (1988). *Economic effects of an aging population.* Council Paper No. 29. January. Canberra: Office of E.P.A.C.

Edwards, A. (1989, July). *Feminism and social welfare: Alternative Representations of Women and Gender in the Social Policy Literature.* Paper presented at the S.W.R.C. national social policy conference. Social policy in Australia. What future welfare state? Sydney.

Edwards, M. (1985). Individual equity and social policy. In J. Goodnow & C. Pateman (Eds.). *Women, social science and public policy.* (pp. 94-103). Sydney: George Allen and Unwin.

Eisenstein, H. (1985). The gender of bureaucracy: Reflections of feminism and the state. In J. Goodnow & C. Pateman (Eds.), *Women, social science and public policy.* (pp. 104-115). Sydney: George Allen and Unwin.

Eisenstein, Z. (1982). The sexual politics of the new right: understanding the "crisis of liberalism" for the 1980s. *Signs*, 7, 567-588.

Encel S. and Bryson, L. (1984). *Australian society*. 4th Edition. Melbourne: Longman Cheshire.

Equal Opportunity Commission (1982). *Caring for the elderly and handicapped: Community care policies and women's lives*, Manchester: Equal Opportunity Commission.

Errey, R., Baker, C and Fox, S. (1986). Community care of the aged. A working model of a needs-based assessment unit. *S.W.R.C. report No. 59*. Sydney: University of New South Wales.

Evers, H. (1985). The frail elderly woman: emergent questions in aging and women's health. In E. Lewin & V. Olsen (Eds.), *Women, health and healing*. (pp. 86-112). New York: Tavistock.

Faulkner, A. & Micchelli, M. (1988). The aging, the aged and the very old: women the policy makers forgot. *Women and health*, 14, 5-19.

Federal Liberal and National Parties. (1988). *Future directions. It's time for plain thinking*. Rhodes: Bloxham & Chambers.

Ferguson, K. (1984). *The feminist case against bureaucracy*. Philadelphia: Temple University Press.

Finch, J. (1984). Community care: developing non-sexist alternatives. *Critical Social Policy*, 9, 3, 3. 6-17.

Finch, J. & Groves, D. (1985). Community care and the family: A case for equal opportunities? In C. Ungerson (Ed.), *Women and social policy. A reader*. (pp. 218-241). London: Macmillan.

- Finch, J. & Groves, D. (1983). *A labour of love: women, work and caring*. London: Routledge and Kegan Paul.
- Finch, J. & Groves, D. (1985b). Old girl, old boy: gender divisions in social work with the elderly. In E. Brook & A. Davis (Eds.). *Women, the family and social work*. (pp. 92-111) London: Tavistock.
- Flax, J. (1987). Postmodernism and gender relations in feminist theory. *Signs*. 12, 3, 621-643.
- Forbes, M. (1988). *Report on community consultations - silver chain home help service*. Unpublished. Fremantle.
- Forder, A., Casslin, T., Ponton, G. & Walklate, S. (1984). *Theories of welfare*. London: Routledge and Kegan Paul.
- Franzway, S., Court, D. & Connell, R. W. (1989) *Staking a claim. Feminism, bureaucracy and the state*. Sydney: Allen and Unwin.
- Friedman, M. & Friedman, R. (1980). *Free to choose. A personal statement*. Harmondsworth: Penguin.
- Fletcher, G. (1989, July). *Policy, practice and social theory: towards an agenda*. Paper presented at the S.W.R.C. national social policy conference. 'Social policy in Australia: what future welfare state?' Sydney.
- Gibson, D. & Mugford, S. (1986). Expressive relations and social support. In H. Kendig (Ed.). *Ageing and families. A support networks perspective*. (pp. 63-84). Sydney: Allen and Unwin.
- Gibson, D. & Rowland D. (1984). Community vs. Institutional care: The case of the Australian aged. *Social Science Medicine*. 18. 11, (pp. 997- 1004).

- Gilligan, C. (1982). *In a different voice*. Cambridge, Mass.: Harvard University Press.
- Ginsburg, N. (1983). *Class, capital and social policy*. London: Macmillan.
- Glendinning, C. & Millar, J. (Eds.). (1987). *Women and poverty in Britain*. London: Wheatsheaf Books.
- Goldberg, E. M. & Hatch, S. (Eds.). (1981). *A new look at the personal social services*. London: Policy Studies Institute.
- Goodnow, J. (1985). Topics, methods and models: feminist challenges in social sciences. In J. Goodnow & C. Pateman (Eds.), *Women, social science and public policy*. (pp. 1-31). Sydney: George Allen and Unwin.
- Goodnow, J. & Pateman, C. (Eds.). (1985). *Women, social science and public policy*. Sydney: George Allen and Unwin.
- Government of Western Australia. (1988a). *Putting families first*. Perth: Western Australian Government Press.
- Government of Western Australia. (1988b) *Families in focus in Western Australia*. Census 1986. Perth: Western Australian Government Press.
- Graham, H. (1987). Women's poverty and caring. In C. Glendinning & J. Millar (Eds.), *Women and poverty in Britain*. (pp. 221-242). London: Wheatsheaf Books.
- Graham, H. (1983). Caring: A labour of love. In J. Finch & D. Groves (Eds.), *A labour of love: women, work and caring*. (pp. 13-30). London: Routledge and Kegan Paul.
- Graycar, A. (1984a) Role and effectiveness of voluntary agencies in aged care. *S.W.R.C. reports and proceedings*. No. 26. Sydney.



- Graycar, A. (Ed.) (1983). *Retreat from the welfare state*. Sydney: George Allen and Unwin.
- Graycar, A. (1979). *Welfare politics in Australia. A study in policy analysis*. Sydney: Macmillan.
- Graycar, A. (1977) *Social policy. An Australian introduction*. Melbourne: Macmillan.
- Graycar, A. & Jamrozik, A. (1989). *How Australians live. Social policy in theory and practice*. Melbourne: Macmillan.
- Graycar, A. & Harrison, J. (1984). Ageing population and social care: policy issues. *Australian Journal on Ageing*. 3, 2, 3-9.
- Graycar, A. & Silver, W. (1982). Funding of non-government welfare: agencies serving disabled people in Western Australia. *S.W.R.C. reports and proceedings No.17*. Sydney: University of New South Wales.
- Grieve, N. & Burns, A. (Eds.). (1986). *Australian women: new feminist perspectives*. Melbourne: Oxford University Press.
- Grieve, N. & Grimshaw, P. (Eds.). (1981). *Australian women: feminist perspectives*. Oxford: Martin Robertson.
- Grimes, D. (1983). Welfare spending: myth and reality. In J. Reeves & K. Thompson (Eds.). *Labor essays 1983. policies and programs of the Labor government*. (pp. 80-94). Melbourne: Drummond.
- Gross, E. (1986). What is feminist theory? In C. Pateman & E. Gross (Eds.), *Feminist challenges. social and political theory*. (pp. 190-204). Sydney: Allen and Unwin.
- Hanmer, J. & Statham, D. (1988). *Women and social work. towards a women-centred practice*. Basingstoke: Macmillan.

- Hansard. (1986, November). Senate Debate. *Nursing Homes and Hostels Bill*. Canberra: Australian Government Publishing Service.
- Hansard. (1985, November). House of Representatives Debate. *Home and Community Care Bill*. Canberra: Australian Government Publishing Service.
- Hansard. (1985, December). Senate Debate. *Home and Community Care Bill*. Canberra: Australian Government Publishing Service.
- Hardwick, J. & Graycar, A. (1982). Volunteers in non-government welfare organisations in Australia: a working paper. *S.W.R.C. reports and proceedings*. No.25. Sydney: University of New South Wales.
- Harris, R. & Seldon, A. (1987). *Welfare without the state. A quarter-century of suppressed public choice*. London: The Institute of Economic Affairs.
- Harrison, J. (1983). Women and ageing: experience and implications. *Ageing and Society*. 3, 209 - 235
- Hartmann, H. I. (1978). The family as the locus of gender, class and political struggle: The example of housework. In A. Jagger & P. Rothenburg-Sirvin (Eds.). *Feminist Frameworks*, (pp. 343-357). New York: McGraw Hill.
- Hasenfeld, Y. (1989, September). *Future directions for social welfare administration: responding to new challenges*. Paper presented to the 10th Asia Pacific Regional Seminar of Social Work, Singapore.
- Health Department of Western Australia. 1990) *Consultancy brief: evaluation of Western Australian community options projects*. Perth: (unpublished).

Healy, J. (1990). Community services: long term care at home? In H. Kendig & J. McCallum (Eds.). *Grey policy: Australian policies for an ageing society*. (pp. 127-149). Sydney: Allen and Unwin.

Henderson, R. (Ed.) (1981). *The welfare stakes*. Melbourne: University of Melbourne Press.

Hess, B. & Waring, J. (1983). Family relationships of older women: a woman's issue. In E. W. Markson (Ed.). *Older women. Issues and prospects*. (pp. 227-251). Lexington, Mass.: Lexington Books.

