

# The Responsibility for Child and Aged Care: Shaping Policies for the Future

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## THE RESPONSIBILITY FOR CHILD AND AGED CARE SHAPING POLICIES FOR THE **FUTURE**

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Tony Eardley Editor

## **Abstract**

Like other comparable English-speaking countries, Australia is looking increasingly to the market as the means of meeting human needs. This raises questions about the responsibility of providing care for those, who, by virtue of their age or other characteristics, are excluded from the labour market and are unable to provide for or care for themselves.

It is widely accepted that, in most instances, families and continue to had assume responsibility for the care of young children and older people in need of support. However, experience in the fields of aged care and child support suggests that state support and intervention has been required when families are unable to continue in those roles. As the existing 'safety net' of state intervention is coming under unprecedented demographic, economic and political pressure there is a need to re-examine alternative options for providing care in an ageing society. Following a brief, comparative review of the history of aged care and child care in Australia, this paper considers the options and implications of shifting the balance between the various potential sources of support. These include care provided by unpaid family caregivers, care provided by the voluntary community-based market-based agencies, care provisions, and care provisions supported by the state. Attention is drawn to the implications of the changing character of aged care as well as to the links between labour force participation and the ability of family caregivers (especially women) to provide care, and to the impact of different forms of provision on equity between and across generations.

## 1 Introduction

This paper considers the effect of ageing on the future balance of responsibilities for providing care to older people and younger children. The age of the recipient is an important indicator of the need for care of both groups, so as the Australian population ages, changes may be expected in the total amount of care required.

The ageing of the Australian population involves an increase in both the proportion and absolute numbers of those of older ages in the total population (Productivity Commission, 1998). This latter development, the increase in absolute numbers of older people, especially those above 85 years of age, the so called 'old old' amongst whom the chance of requiring ongoing care is particularly high, suggests that if the levels of disability and chronic illness amongst older people remain as they are today, there will be a need to continually expand the total amount of care for older people. For the National Commission of Audit (NCA, 1996) for example, these demographic projections raise questions about the capacity of the state to continue to provide care. For others, the questions identified mainly concern fine details of planning (see, for example, Gibson, 1998). Another commonly voiced anxiety concerns the willingness and capacity of the family to continue to provide assistance (Walker, 1997).

The increase in the numbers of people at the upper end of the life course has been accentuated over the past decades by a parallel demographic development, a reduction in the birth rate that has seen a decrease in the proportion of young children in the total population. Whilst attention to the demographic figures alone might suggest that such a reduction would be accompanied by a reduced overall demand for child care, there has instead been a significant expansion of formal child care provisions in Australia over the past three decades, as will be shown later in this paper. This development raises important questions about the link between policy and the demography of particular age groups. Just as surely, it casts doubt on the proposition that the care needs of an ageing population can be met by a simple switch of resources from care for the young to that for the old.

Irrespective of demographic developments, important shifts have also taken place over the twentieth century in the balance of responsibilities for providing care. In Australia there have been historically important shifts between the informal care provided by families and formal care provided by skilled, professionally qualified (and all too often by unskilled and unqualified) staff in legally constituted organisations. Within the formal sphere, too, the balance between direct provision by for-profit businesses, by governments both State and Commonwealth, and by charitable, religious and community-based non-profit providers, has fluctuated considerably over the past fifty years in the fields of both aged care and child care. Different funding models, from complete user pays systems to comprehensive government subsidy, have been tried with varying degrees of success over the same time span. How might this balance develop in coming years?

The central concern of this paper is the likelihood of future changes in the field of aged care with respect to what a number of European writers have come to term the 'Welfare Mix', that is the mix between family, the state and the market for underwriting and enhancing the welfare of the population (Evers, 1988; Evers and Svetlik, 1991). Before proceeding to consider future developments, a number of limitations and difficulties encountered in policy forecasting are considered in Section 2. Section 3 then focuses on a brief historic review of shifts in the balance of responsibility between family, the state and the market for providing care to children and older people to identify issues likely to determine policy making for and in the future. Trends in the areas of aged care and child care are examined, comparing and contrasting broad developments in both fields from the time of European colonisation of the continent, giving particular emphasis to policy developments over the past thirty years.

The comparison reveals important common themes as well as significant points of contrast, and these are considered briefly in Section 4. In both child and aged care there has been a long history of residual state intervention, with government intervening to provide care where family or the market was judged to be inadequate or failing. Developments over the past thirty years suggest the emergence of a rather different approach to care, one in which formal, publicly supported services have begun to

work together with families. In the case of child care, the new approach has been to provide formal assistance to enable the mothers of young children to engage in paid employment. In the field of aged care, services have increasingly been delivered in the home, improving the care for frail older people who continue to reside there. Rather than undermining the family or encouraging them to 'shirk their responsibilities' for providing care, it is argued that these new sorts of services represent the emergence of a different, more innovative approach to care, in which the dominant pattern is no longer either the family or the state, but a new welfare mix. These trends in the formalisation and public support for specialised care services parallel other developments in the outsourcing of domestic labour, an issue explored briefly in Section 4.

The final sections of the paper consider two issues of fundamental importance arising from the foregoing account: the continuing importance of family support; and the capacity of the market to generate appropriate care solutions. The concluding section draws this evidence together, suggesting that it is more likely that the politics of provision for the ageing, rather than the demography, will exert the greatest influence on policy development.

## **2** Forecasting and Speculation: A Note of Caution

Forecasts of the nature, extent and likely outcomes of technological, economic and social developments, especially in the medium to longer term, are typically viewed by scientists, policy makers and the public alike with a degree of scepticism, if not downright incredulity. The social sciences, at the best of times, are hard put accounting for and explaining the present. Despite the demand for knowledge of the future, respectable academic social scientists have taken a generally conservative approach to the issue of long-term forecasting, qualifying their conclusions as projections rather than predictions or forecasts (Clare and Tulpulé, 1994; Saunders, 1996) or have focused on broad, generally abstract generalisations. This has often left the terrain of more applied speculation open to less reputable (although perhaps better remunerated) professions such as futurologists, business management experts and fortune tellers.

The work of the economist Thomas Malthus (1766-1834), who predicted that population growth would soon outstrip productive capacity serves as a well know example (Barber, 1967). His inability to factor into his writings technological and social developments that subsequently took place in industrialised societies has served as a salient reminder of how even careful projections based on hard population data can be wide of the mark. As Giddens (1982: 13-15) has pointed out, those who are the objects of research are, in turn, active participants in history, seeking to influence its outcomes. Government policy makers, markets, community groups, social movements and private households are all likely to react to research results and predictions, often in ways which are intended to prevent potential problems and shape the outcomes of decision-making processes.

There is, in short, a dilemma to be faced in looking at topics such as the future impact of population ageing. This arises from the fact that while data on the future are at best incomplete there are good reasons for wanting to know about them so that measures might be taken to ameliorate potential problems and take advantage of emerging opportunities. But if population projections and projections of the costs of an ageing population are, on their own, unlikely to give an accurate or comprehensive picture, what might be done to fill in the gaps?

Both childhood and old age have undergone considerable redefinition over the past two centuries, reflecting economic, political and social developments as much or more than demographic changes (Aries, 1973; Phillipson, 1982; Laslett, 1995). Policy in both child care and aged care also clearly mirrors broader changes in the relationship between the households and families from which individuals economy/labour market and the state - the major institutional clusters which constitute the historical environment into which individuals needing care are born and live out their lives. In examining the effect of ageing on the future balance of responsibilities between the various providers of child and aged care, this paper, therefore, turns to history to discern patterns and trends which might help illuminate the darkness that so many see in the future. Although necessarily brief, the review of developments in the fields of child care and aged care presented below strongly suggest that demography does not determine destiny.