Hilliard, E. (1988). Patch meetings solve home care problems. *Social Work Today*. August. 12.

House of Representatives Standing Committee on Expenditure. (McLeay Report). (1982). *In a home or at home: accommodation and home care for the aged*. Canberra: Australian Government Publishing Service.

Howe, A., Ozanne, E., & Selby-Smith, C. (Eds.). 1990. *Community care policy and practice. New directions for Australia*. Melbourne: Public Sector Management Institute.

Hurley, A. (1990, September 28). Academic warns of spouse stress. *West Australian*.

Jagger, A. & Rothenburg-Sirvin P. (Eds.). (1978). *Feminist frameworks*. New York: McGraw Hill.

\* Jasplin, (19 ).

Johnson, C. (1984). Some problems and developments in Marxist feminist theory. In *All her labours: working it out*. (pp. 121-132). Women and Labour Publications Collective. Sydney: Hale and Iremonger.

Jordan, B. (1987). *Rethinking welfare*. Oxford: Basil Blackwell.

- Joseph, M. (1986). *Sociology for everyone*. Cambridge: Polity Press.
- Joshi, H. (1987). The cost of caring. In C. Glendinning & J. Millar (Eds.). *Women and poverty in Britain*. (pp. 112 - 133). London: Wheatsheaf Books.
- Keens, C., Harrison, J. & Graycar, A. (1983). Ageing and community care. *Social Alternatives*. September/October 1983.
- Keens, C., Staden, F. & Graycar, A. (1983). Options for independence: Australian home help policies for elderly people. *S.W.R.C. report No. 35*. Sydney: University of New South Wales.
- Kelly, E. (1980). Sociological aspects of family life: the fictitious family. In J. Krupinski & A. Stoller (Eds.). *The family in Australia*. (pp. 19-38). Sydney: Pergamon Press.
- Kendig, H. (1990). *Challenges for aged care practice*. Paper presented to: Ageing into the nineties. Policy planning and practice symposium. Centre for Advanced Studies. Perth: Curtin University of Technology.
- Kendig, H. (1986). (Ed.) *Ageing and families. A support networks perspective*. Sydney: Allen and Unwin.
- Kendig, H. (1986). Ageing, families and social change. In H. Kendig (Ed.). *Ageing and families. A support networks perspective*. (pp. 169-185). Sydney: Allen and Unwin.
- Kendig, H. (1985a). Towards integrated care for the frail aged. *Working Paper No. 58*. Ageing and the family project. R.S.S.S. Canberra: Australian National University.
- Kendig, H. (1985b, May). *Who are the ageing? Dispelling the myths*. Paper presented to the W.A. Forum on ageing and myth. Perth.

- Kendig, H. & McCallum, J. (1988). *Greying Australia. Future impacts of population ageing*. Canberra: Australian Government Publishing Service.
- Kendig, H., Gibson, D., Rowland, D. & Hemer, J.M. (1983). *Health, welfare and family in later life. Report of ageing and the family project*. Research School of Social Sciences. Canberra: Australian National University.
- Kewley, T. H. (1980). *Australian social security today*. Sydney: Sydney University Press.
- Kinnear, D. & Graycar, A. (1984). Ageing and family dependency. *Australian Journal of Social Issues*. 19, 1, 13-36.
- Kinnear, D. & Graycar, A. (1983). Non-institutional care of elderly people. In A. Graycar (Ed.). *Retreat from the welfare state*. (pp. 74-88). Sydney: George Allen and Unwin.
- Klein, R. D. (1983). How to do what we want to do: thoughts about feminist methodology. In G. Bowles & R. Klein (Eds.), *Theories of women's studies*. (pp. 106-115). London: Routledge and Kegan Paul.
- Krupinski, J. & Stoller, A. (Eds.). (1980). *The family in Australia*. Sydney: Pergamon Press.
- Kuhn, A. (1978). Structures of patriarchy and capital in the family. In A. Kuhn & A. M. Wolpe (Eds.), *Feminism and materialism. Women and modes of production*. (pp. 42-67). London: Routledge and Kegan Paul.
- Kuhn, A. & Wolpe, A. M. (Eds.). (1978). *Feminism and materialism. Women and modes of production*. London: Routledge and Kegan Paul.
- Land, H. (1976). Women: supporters or supported? In D. Barker & S. Allen (Eds.). *Sexual divisions and change*. (pp. 108-132). London: Tavistock.

- Langan, M. (1985). The unitary approach: a feminist critique. In E. Brook & A. Davis (Eds.). *Women, the family and social work*. (pp. 28-47). London: Tavistock.
- Leonard, D. (Ed. Trans.). (1984). *Close to home. a materialist analysis of women's oppressions*. London: Hutchinson.
- Lesnoff-Caravaglia, G. (Ed.). (1984). *The world of the older woman. Conflicts and resolutions*. New York: Human Sciences Press.
- Lewin, E. & Olsen V. (Eds.). (1985). *Women, health and healing*. New York: Tavistock.
- Lewis, J. (1986). Feminism and welfare. In J. Mitchell & A. Oakley (Eds.). *What is feminism?* (pp. 85-100). Oxford: Basil Blackwell.
- Lewis, J. & Meredith, B. (1988). Daughters caring for mothers: the experience of caring and its implications for professional helpers. *Ageing and Society*. 8, 1-21.
- MacKinnon, C. (1982). Feminism, Marxism, method and the state: an agenda for theory. *Signs*. 7, 515-544.
- MacKinnon, C. (1983). Feminism, Marxism, method and the state: towards feminist jurisprudence. *Signs*. 8, 635-658.
- Marchant, H. & Wearing, B. (Eds.). (1986). *Gender reclaimed: women in social work*. Sydney: Hale and Iremonger.
- Markson, E. (Ed.). *Older women. Issues and prospects*. Lexington, Mass.: Lexington Books.
- Matthews, J. J. (1984). *Good and mad women. The historical construction of femininity in twentieth century Australia*. Sydney: George Allen and Unwin.

- Mayo, M. (Ed.). (1977). *Women in the community*. London: Routledge and Kegan Paul.
- McCallum, J. & Gelfand, D. (1990). *Women caregivers of the ethnic aged*. Canberra: National Centre of Epidemiology and Population Health. Australian National University.
- McColl, M. (1985). *The high cost of home care - the carer's perspective*. Adelaide: Southern Community Health Services Research Unit.
- McIntosh, M. (1978). The state and the oppression of women. In A. Kuhn & A. M. Wolpe (Eds.), *Feminism and materialism. Women and modes of production*. (pp. 254-289). London: Routledge and Kegan Paul.
- McIntosh, M. (1979) The welfare state and the needs of the dependent family. In S. Burman (Ed.) *Fit work for women*. (pp. 153-172) London: Croom Helm.
- Mendelsohn, R. (1982). *Fair go. Welfare issues in Australia*. Ringwood: Penguin.
- Mendelsohn, R. (1979). *The condition of the people. Social welfare in Australia. 1900-1975*. Sydney: George Allen and Unwin.
- Mies, M. (1983). Towards a methodology for feminist research. In G. Bowles & R. Klein (Eds.), *Theories of women's studies*. (pp. 118-139). London: Routledge and Kegan Paul.
- Minichiello, M. V. (1990). Admitting nursing home residents: a case study in policy implementation. In H. Kendig & J. McCallum (Eds.), *Grey policy. Australian policies for an ageing society*. (pp. 170-185) Sydney: Allen and Unwin.
- Minichiello, M. V. (1987). 'Someone's decision: that's how I got here', *Australian Journal of Social Issues*, 22, 345-356.

- Mishra, R. (1984). *The welfare state in crisis. Social thought and social change*. London: Harvester.
- Mitchell, J. & Oakley, A. (Eds.). (1986). *What is feminism?* Oxford: Basil Blackwell.
- Montgomery, R. J. V. (1984). Services for families of the aged: which ones will work best? *Aging*. 347, 20-28.
- O'Connor, P. M. & Kingsley, E. J. (1990, September). *Alzheimer's: a primary health care perspective*. Paper presented to the first national conference of the Alzheimer's Association. *Sharing the caring*. Perth.
- Oakley, A. (1974). *Women's work: the housewife, past and present*. New York: Vintage.
- Oliver, J. (1983). The caring wife. In J. Finch & D. Groves (Eds.). *A labour of love: women, work and caring*. (pp. 72-88). London: Routledge and Kegan Paul.
- Osterkamp, L. (1988). Family caregivers: America's primary long-term care resource. *Aging*. 358. 2-6.
- Owen, M. (1979). What choice for women? *Social Alternatives*. 1. 31-37.
- Ozanne, E. (1990). Development of Australian health and social policy in relation to the aged and the emergence of home care services. In A. Howe et al. (Eds.) *Community care policy and practice. New directions in Australia*. (pp. 8-24) Melbourne: Public Sector Management Institute.
- Parker, R. (1981) Tending and social policy. In E. M.. Goldberg & S. Hatch (Eds.). *A new look at the personal social services*. Discussion Paper, 4, London: Policy Studies Institute.



- Pascall, G. (1986) *Social policy. A feminist analysis*. London: Tavistock.
- Pascall, G. (1983). Women and social welfare. In P. Beau & S. MacPherson (Eds.), *Approaches to welfare*. (pp. 83-98). London: Routledge and Kegan Paul.
- Pateman, C. and Gross, E. (Eds.) (1986). *Feminist challenges. Social and political theory*. Sydney: Allen and Unwin.
- Peplau L. T. & Conrad, E. (1989). *Beyond non-sexist research: the perils of "feminist methods" in psychology*. Unpublished paper. Los Angeles: University of California.
- Phillipson, C. (1982). *Capitalism and the construction of old age*. Macmillan: London.
- Picton, C. (1988). *Review of the Home and Community Care Program 1988. Summary statement*. Canberra: Australian Government Publishing Service.
- Pilpel, D. (1991). *Carers survey. Shire of Busselton*. (unpublished questionnaire). Busselton.
- Pinker, R. (1982). *Theory, ideology and social policy. S.W.R.C. reports and proceedings. No.26*. University of New South Wales.
- Pinker, R. (1973). *Social theory and social policy*. London: Heinemann.
- Plant, R., Lesser, H. & Taylor-Grooby, P. (1980). *Political philosophy and social welfare. Essays on the normative basis of welfare provision*. London: Routledge and Kegan Paul.

Portfolio Analysis Unit (1988). *Impact of population ageing on the commonwealth's community services and health outlays*. Discussion Paper. Canberra.

Pruchno, R. A. & Resch, N. L. (1989). Husbands and wives as caregivers: antecedents of depression and burden. *The Gerontologist*, 29, 159-165.

Random House Dictionary. (1980). New York: Random House.

Reevas, J. & Thompson, K. (Eds.). (1983). *Labor essays: 1983. Policies and programs for the Labor government*. Melbourne: Drummond.

Rich, A. (1977). *Of woman born. Motherhood as experience and institution*. London: Virago.

Rimmer, L. (1983). The economics of work and caring. In J. Finch & D. Groves (Eds.), *A labour of love: women, work and caring*. (pp. 131-166). London: Routledge and Kegan Paul.

Rimmer, L. and Wicks, M. (1983). The challenge of change: demographic trends, the family and social policy. In H. Glennister (Ed.). *The future of the welfare state: remaking policy*. (pp. 24-39) London: Heinemann.

Robertson, A. (1988). Welfare state and welfare society. *Social Policy Administration*. 22, 222-234.

Rose, H. (1986). Women's work: women's knowledge. In J. Mitchell & A. Oakley (Eds.). *What is feminism?* (pp. 161-183) Oxford: Basil Blackwell.

Rossiter, C. (1986). Policies for carers. *Australian Journal on Ageing*. 4, 4, 3-8.

Rothman, D. J. (1979). Can de-institutionalization succeed? *New York University Education Quarterly*. 16-22.

Rowbotham, S. (1973). *Women's consciousness, man's world*. London: Penguin Books.

Rowland, D. T. (1986). Family structure. In H. Kendig (Ed.) *Ageing and families. A support networks perspective*. (pp. 17-36). Sydney: Allen and Unwin.

Royal commission on human relationships (1977). *Final report. Vol.4*. Canberra: Australian Government Publishing Service.

Russell, C. (1987). Ageing as a feminist issue. *Women's Studies International Forum*. 10, 2, 125-132.

Russell, C. (1981). *The aging experience*. Sydney: George Allen and Unwin.

Sargeant, M. (1988). (2nd Edition). *Sociology for Australians*. Melbourne: Longman Cheshire.

Sassoon, A. Showstack (Ed.). (1987). *Women and the state. The shifting boundaries between public and private*. London: Hutchinson.

Sassoon, A. Showstack. (1987b). Women's new social role: contradictions of the welfare state. In A. Showstack Sassoon (Ed.) (1987). *Women and the state. The shifting boundaries between public and private*. (pp. 158-188). London: Hutchinson.

Saunders, P. (1990). Reflections on the Review of the H.A.C.C. Program. In A. Howe et al. (Eds.) *Community care policy and practice. New directions in Australia*. (pp. 201-211). Melbourne: Public Sector Management Institute.

- Sax, S. (1985). Research opportunities in an ageing society. *Australian Journal on Ageing*, 4, 2, 6-14.
- Sawer, M. (1988/89). Monitoring social justice strategies. *Australian Society Supplement*, Dec.-Jan. (pp. 18-21).
- Schultz, N. C. & Schultz, C. L. (1990). *The key to caring*. Melbourne: Longman Cheshire.
- Schultz, N. C. & Schultz C. L. (1991). *Caring for family caregivers: A national group leader training project*. Melbourne (brochure).
- Shanas, E. (1979a) Social myth as hypotheses: the case of the family relations of old people. *The Gerontologist*, 19, 3-9.
- Shanas, E. (1979b) The family as a social support system in old age. *The Gerontologist*, 19, 169-174.
- Sharp, R. & Broomhill, R. (1988). *Short-changed. Women and economic policies*. Sydney: Allen and Unwin.
- \* Sisley, D. (1989).
- Smith, B. & Noble-Spruell, C. (1986). An overview of feminist research perspectives. In H. Marchant and B. Wearing (Eds.), *Gender reclaimed. Women in social work*. (pp. 134-146). Sydney: Hale and Iremonger.
- South Australian Department of the Premier and Cabinet, The Women's Advisers Office, (1988). *Women in the home*. A report to the South Australian Government.
- Spender, D. (1985). *For the record. The making and meaning of feminist knowledge*. London: The Women's Press Limited.

- Sprague-Zones, J., Estes, C. & Binneys, E. (1987). Gender, public policy and the oldest old. *Ageing and Society*. 7, 275-302.
- Stacey, J. (1986). Are feminists afraid to leave home: the challenge of conservative pro-family feminism. In J. Mitchell & A. Oakley (Eds.), *What is feminism?* (pp. 219-248). Oxford: Basil Blackwell.
- Stanley, L. & Wise, S. (1983a). 'Back to the personal' or: our attempt to construct 'feminist research'. In G. Bowles & R. Klein (Eds.), *Theories of women's studies*. (pp. 192-209), London: Routledge and Kegan Paul.
- Stanley, L. & Wise, S. (1983b). *Breaking out: feminist consciousness and feminist research*. London: Routledge and Kegan Paul.
- Staples, P. (1990). An historical perspective and some questions for the future. In A. Howe et al. (Eds.), *Community care policy and practice. New directions in Australia*. (pp. 2-7). Melbourne: Public Sector Management Institute.
- Statham, D. (1988, November). Women in the centre. *Social Work Today*. 24.
- Stehlik, D. (1988). *Gender and ideology in community based frail aged care: policy and practice*. Unpublished M. Phil. paper. Perth: University of Western Australia.
- Stehlik, D. & Underwood R. (1988). *A training program for home and community care co-ordinators*. Perth: Centre for the Development of Human Resources. Western Australian College of Advanced Education.
- Summers, A. (1976). *Damned whores and God's police. The colonization of women in Australia*. Harmondsworth: Penguin.

- Sutherland, C. (1986). Feminist research: A voice of our own. In H. Marchant & B. Wearing (Eds.), *Gender reclaimed: women in social work*. (pp. 147-156). Sydney: Hale and Iremonger.
- Thiele, B. (1986). Vanishing acts in social and political thought: Tricks of the trade. In C. Pateman & E. Gross (Eds.), *Feminist challenges. Social and political theory*. (pp. 30-43). Sydney: Allen and Unwin.
- Thurer, S. L. (1983). Deinstitutionalization and women: where the buck stops. *Hospital and Community Psychiatry*. December 1983. 34, 1162-1163.
- Titmuss, R. (1979). *Commitment to welfare*. London: George Allen and Unwin.
- Townsend, P. (1981). Elderly people with disabilities. In A. Walker & P. Townsend (Eds.), *Disability in Britain*. (pp. 91-118). Oxford: Martin Robertson.
- Troll, L. (1988). New thoughts on old families. *The Gerontologist*. 28, 586-591.
- Tulloch, P. (1984). Gender and dependency. In D. H. Broom (Ed.), *Unfinished business. Social justice for women in Australia*. (pp. 19-37). Sydney: George Allen and Unwin.
- Turner, C. (1981). Welfare and women: change perceptions of welfare and problems of women's identity in Australia. In N. Grieve & P. Grimshaw (Eds.), *Australian women. Feminist perspectives*. Melbourne: Oxford University Press.
- Ungerson, C. (1987). *Policy is personal. Sex, gender and informal care*. London: Tavistock.