## 3 A Brief Historical Review

#### **Child Care**

The history of child care in Australia takes on a different character depending on the definition employed.<sup>1</sup> Defined broadly as arrangements for the care of children, child care has a history in Australia that pre-dates European settlement by many millennia. As this paper is concerned with relations between family, community, the state and the market, it will be confined to the period since the establishment of the state as the sphere of supreme legal authority. To keep the story as short as possible key points in this history have been summarised in Table 1.

Colebatch (1998), has distinguished four main periods which we follow here. The first of these periods covers the initial three decades of colonisation, from 1788 to around 1820. Government, such as it was during this time, understood it had ultimate responsibility for the care of children from the time the English flag was hoisted. Government authorised and financed services, such as the orphanages and the 'Native Institution' founded in 1815, which operated under the supervision of private citizens, generally appointed directly by government. The establishment of these facilities was accompanied by the enforcement of the responsibilities of parents, especially fathers, for their children (Ramsland, 1986; Gilding, 1991; van Krieken, 1992).

A second period may be distinguished which extends from the end of the rule of Governor Macquarie in 1821 through till around the time of Federation. As the colony developed, children at most levels of society were commonly expected to work. Often this involved forms of home production and outwork. Within the household, children were also often made responsible for the care of younger children. Work and care were clearly not seen as incompatible. Nevertheless, the idea that education was appropriate for all children gradually gained acceptance. By the end of the nineteenth century government had accepted responsibility for providing all children with at least a basic education. As the economy

I am particularly indebted to Colebatch (1998) for the following account.

Table 1: An Overview of Developments in the History of Child Care in Australia Since 1788

Period	Policy Developments
Establishment 1788-1820	<ul> <li>Government-sponsored orphanages.</li> <li>Removal of children from unsuitable mothers; substitute care provision for working single fathers.</li> </ul>
Consolidation 1820-1901	<ul> <li>The normalisation of marriage and family responsibility for children.</li> <li>Further development of orphanages and reform schools.</li> <li>Private boarding out of children (baby-farming) led to passing of protective legislation (1870s).</li> <li>1880-1900 – Establishment of compulsory education from age 6.</li> </ul>
Entrenchment and reaction 1901-1970	<ul> <li>Family seen as the central institution in care for children (e.g. Harvester Judgement, 1907).</li> <li>Government bodies supervised parental responsibility and intervened in selected cases, e.g. 'stolen generations' and forced adoption practices.</li> <li>1890-1920 - Emergence of kindergartens, 'pre-schools' and day nurseries.</li> <li>1940 and later, Commonwealth Government-funded demonstration child care centres and kindergartens in each State.</li> </ul>
The developing market for child care services 1970-present	<ul> <li>1970-1990 - Recognition of the single-parent families and reemphasis on family for custodial and other purposes; end of widespread adoption practices, closure of orphanages and other large scale facilities.</li> <li>1970 - Initiatives to develop network of child care centres opposed by ALP.</li> <li>1972 - Community Child Care Act: Capital and recurrent grants for non-profit centres, centres required to employ trained staff.</li> <li>1974 - Introduction of Family Day Care. Expansion of Commonwealth and State funding, from 1972-1998, for approved child care places, initially in non-profit centres, later in for-profit centres.</li> <li>1984 - Introduction of Out of School Hours Care Subsidy.</li> <li>1988 - National Child Care Strategy. Expanded provision by over 30 000 places; further large scale expansion, especially in Out of School Hours Care places, in 1992-96 National Child Care Strategy.</li> <li>1991 - Shift from grants based on operational costs of centres to system of centre support plus means-tested per capita grants based on parental income, leading to 'uncontrolled' growth of for-profit centres.</li> <li>Most services provided under the Children's Services Program (CSP); funding mainly Commonwealth with some extra State funding for preschools and community centres.</li> <li>1996-97 - End of operational grants to community-based centres, Centrelink assesses eligibility for child care payments; voucher-like user subsidy approach; review of priority of access guidelines, shift from emphasis on working women.</li> </ul>

Sources: Colebatch, 1998, 1999; Gilding, 1991; Brennan, 1994.

and market developed, government's responsibility for child care expanded to arranging fostering and adoption and enforcing exclusion of children from the workplace by requiring attendance at school. What we would today probably call community initiative also shaped provisions through this period, seeing the emergence of the first 'pre-schools' and later day nurseries (Brennan, 1994: 13-31).