- Ungerson, C. (Ed.) (1985). *Women and social policy. A reader.* London: Macmillan.
- Ungerson, C. (1983). Why do women care? In J. Finch & D. Groves (Eds.), *A labour of love: women, work and caring.* (pp. 31-49). London: Routledge and Kegan Paul.
- Waerness, K. (1987). On the rationality of caring. In A. Showstack Sassoon (Ed.). *Women and the state. The shifting boundaries of public and private.* (pp. 207-234). London: Hutchinson.
- Walby, S. (1986) *Patriarchal and capitalist relations in employment.* Minneapolis: University of Minneapolis Press.
- Walker, A. (1987). The poor relation: poverty among older women. In C. Glendinning & J. Millar (Eds.), *Women and poverty in Britain.* (pp. 178-198). London: Wheatsheaf Books.
- Walker, A. (1983). Care for elderly people: a conflict between women and the state. In J. Finch & D. Groves (Eds.) *A labour of love: women, work and caring.* (pp. 106-128). London: Routledge and Kegan Paul.
- Walker, A. (Ed.) (1982). *Community care. The family, the state and social policy.* Oxford: Basil Blackwell and Martin Robertson.
- Walker, A. & Townsend, P. (Eds.). 1981. *Disability in Britain.* Oxford: Martin Robertson.
- Watson, E. A. & Mears, J. (1990). *Women in the middle: care-givers with a double burden of care.* School of Community and Welfare Studies. MacArthur Institute of Higher Education. Campbelltown, New South Wales.
- Watson, S. (1988). *Accommodating inequality.* Sydney: Allen and Unwin.

- Weale, A. (1983). *Political theory and social policy*. London: Macmillan.
- Western Australian Liberal Party Policy. (1989). *The family. A premier responsibility*. Perth: T. A.. Herzfeld.
- Western Australian State A.L.P. Platform. (1989). *Families*. Perth. (photocopy)
- Western Australian Women's Advisory Council. (1986). *Women, the caregivers*. Report to Western Australian Government. Western Australian Government Publishing Services.
- White, R. (1989, July). *Corporatism, social welfare and the state*. Paper presented to S.W.R.C. conference 'Social policy in Australia: what future welfare state?' Sydney: University of New South Wales.
- Wilensky H. & Lebeaux C. N. (1965). *Industrial society and social welfare*. New York: Free Press.
- Wilson, E. (1982). Women, the 'community' and the 'family'. In A. Walker (Ed.) *Community care. The family, the state and social policy*. (pp. 40-55). Oxford: Basil Blackwell and Martin Robertson.
- Wilson, G. (1977). *Women and the welfare state*. London: Tavistock.
- Wilson, E. (1977b). Women in the community. In M. Mayo (Ed.). *Women in the community*. (pp. 1-11). London: Routledge and Kegan Paul.
- Women's Interests Branch, (1990). *Final report. Committee of enquiry into the needs of older women*. Perth: Bureau for the Aged.
- Worsley, P. (Ed.) (1974). *Modern sociology*. Harmondsworth: Penguin Education.



Wright, F. (1983). Single carers: employment, housework and caring. In J. Finch & D. Groves (Eds.), *A labour of love: women, work and caring*. (pp. 90-105). London: Routledge and Kegan Paul.

Yeatman, A. (1990). *Bureaucrats, technocrats, femocrats. Essays on the contemporary Australian state*. Sydney: Allen and Unwin.

Yeatman, A. (1986). Women, domestic life and sociology. In C. Pateman & E. Gross (Eds.) *Feminist challenges. Social and political theory*. (pp. 157-172). Sydney: Allen and Unwin.

**XIII APPENDICES.**

*Chapter 8 - A Care Analysis of Four Households.*

Appendix 1.           The City of Belmont - demographic characteristics.

Appendix 2.           The City of Belmont - Community Options Program.

*Chapter 9 - H.A.C.C. and its assumptions - analysis and implications.*

Appendix 3A.          The history behind the McLeay Report and A.L.P. aged care policy.

Appendix 3B.          The McLeay Report - precursor to H.A.C.C.

Appendix 3C.          Projected future institutional v. community care expenditure by the Commonwealth government based on 1986 prices.

Appendix 3D.          Women and Paid Work in Australia.

Appendix 3E.          Women and the Family Wage in Australia.

Appendix 3F.          Domiciliary Nursing Care Benefit and Carer's Pension.

Appendix 3G.          In-depth demographic analysis.

APPENDIX 1. CHAPTER 8.

*The City of Belmont - demographic characteristics:*

The City of Belmont is located close to the centre of Perth in the eastern suburbs of the Perth metropolitan area and consists of the suburbs of Belmont, Rivervale, Redcliffe, Cloverdale, Newburn. The Community Options Program also incorporates the City of Perth suburbs of Lathlain and Carlisle.

Aged population:

In 1986 the City of Belmont had a total population of 28,862 with 3116 (10.8%) of these being people over the age of 65, which is slightly above the Perth average of 10%. Persons over the age of 60 totalled 4602, or 15.9% (ABS. Cat.No. 2502.5, 1989, p. 16) again over the Perth average which was 13.1% (ABS Cat.No. 4106.5, p. 4).

Housing:

The suburbs which make up the City of Belmont are well-established ones in which some families have lived for many years. In recent years, old houses are making way for high-density dwellings to which younger people are moving. There is a high proportion of public (HomesWest) housing. There are 875 people (19%) over the age of 60 years living alone, which is slightly less than the Perth average of 20%. Of these 622 (71%) are women which is also slightly below the Perth average of 75% (ABS Cat.No. 2502.5, 1989, p. 22).

Women:

Of the total population of Belmont over the age of 15 years of 23,129, 11,667 or (50.4%) are women of whom 2,480 (21.2%) are over the age of 60 years which is 54% of the over 60 years cohort. The number of women over the age of 80 is 262 or nearly 60% of that cohort (ABS. Cat.No. 4106.5, 1989, p. 4). Women between the ages of 40-59 total 3,471 or (29.8%) of women over the age of 15 years. Over half of the women in the City of Belmont are married, 1237 are widowed and 2908 have never married. 72% of these women have no qualifications beyond secondary schooling and there is an unemployment rate of around 11% for women, with over 52% not in the labour force (ABS. Cat.No. 4108.5, 1990, pp. 66-67).

Future projections:

According to Australian Bureau of Statistics projections, Western Australia will continue to be one of the fastest-growing States in the Commonwealth, with a growth rate in 1990 of 2.5%. The estimated numbers of people over the age of 65 will be 189,300, an increase of 40% from 1981 (ABS. Cat.No. 4103.5, 1985, Table 1.5, p. 17). The City of Belmont has estimated that 30% of its population will be over the age of 60 by the year 2000, this is an increase of 14.1% over 1986 figures (City of Belmont, *City of Belmont Facts and Figures*, no date).

**APPENDIX 2. CHAPTER 8.**

**The City of Belmont Community Options Program.**

**(a) The Home and Community Care Program in Western Australia:**

The Home and Community Care Program was established in Western Australia in 1986 as a cost shared arrangement. In the 1989/90 financial year the Commonwealth provided 57.9% of funds and State governments 42.1%. Joint expenditure in that financial year was over \$411 m. of which \$43,163,000 or (10.35%) was allocated in Western Australia (Health Department of Western Australia, 1990, p. 1).

The Program is administered by the State H.A.C.C. Unit which is part of the Health Department of Western Australia. The State Office of the Commonwealth Department of Community Services and Health's responsibility is to provide policy advice and co-ordinate the cost share arrangement. Commonwealth and State officers consult with community groups through the H.A.C.C. Forum, co-ordinated by the Western Australian Council of Social Service (W.A.C.O.S.S.) and with each other through inter-Departmental committees.

**(b) Community Options - Aims and Service Delivery:**

The community Options model of service delivery was first piloted in Australia in Adelaide in 1984 by Aged Cottage Homes (Abbey et.al, 1987) with unmatched monies provided under the Home and Community Care Program. The program was initially developed in the aged care field, but has since been extended to include the other H.A.C.C. target group, younger people with disabilities. The philosophy of the program is to

develop flexible, individually-tailored care packages for those at a high risk of inappropriate or premature admission to long term residential care (Consultancy Brief: Evaluation of W.A. Community Options Projects - Department of Community Services and Health, January 1990, p. 3.)

Persons considered 'at risk' include those who are considering moving to institutional care, either a nursing home or hostel; those who want to remain at home, but are in jeopardy, through frailty or disability in being placed in institutional care; those already receiving services, but are experiencing difficulties in coping (City of Belmont, *Information for Service Providers*, no date).

Similar to the Home and Community Care Program generally, the Community Options Program is designed to support carers as well as those being cared for. However, Community Options is different to the majority of other H.A.C.C. funded programs in that there is a budget available to provide the 'care packages' for individuals. Each Community Options Program is funded to a client ceiling of 120 clients, which provides funding of \$20 per week per client and up to \$400 per week of other H.A.C.C. services such as Meals on Wheels or Silver Chain. The role of the co-ordinator of the Program is to arrange as much of the 'care package' as possible by effectively using the informal service system as well as the unpaid or voluntary formal service system. The \$20 per week per client budget is to provide such services as are not available in other areas of H.A.C.C. or in the informal sector.

(c) Community Options - State Budget:

Unmatched monies provided through the Commonwealth Government's Home and Community Care Program Budget (of which some \$712,000 or 7.5% was made available to Western Australia in the 1989/90 financial year) resulted in five projects funded to further test the Community Options model (Commonwealth Department of Community Services and Health, 1989). Evaluation of these projects was conducted in 1990 and an Evaluation Report is expected to be released shortly.

(d) City of Belmont Community Options Program:

The City of Belmont Community Options Program was established in July 1989 and its primary aim and objective is to:

provide basic maintenance and support services appropriate to the need of the individual and the carer, and sufficient to sustain him/her cost effectively within the community (Attachment B., p. 1)

The Program currently (March 1991) has 100 clients, of who about 30 are younger people with disabilities and 70 are aged people. The Program presently has two staff: a co-ordinator and a case manager and one office support person (one third of a full week) who also works for the City of Belmont's Home Support Program. Approval has just been received for another full-time case manager position.

As mentioned above, in June 1990 the Belmont Community Options Program was evaluated as part of a state-wide joint evaluation conducted on behalf of the Commonwealth and State governments. To date, no report is available, however it is understood that a report will be published shortly.

## APPENDIX 3A. CHAPTER 9.

### The history behind the McLeay Report and A.L.P. aged care policy:

This is a brief outline as to the development of increasing urgency for the newly elected Federal Labor Government to undertake a major review of aged care on its election in 1983.

Historically, the *Home Nursing Subsidy Act 1956* was the only major piece of relevant legislation in home care for the aged until the late 1960s (Ozanne, 1990). Care for the aged in Australia, even in the relatively 'lean' period for social welfare of the Menzies era (1949-1962), was always largely considered the responsibility of the Federal Government (Kewley, 1980, Russell, 1981, Sax, 1990). During the 'long boom' of the 1950s and early 1960s, the aged were seen as needing Federal Government assistance, firstly because many were poor and secondly because their numbers were increasing (Roe, 1976). Nevertheless, even then, as the *McLeay Report* points out, the emphasis was on "self reliance and family inter-dependence" (1982, 3.17, p. 26).

As has been discussed elsewhere (Chapter 5), the States initially resisted the introduction of H.A.C.C. for largely economic, but also historical, reasons. The relationship between the Commonwealth and the States in the area of aged care has always been a delicate one, and H.A.C.C. is seen as a major step forward in transferring some of the responsibilities of aged care from the Federal to the State budgets as was discussed during the debate on the *Home and Community Care Bill* (Hansard, 1985). Kewley (1980) notes that such home care programs as there were in Australia in this period traditionally lacked State interest and financial involvement.

The push for a 'community care' policy came from many directions in the decade or so preceding the introduction of H.A.C.C. One of the first report was published in 1975 by the Social Welfare Commission which argued for a "Community Care Program" (Coleman, 1975, p. 66) similar to



those then being offered by Canada, Finland, Denmark and the Netherlands (1975, p. 50). The paper was critical of Australian social policy compared with these and other developed countries, particularly in its lack of a comprehensive home help program (1975, p. 59). The paper cited as an example the Australian ratio of 45:1000 nursing home beds compared with the U.K. figures of 17:1000 (1975, p. 59) which showed that Australia was providing an over-institutionalised and consequentially expensive model of aged care.

There were many other government reports, including: the *Seaman Report* (1973), the *Holmes Report* (1977); the *Bailey Report* (1978), and the *Auditor-General's Report* (1981). In addition there were ongoing articles in journals, many seminars, such as, for example, the A.N.Z.A.A.S. Conference in Perth in 1983 and the *Planning for Care in an Ageing Australia* in 1984 and major surveys, such as the A.C.O.T.A. Survey *Older People at Home* conducted in Melbourne and Adelaide in 1981 and the *Ageing and the Family Project* undertaken from 1981 by the Research School of Social Science at A.N.U.

Much of this debate centred on the need to reconsider the Welfare State's provision for aged care, with an emphasis on individual needs and community settings (Day, 1984). All of these debates had a common theme - that the cost of aged care was going to increase, and that the Government needed to take some firm steps to meeting this challenge. For the Federal Government the economic reality was on the one hand the enormous cost of institutional care and on the other, the relatively 'inexpensive' cost of home care. By 1981/82, the cost of institutional services was a staggering \$665 m., (from \$116.6 m. in 1973/74) while in the same year, the Government only spent \$66 m. on home care services, mainly Meals on Wheels and home nursing. For every dollar spent on home care, ten dollars was being spent on institutional care (Kinnear and Graycar, 1983, p. 80).

The debate around community care for people in need was contiguous with similar debates in the U.K. and U.S.A., particularly in the area of mental health. In a paper presented at the Vice-Chancellor's Conference

on Health Policy at the Australian National University in 1982, Gibson and Rowland summarised the issue thus:

The Australian health and welfare system is characterized by the traditional and ongoing dominance of institutional care. ... almost 90% of that expenditure is directed towards institutional care. While current economic and demographic trends persist, the likelihood of increased *per capita* expenditure on aged care is remote. In these circumstances the relative priority assigned to community and institutional care is an important and increasingly urgent issue (1984, p. 997-998).

Given that the Commonwealth was responsible for the bulk of expenditure in this area, and that the growth of the aged population was potentially going to increase that expenditure dramatically, some attempt had to be made to redress the imbalance between home care and institutional care. The increasing pressure for action culminated in the Fraser Liberal Government commissioning a Report on the issue and this was to become the *McLeay Report*.

APPENDIX 3B. CHAPTER 9.

The McLeay Report - precursor to H.A.C.C.

While the conception of 'community' and 'community care' in the *McLeay Report* were vague, the *Report* stated that a "central issue" in its discussion was "the development of community care" (1982, 3.2. p. 24). The *Report* saw community care as having "its historical roots in the outdoor relief offered the benevolent institutions of the last century" (1982, 3.14, p. 25) referring to those voluntary organisations that were already providing some care to the aged.

The *Report* agreed that community care has a "variety of meanings" and therefore felt a "useful distinction can be made between care *in* the community and care *by* the community" (1982, 3.16, p. 26). The *Report* defined 'care in' as being those "policy measures [which] involve public support to develop services in a variety of community settings." "Care by" on the other hand, was defined as when the "responsibility for care shifts from public authorities to informal support and voluntary sector activity" (1982. 3.16, p. 26). However, as Graycar and Harrison (1984) argue, care *in* "refers only to the environment in which care occur[s]" while care *by* "involves assumptions regarding responsibility for this care" (p. 4. my italics). They continue:

Simply to advocate "community care" without addressing the question of responsibility maintains the ambiguity (1984, p. 4).

The *McLeay Report* appeared avoid the issue of responsibility, although it did note that "community care at present relies on a major input of informal support and a minor contribution of formal services" (1982, 3.24, p. 28) and it recognised that the "informal support from family, friends and neighbours is the overwhelming source of assistance" (1982,

3.20 p. 26). In fact as the case study discussed in Chapter 8 showed, friends and neighbours cannot be relied upon and 'family' tends to mean either spouse, daughter or occasionally, daughter-in-law and this has been confirmed by empirical evidence of a number of other surveys, as was discussed in Chapters 6 and 7.

Another major presumption of the *McLeay Report* was that community care would be 'cheaper' than institutional care (1982, 3.25, p. 28). Institutional care was very expensive as has already been discussed, and the *McLeay Report*, as does the H.A.C.C. program, assumed that care in the community would be cheaper, simply because, as Keens, Harrison and Graycar (1983) point out:

the unpaid work of families (predominantly women) caring for aged relatives, the work of volunteers and the low paid and unpaid work of service deliverers are not given a monetary value - were this unpaid work to be adequately funded, the *McLeay* committee's willingness to advocate "community care" so readily needs questioning (p. 27).

The *McLeay Report* also assumed that there would be a transfer of funds from institutional to community care, and this would, in large part, help defray the cost of community care. As Keens, Harrison and Graycar point out, this ignores the political and health-care realities of needing to maintain nursing homes and hostels, and the "strong political lobby group" in the nursing home industry (1983, p. 27). The *McLeay Report* also recommended firstly that "all programmes providing home care and accommodation for the aged be brought under the control of one Minister" and secondly, that "negotiations should be undertaken with State governments to develop more effective cost-sharing arrangements" (Errey et.al 1986, p. 13).

In summary then, the *McLeay Report* while enthusiastic, was vague as to the realities of 'community care', and presumed a more economical method of service delivery for aged care which relied on the continued labour of families and unpaid volunteers, a reminder of what Titmuss (1979) argued, that economists calculate what they know best, i.e. costs.

APPENDIX 3C. CHAPTER 9.

Projected future institutional v. community care expenditure by the Commonwealth government based on 1986 prices.