The third period, from early in the twentieth century through to the postwar baby boom, is often thought of as one characterised by 'traditional family values'. Welfare departments were established and showed they were not reluctant to intervene to enforce parental responsibilities or to remove children from the care of those deemed to be unsuitable. This occurred most chillingly and most thoroughly in the 'stolen generations' of aboriginal children forcibly and permanently removed from their parents (HREOC, 1997). Factory legislation excluding children and limiting the employment of women, together with developments such as the family wage provided under the Harvester Judgement of 1907, underpinned such policy. These and other developments were accompanied by reduced birthrates and a gradual increase in the participation of women in the paid workforce. The rate of increase in the participation of married women in paid employment rose sharply in the two decades following the Second World War, as shown in Yet, despite what might be imagined to be massive demographic pressures exerted by the rise in the birth rate that constituted the postwar baby boom, it was to take another quarter century before the provision of specialised child care facilities came to be widely acknowledged as a central issue for government in Australia.

The expansion of formal services specialised in the provision of child care took part largely in the fourth period, which may be dated from around 1970. According to Deborah Brennan's history of the politics of Australian child care, educational justifications were initially emphasised by activists seeking an expansion in provisions. Increasingly, however, work force considerations came to dominate the debate (Brennan, 1994). Much of the initiative for this expansion came from feminists seeking practical means to release women, especially the mothers of young children, from full-time domestic duties in order to engage in paid employment.

Table 2: Married Women in the Labour Force, by Age Group: 1933–96 (Percentage of all married women)

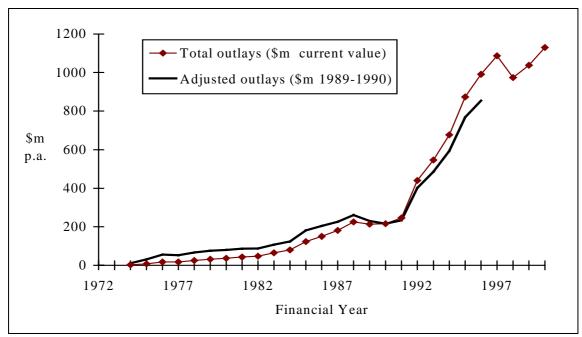
Age group	1933	1947	1961	1971	1981	1991	1996
15–19	3.2	11.4	19.9	36.4	45.7	53.8	57.2
20–24	4.4	11.6	24.5	44.1	57.4	64.1	66.7
25–34	4.7	8.0	17.3	33.0	49.0	61.3	63.5
35–44	5.3	8.8	21.2	41.3	58.4	71.3	72.3
45–54	6.0	8.6	19.9	36.1	50.5	63.3	66.3
55–59	5.7	6.6	12.6	23.2	31.3	34.1	41.2
60–64	3.7	4.1	6.5	12.0	15.0	16.3	19.6

Source: ABS data 1933–1996 cited in AIHW, 1997: 63.

The 1990s have seen an increasing emphasis placed on access to formal child care services as a form of family support and as an equitable entitlement of all families, working or not. But economic arguments have been crucial in their expansion, with one important study commissioned by government (Anstie et al., 1988 cited in Brennan, 1994) showing that revenue gained from tax paid by women dependent on formal child care for their jobs exceeded government expenditure on child care by over \$106m. According to Brennan, this was used to justify the expansion of subsidised child care places by a further 30 000 places (Brennan, 1994: 197-200). Even more successful in increasing total public expenditure on child care were arguments for a level playing field to be established across the industry. Fee relief became available in relatively unregulated private for-profit services as well as in the highly regulated community non-profit system. The result was a massive expansion in the total number of child care places from 114 391 in 1989 to 306 575 in 1996, with a corresponding growth in public expenditure on child care, as shown in Figures 1 and 2.