Table 2. Projected Outlays All Ages (\$ million, 1986 prices):

	<u>1986</u>	<u>1991</u>	<u>1996</u>	<u>2001</u>	<u>2011</u>	<u>2021</u>
Home Care						
H.A.C.C.	100.9	115.7	129.9	142.6	159.5	193.2
D.N.C.B.	25.4	29.0	32.4	35.5	39.8	47.9
<b>Total:</b>	<b>126.3</b>	<b>144.7</b>	<b>162.3</b>	<b>178.1</b>	<b>199.3</b>	<b>241.1</b>
Nursing Homes	1010.1	1186.3	1353.5	1523.1	1691.2	2029.1
Hostels	105.4	124.6	142.8	161.1	179.1	216.4
<b>Total:</b>	<b>1115.5</b>	<b>1310.6</b>	<b>1496.3</b>	<b>1684.2</b>	<b>1870.3</b>	<b>2245.5</b>
Home Care as a % of Institutional Care	11.3%	11.0%	10.8%	10.6%	10.7%	10.7%

(Adapted from Coleman, 1988, Table 1, Appendix D).

## APPENDIX 3D. CHAPTER 9.

### Women and Paid Work in Australia.

Australian ideology of 'women's place' being in the 'home' underwent a transformation following World War 2 as increasingly, women started to move into the paid work force. Nevertheless, the work they undertook was not 'men's work', but rather the work that women had previously done in the home, which had now become part of the open market place. As Matthews found:

[p]ersonal services, once performed in and organised from the home, expanded into work performed and organised by state-employed professionals, usually women; child care, care of the aged, education and health services (Matthews, 1984, p. 65).

The fact that women moved into paid work which reflects to a large degree their traditional domestic roles (such as nursing, social work, teaching and so on) only serves to reinforce those traditional roles further. Despite their 'public' role, women are still held responsible for the successful functioning of the 'family' in the private sphere (Matthews, 1984) and thus

if the results are as the system wants them then the institution in which they work, 'the family', receives the credit. If they are not successful, however, it is they [women] rather than the institution which tends to receive the blame (Summers, 1975, p. 192).

As Baldock points out, where women did enter non-traditional fields, they were "seldom treated as equals" (1990, p. 13) and despite the move into the public arena, women are still expected to undertake their 'traditional' roles within the home, because, "women's identity and her work in the home are inextricably bound together in her eyes and in those of her culture" (Matthews, 1984, p. 154), which also helps to explain the preponderance of women in part-time work (Curthoys, 1981, Matthews, 1984).

## APPENDIX 3E. CHAPTER 9.

### Women and the Family Wage in Australia.

Australia's economic and social policies are historically embedded in the notion of the 'family wage' which resulted from the 1907 Harvester Judgement (Matthews, 1984). This historic decision helped build the foundation of the prevailing Australian ideology of men as breadwinners, (including supporters of their families) and women as supporting only themselves, and therefore requiring less income. The decision argued that all women who were working were "presumed to be single and awaiting marriage" (1984, p. 60), and that once married, they became the financial responsibility of their husbands. Social welfare policies, the majority of which were developed after World War 2, were based on this gender division of labour (Cass 1982).

To understand just how important and fundamental to the shaping of Australian attitudes and values this decision was, it needs to be viewed as a continuing reality today. The family wage established strict gender divisions of labour for work. As such, it can be observed in the prevalent concept of the valuation of paid work, as done by men, and the corresponding devaluation of work done by women, either in the domestic or the public sphere (Baldock, 1990). While the 'family wage' was abandoned in 1967, its legacy continues and thus the "superiority of male work [which has] been thoroughly entrenched in the economic consciousness [of Australia] for well over half a century (Matthews, 1984, p. 63) continues today.

**APPENDIX 3F. CHAPTER 9.**

**Domiciliary Nursing Care Benefit and Carer's Pension.**

*(a) Domiciliary Nursing Care Benefit:*

The Domiciliary Nursing Care Benefit (D.C.N.B.) was introduced in March 1973 at a rate of \$2.00 per day (\$28.00 per fortnight) with two key parts to its philosophy:

(a) to provide a degree of financial assistance to persons caring for chronically ill or disabled relatives at home in recognition of the significant burden, both financially and otherwise, involved in such an undertaking; and

(b) to promote home care as an alternative to institutionalisation in a nursing home (in the interests of those patients capable of being cared for at home) (Department of Community Services and Health, 1990, *Draft Manual, Domiciliary Nursing Care Benefit*, introd.).

In 1990 the payment was raised to \$3.00 per day or \$42.00 a fortnight. There has been no increase since that time. The D.N.C.B. eligibility requirements state that the "patient must be suffering from a chronic illness, disease or disability such that if an application were made for the patient's admission to a nursing home, the application would be approved" (*D.C.N.B. Draft Manual*, 1990, introd.). In other words, the Benefit will only be paid if the service user is chronically ill, and requires virtually 24 hour nursing care. In addition, the service user and carer must live in a "private home that is the residence of both persons" and "there must be a family relationship" (1989, introd.).

The Benefit can be seen as a relatively inexpensive way in which the State can encourage the person to remain in their own home, and have care provided (in many way equivalent to that provided in the nursing home), by family members. In 1988/89 the national expenditure for D.N.C.B. was 30 m. (*Department of Community Services and Health*, 1990 p. 16), a small cost in comparison with the total residential care recurrent expenditure



for the same year of 1289.9 m. (1990, p. 19). 48.9% of total expenditure of D.N.C.Benefit in the 1985/86 financial year was in the over 75 year age group (Coleman, 1988, p. 8), and the large proportion of these are spouses carers. Of the Belmont households discussed in Chapter 8, 3 of the 4 were in receipt of the D.N.C.B.

An analysis of those currently in receipt of the D.N.C. Benefit is relevant to this thesis. Of the 29,841 people receiving the Benefit in March 1990, 53% were spouses, 26% children, 7% mothers and 8% other relatives. Of the total, 70% were women carers (Department of Community Services and Health, 1991, p. 31).

The D.N.C.Benefit is \$42.00 a fortnight, paid through the Department of Community Services and Health, which is clearly therefore only a "recognition" and not a payment which "reflect[s] the real value of carer contributions" (1991, p. 32). The payment is in no way comparable to that which would have to be expended if the recipient was actually in nursing home or hospital. The comparison between expenditure on D.N.C.B. and the hospitals program can be seen clearly in that in 1985/6 \$11 was spent annually per capita on D.N.C.B. and \$615 per capita on hospitals (Coleman, 1988, p. 8). The D.N.C.Benefit "represents 6% of the average nursing home benefit and provides a supplement of only 8% to a couple with a pension only income" (Department of Community Services and Health, 1991, p. 31). This is a major reduction in real terms from 1973. As a payment designed to off-set the costs of caring, it falls far short of doing that.

In addition, the D.N.C.B. has had little publicity and is generally poorly known by potential users. Kendig *et.al.* found that of the 1,050 people surveyed, only 10, that is less than 1%, were receiving the benefit (1983, p. 143). Recent surveys of nursing home residents show that only 6% were receiving D.N.C.B. prior to admission, a small proportion of the numbers of people being cared for. This demonstrates the continuing lack of knowledge about this and other formal service sector benefits and entitlements (McCull, 1985, Department of Community Services and Health, 1991). Criticism of the narrowness of the

eligibility criteria of the D.N.C.Benefit has been recognised by the Federal Government. For example, the Department of Community Services and Health *Annual Report 1988/89* states that:

There is ... criticism that carers of people, who are not assessed as needing nursing home care, cannot receive the D.N.C.B. even though they expend considerable effort and money (1990, p. 66).

A recent policy paper issued by the Commonwealth Government, entitled *The Role of Carers in Aged Care: Policy and Programs for Support (1991)*, argues that the D.N.C.B. requires urgent review and offers suggestions for future options, including, increasing the level of payment, improved assessment procedures, and revision of eligibility criteria. In addition, the paper argues for a recognition of carer contribution, however asks whether this should remain a cash benefit, or transfer the funding to increase actual service provision (1991, p. 35). It is clear from this Discussion Paper that the Commonwealth Government sees an urgent need to review and revise the Domiciliary Nursing Care Benefit, and crucial to this discussion is the current emphasis on economic rationalism and efficiency in service delivery.

(b) *Carer's Pension:*

The second recognition of the importance of the informal care system is the Carer's Pension as paid by the Department of Social Security. The spouse carer's pension was first introduced in 1983, and originally only a "man who provided his severely handicapped age or invalid pensioner spouse with 'constant care and attention' at home" was eligible (Department of Social Security, *Pensions Manual*, 1988, 27-3).

In November, 1985, coinciding with the introduction of the Home and Community Care Program, the spouse carer's pension was replaced by the carer's pension and the eligibility broadened to include caring for "relatives", which included "spouse, parent, grandparent, child, brother, sister, a ward and certain former relatives" (1988, 27-3). In other

words, the pension was made available to the women undertaking the caring in the home. The Pension has been described as:

an income support measure for a person who is unable to work because s/he is personally providing constant care and attention to a severely handicapped relative at home, where the handicapped relative is receiving the age pension, invalid pension or rehabilitation allowance (Coleman, 1987, p. 4)

In this way, the Pension is regarded as a payment to replace such monies as cannot be earned in the public paid workforce because of the caring responsibilities.

In February 1988 two significant changes occurred in the eligibility criteria - the first, that it was "extended to any person caring ... at home" and second, that a "stricter personal care test replaced the 'constant care and attention' test" (1988, 27-3). To satisfy the personal care test the carer must be providing "frequent attention in connection with the person's bodily functions" or "constant supervision to prevent injury to the person or to another person" (1988, 27-5). The carer must be "personally providing personal care and attention" and "must not be receiving an age, invalid or wife's pension or a service pension." (1988, 27-4).

In other words, while the Carer's Pension again demands intensive caring on the part of the carer it is not paid *in addition* to other kinds of pension. As has been seen, while the Government ascribes the connotation of work to the Carer's Pension ("income support measure"), nevertheless if the carer is already in receipt of an Age or Invalid Pension, there can be no extra payment of the Carer's Pension, even though caring work may be undertaken. Thus the Carer's Pension is not a universal "income support measure". The public paid employment of the carer is an issue as the Department of Social Security Pensions Manual states that

a carer will generally be unable to undertake employment of a full-time or substantial nature. (However part-time employment or employment in the home would not necessarily preclude a person from receiving carer's pension, provided the employment is not inconsistent with the care and attention being provided for the person cared for (Department of Social Security, 1988, *Pensions Manual*, 27-9, my italics).

Therefore, while the Carer's Pension is not equal to that of the salary of someone working full-time caring for the aged outside the home (for example in a nursing home or hostel), receipt of the Pension actively precludes the carer from undertaking full-time work. In this way, the State recognises the full-time nature of caring work, but does not recognise its full economic value. The Carer's Pension is paid at the same rate as the Age Pension, currently \$486.40 per fortnight for a married couple with no children (Department of Social Security, 1990, p. 22) and is subject to the same income and assets tests requirements. None of the four households surveyed in Belmont were eligible for Carer's Pension because all are presently in receipt of another type of pension, for example, Aged Pension or Invalid Pension.

In a recent discussion paper issued by the Commonwealth Government, the issue of carers who have had to give up paid employment was raised. The Government has asked the Confederation of Australian Industry to examine among other things "aspects of employees' caring responsibilities and how they affect participation in the paid workforce" (1991, p. 35). The outcomes of this review will have impact on the income support measures outlined above.

## APPENDIX 3G. CHAPTER 9.

### **In-depth demographic analysis.**

The analysis that follows uses data taken from H.Kendig and J.McCallum (1986) *Greying Australia. Future Impacts of Population Ageing* and from the Australian Bureau of Statistics.

#### **(a) Women Ageing:**

##### Proportion:

The changes in the age population structure from 1961 to 2021 show the high proportion of aged women compared with aged men particularly in the so-called "old-old" group show that recognition of the gender issues in ageing is an essential factor in future social policy planning. Aged women are faced with a double stigma, that of being women and that of being aged (Harrison, 1983). The issue confronting social policy makers is that women as spouses tend to care for their elderly husbands, but who in turn will care for them? Life expectancy of women compared with men confirms that women are living much longer than men, and are therefore more likely to be the ones in need of care in their old-old age.

##### Income issues and poverty:

In the A.C.O.T.A. Survey conducted in 1981, 68.6% of women surveyed were receiving pensions or benefits, other than service pensions, compared with 54.9% of men. On the other hand, 12.9% of men received superannuation while on 4.4% of women did so. 5.4% of women surveyed received no income at all, while only 1.0% of men did so. The A.C.O.T.A. Survey did not concentrate specifically on poverty issues within the surveyed group, however, the large proportion of women living solely on government provided income maintenance demonstrates the precarious nature of their lives.

Walker (1987) argues that an evaluation of social policy must be undertaken to take in account the demographic reality of aged women who are in precarious economic circumstances. As he points out, in this, as in other "spheres of women's lives, the key to their poverty and deprivation in old age is the socially-constructed relationship between gender and the labour market" and he sees the only way in which to begin to redress this imbalance is that "both paid and unpaid labour must be assessed in terms of their contributions to society and rewarded commensurately" (p. 195). While the issue of poverty among older women is becoming increasingly well documented, interesting, Kendig and McCallum, while illustrating the income on retirement of men do not do so for women.

#### Paid Employment:

As is discussed in more detail before, women have entered the paid workforce in increasing numbers and this will have an impact on the future in the area of caring. Future cohorts of older women will have had experience in dealing with the public world and this in turn may have future impact on the way in which those women will demand services from the State. Nevertheless, the fact that they have largely been in part-time or intermittent employment, will mean that their financial situation regarding retirement will remain precarious.

#### Housing:

Housing for the over 60s is also a gender issue. In 1981 there were nearly 40% of women over the age of 80 years in some form of non-private residential care (nursing home, home for the aged, hostel, hospital and boarding houses). Approximately 30% of women over the age of 80 lived alone. This contrasts dramatically with the small percentage of women who are still with their husbands in this age group.

#### Future Issues:

Two excellent Australian reports on surveys of the current cohort of elderly women highlight these issues. The first, *Women and the Challenge of Long Life: Report on a Survey 'For Women over 60'* was commissioned by the National Women's Advisory Council in 1983 and it identified eight

issues "related to improving [older women's] basic conditions of life." These include three relevant to this discussion:

1. a level of income security that permits access to quality of life amenities.
3. specific supports to enable frail older women to care for themselves at home
7. respite support to relieve older carers and deter the erosion of human dignity that comes with unremitting labour, social isolation and loss of hope (Day, 1984, p. 59).

The second report, which was commissioned by the Western Australian Government in 1989 and entitled: *Enquiry Into the Needs of Older Women* made 58 recommendations regarding financial security as well as two other recommendations which are relevant to this discussion:

R.37. The Commonwealth Department of Community Services and Health be encouraged to continue research into the needs of carers and the support services carers require (1990, p.III).

R.2. The State Home and Community Care (HACC) Unit review its information distribution policy of service units and further develop and direct its public relations strategies towards older women who qualify for HACC services (1990, p.IX).

In addition, another report, entitled *Women in the Home* commissioned by the Women's Adviser's Office of the Department of Premier and Cabinet, South Australia made some similar recommendations:

R. 3. That, in any rationalisation of services under the Home and Community Care program, respite for carers remains a major priority (1988, p. 71).

(b) *Women Caring:*

Education:

Increasing numbers of young Australians are staying at school longer and the phenomenon of the 1980s, that is of a return to education by mature-aged women will result in a future aged population that will be a more highly educated cohort. A recent ABS publication shows that in Western Australia, for example, education qualifications are higher for the present day 40-59 cohort of women than those over 60 years (ABS, Cat.No. 4108.5, 1990, p. 27).

Kendig and McCallum conclude that the "number of tertiary educated women will increase especially quickly, which suggests that many more older women will be equipped for positions of leadership" (1986, p. 14). I would argue that this demographic reality will impact much sooner than when these cohorts reach old age.

The higher proportion of women with education will result in a cohort of women that will make educated decisions about such crucial life choices as whether to have children, whether to continue to work and whether to take care of their elderly relatives. In addition, these women will be more assertive and more articulate and will thus make increasing demands on the State for the kinds of support services they want.

Employment:

Labour force participation of cohorts of married women from 1947 to 1981 shows that of those women turning 60 in 1981, only 11% were in paid employment when they were in their early twenties. However nearly 60% of the cohort born between 1949 and 1954 were in paid employment in their twenties. It is important to recognise the impact of this increased participation of women in paid work will mean for the future of women caring.

The demographic data shows that the current cohort married women are continuing to remain in the workforce longer than previous cohorts. Barriers to married women working which existed previously (such as



having to resign from the teaching profession or from public sector employment) have been dismantled and increasingly, women are working both for economic and personal satisfaction. The growth in women working has been in part-time not full-time employment, particularly in the 45 - 55 years age group. For example, in Western Australia between 1981 and 1988 there was a 12.2% increase in labour participation in this age group (ABS, Cat.No. 4108.5, Table 3.3, p. 33).

The fact that a large proportion of the married women who are working part-time are actually working in the human service sector also needs to be taken into account. As women become better educated, as their aspirations grow, will they continue to be satisfied with low-paid or poorly-paid, comparatively low status work such as that currently being experienced by them in the formal service aged care sector? A recent Discussion Paper issued by the Department of Community Services and Health pointed to this fact and stated that because

work in caring services is seen to provide few rewards, it is depressing, it is the last thing anyone would want to do .... it is not surprising that community services have difficulties in attracting and retaining staff (1991, p. 39).

#### Marriage and Family:

Marriage is still popular in Australia, despite the increasing levels of divorce and despite the fact that "up to half of the baby boom generation can be expected to have been divorced at some time during their lives" (Kendig and McCallum 1986, p. 20). Kendig and McCallum conclude that this demographic fact will alter some of the present assumptions about families and family life with a resultant impact on the future of caring. They say that multiple marriages may weaken "ties to children, and [result in] possible less commitment between older couples". In addition, "new kinds of relationships will have to be developed by families experiencing divorce and re-marriage." According to Kendig and McCallum, the "outcomes will depend largely on men's abilities to maintain close personal ties, and the adaptability of traditional family values" (1986, p. 20).

What such a statement ignores is the fact that it is women who work the hardest to maintain family ties, even in marriages that remain stable. Women are also expected to do the caring, not only of their children, but also of both of their own aged relatives and their relatives by marriage. What such trends are more likely to highlight is that men will take even less responsibility for caring and a greater burden will fall on the shoulders of women.

#### Single Women:

Another crucial factor within the marriage data is that the "ranks of the never married are likely to increase again next century" and as "many as 11 per cent of the children of the 1950s will never marry" (1986, p. 20). Thus the assumptions underpinning the Home and Community Care Program that there will be a 'family' to provide care for elderly people will also require revision, as this large cohort of ageing baby boomers will have no family in the traditional nuclear sense, and their needs for care will require re-assessment in the light of this fact. As has been seen, the first line of defence against institutionalisation is a spouse. If there is no spouse, the vulnerability of such never-marrieds is clear. There will be increased vulnerability for those women never-marrieds who reach the old-old age group.

#### Fewer Children:

One other demographic characteristic of the baby boom population needs to be highlighted and that is that it "appears likely to bear significantly fewer children" and thus families will be "reduced" in size (1986, p. 21). Once again, this factor has immediate impact on the future of social policy for age care. As has been discussed, within the informal service system, it is left to families, and within these families, women, to provide the greatest proportion of care for elderly relatives. Families are reducing in size and one obvious immediate consequence is that there are fewer single women who remain in families to care for elderly parents than before. The consequences of such smaller families for the future of aged care has yet to be fully realised. Kendig and McCallum argue that "childlessness among the aged in 2020 will be no greater than the levels

found among the aged in the 1950s" (1986, p. 21); nevertheless, the reality of the smaller, nuclear family has meant a family of greater mobility and thus a family more likely to move away from its traditional roots. While it is recognised that there are "close and enduring bonds between aged parents and middle-aged children" (1986, p. 21) it seems that some research must be conducted now as to the long-term impact of the reduction in family size on future caring potential.

**XIII LIST OF ATTACHMENTS.**

**Attachment A:**

City of Belmont. Information for Service Providers. Re: Community Options Programme. (undated).

**Attachment B:**

Structured Interviews. Questions for Primary Carer, Service User and Service Provider.

## CITY OF BELMONT

### INFORMATION FOR SERVICE PROVIDERS

#### RE: COMMUNITY OPTIONS PROGRAMME

The Community Options programme is a Home and Community Care funded project sponsored by the City of Belmont as part of its Community Services Department.

#### TARGET GROUP

Frail aged and/or people with disabilities living in Belmont, Rivervale, Redcliffe, Cloverdale, Newburn, Lathlain and Carlisle, who may be:-

- \* Considering moving into a Nursing Home or Hostel.
- \* Wanting to remain at home.
- \* Awaiting placement in long term care.
- \* Already receiving some services, but still having problems coping.

Those persons already in residential care are not eligible for assistance from this project.

#### AIM

- To identify why a person may be considering, or is at risk of premature or inappropriate admission to long term care.
- To identify what services can be provided to allow the person to remain at home, if desired, while maintaining a good quality of life.
- To provide basic maintenance and support services appropriate to the need of the individual, and the carer, and sufficient to sustain him/her cost effectively within the community.

This programme is not intended to address intensive care needs of the kind more appropriately provided in nursing homes and hostels. Such needs would be beyond the scope of this project.

The Co-ordinator's assessment will be an informal social assessment of need.

### OPERATIONS OF SERVICE

The Co-ordinator of this service will visit the person in the home, and with the client and carer, if relevant, will establish:-

- Reasons for thinking of moving from the home.
- What best could be done to overcome the problems.

The Co-ordinator, with the client, will provide a 'package of service' to suit the particular needs by:-

- Utilising existing H.A.C.C. services within the region, if available.
- 'Buy in' services not readily available.
- 'Gap fill' or 'top up' services to individual need.
- Ongoing review of needs and be flexible to change.
- Providing support and services by utilising existing community facilities.
- Responding to crises and changes in need.

The Co-ordinator will liaise with other services within the area on an ongoing basis to co-operate in the service delivery to the client. Services will not be duplicated, but rather complemented by providing 'top up' services to need.

### CHARGES

Usual fees for services will be negotiated and if necessary, be subsidised. No one will be exempted because of inability to pay.

### REFERRALS

Anyone can refer a person, with their knowledge, to this project by contacting:

Co-ordinator - Helen Bullis  
Community Options Programme  
Holmes Hall - 387 Belmont Avenue  
Cloverdale 6105  
Telephone 277 1511

This service will be monitored by H.A.C.C. Services, and data collected will provide information of service need for ongoing development planning. However, NO details identifying individuals will be made available to either State or Commonwealth administrative bodies.

Confidentiality will be strictly observed.

We would welcome your support of our project and we look forward to co-operating in service delivery to frail aged and people with disabilities within the area.

**ATTACHMENT B.**

**CASE STUDY:       STRUCTURED INTERVIEW SCHEDULE  
                      (Chapter 8).**

**1.       QUESTIONS FOR PRIMARY CARER:**

**A.       Relationship:**

1.       What is the relationship between you and the person(s) being cared for?
2.       How long have you provided care?
3.       Do you live with the person being cared for?  If not -       (q.4 and q.5)
4.       Do you live nearby?
5.       How often do you visit?
6.       Do you telephone often?
7.       Are there other family members involved in providing care for this person?  If so, who?
8.       What kinds of activities do they (these other family members) get involved in?
9.       Do your caring activities have the support of your own family?
10.      Are there neighbours near the person being cared for who visit regularly?
11.      If so, what kinds of activities do these neighbours get involved in?
12.      Do the neighbours telephone occasionally?
13.      Who do you think the person being cared for sees most regularly?
14.      What kind of care do you provide?  In other words - please outline the kinds of things you do for the person (s).
15.      How do you feel about being the primary carer for this person?

32. How often? Regularly? Occasionally?
33. Do you organise your time at work (ie: flex-time) especially in order to be able to provide care?
34. How would you rate your own health? Good/Average/Poor/Other?
35. Any other comments?

2. QUESTIONS FOR PERSON BEING CARED FOR:

1. How long have you lived in this house (or this neighbourhood)?
2. Do you know many of the people living nearby?
3. Do you they come and visit? or do you visit them?
4. Do your friends live in this neighbourhood, or do they live in other suburbs?
5. Do you have regular contact with your friends? If not, how often? If yes, how often?
6. Who do you telephone most regularly?
7. Apart from your husband/wife, who is the person you see most regularly?
8. Does (primary carer) provide for most of your needs?
9. What formal services do you use?
10. Do you think they provide enough for you? In other words, is there anything that you need that you aren't receiving?
11. What activities do you enjoy?
12. Do you go on any outings?
13. If not, would you like to?
14. How do you feel about your relationships with: (a) your primary carer (b) your formal care agencies.?



16. What kind of care do you think the person requires but isn't receiving?

**B. Formal care support:**

17. When did the person start receiving formal care? (ie. from a government agency or known service provider).

18. Is it enough?

19. If not, what more could be done?

20. In your view, what are the positives about formal care?

21. What are the negatives? (If any.)

22. Do you feel comfortable/happy about the quantity and quality of formal care?

23. Any further comments?

**C. Personal details:**

24. Are you in paid work? If not - (q.22) If yes - (q.23)

25. Did you give it up recently? Why?

26. Is it part-time or full-time? If part-time - (q.24 and 25).  
If full-time - (q.26 and 27).

27. Do you work part-time because of your caring commitments?

28. Would you work full-time if you did not have such commitments?

29. Do you find working full-time and providing care as well difficult? In what way?

30. Have you heard of respite care services?

31. Have you ever used such services?



18. Marital status of children.
19. Own home/rental/other (describe).
20. Are neighbours actively involved with this person?
21. Does this person seek outside activities?
22. Health status:
23. Which person (apart from spouse) would this person see most of?
24. Formal care provided by: (please list Government depts. or other service providers - excluding your agency.)
25. Formal care includes:
26. Informal care provided by: Primary carer/family/neighbours/friends/others (please detail).

### III. Details of service provision.

27. What services does your agency provide for this person?
28. How long have these services been provided?
29. How often does your agency visit this person?
30. Are the services provided by the same carer each time?
31. Is this carer paid or voluntary?
32. What sex is this carer?
33. Does the primary carer use respite services?
34. If not, why?
35. In your opinion, is the mix of formal and informal care available to this person sufficient?
36. If not, what is missing?
37. Any other comments?