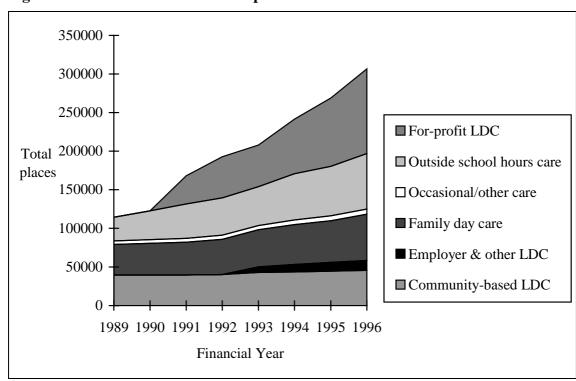
Measures introduced since 1996 by the Coalition Government have seen the abolition of operational subsidies to non-profit community-based services, and a demand side measure limiting access to child care subsidies, effectively increasing the direct costs to many parents on low-middle level incomes (AIHW, 1997: 103-4). Subsidies are no longer paid in advance to service providers, but instead are paid in arrears to service users (parents) issued with a departmental card. Measures have

Figure 1: Growth in Commonwealth Expenditure on Child Care Services: 1998-2000 est (in current and constant, average 1989-90 prices)



Source: DHFS data, in Brennan, 1994: 203; AIHW, 1997, A4.4; Australia, Treasury, 1997: 4-57 and 1998: 4-60.

Figure 2: Growth in CSP-funded Operational Child Care Places: 1989-96



Source: DHFS data in AIHW, 1997, Table A4.2.

also been taken to ensure assistance is targeted to working parents, and a cash rebate system introduced for families using formal or informal child care for work-related purposes. These and other measures taken are expected to affect demand and reduce the rate of growth in total costs to the Commonwealth Government for care (Australia, Treasury, *Budget Paper No. 1*, 1998: 4-60). They may do this by reducing the use of community-based long day care and possibly increasing the use of other types of service, such as for-profit long day care, family day care and other forms (such as nannies) for which a subsidy was previously unavailable.

It is important to recognise that even with the expansion of child care services since the 1970s, the majority of child care continues to be provided by parents or as unpaid babysitting, generally provided by family. Many children in formal care attended on a part-time basis. As shown in Table 3, in 1996 the majority of children under 12 relied on informal child care provided by family, neighbours or babysitters, or 'no child care', which means that they were cared for only by their parents and/or school. The extent of reliance on some form of non-parental child care varied with age. It was greatest for children aged less than one and those of school age, from five to eleven years of age. The use of formal child care services increased amongst children aged one and above and was greatest amongst those of four years of age.

Table 3: Use of Formal and Informal Child Care by Type and Age of Child: March 1996 (Percentage of age group)

	Age of child, in years								
Type of Care	> 1	1	2	3	4	5	6-8	9-11	Total
Formal only	7.6	22.0	35.5	56.3	62.1	12.2	9.2	6.2	20.1
Informal only	33.6	41.6	42.9	42.4	40.0	33.7	34.1	33.3	36.4
Formal and/or informal	38.0	55.1	62.5	75.3	76.8	41.3	40.1	37.3	48.4
Parents only <sup>(a)</sup>	62.0	44.9	37.5	24.7	23.2	58.7	59.9	62.7	51.6

Note: a) ABS defines reliance on care provided by parents as 'no care'.

Source: ABS, 1997: 13, cited in AIHW, 1997: 359.

### **Aged Care**

Like child care, aged care is a field which may be defined narrowly, in terms of informal and formal services and facilities for the provision of specialised long-term care for older people, or more broadly, bringing into scope the wide variety of sources of care and support that older people have drawn upon over the period under review. In particular, the practical provision of aged care relies greatly on unpaid assistance provided by family members, just as it overlaps extensively with that of medical and hospital care and, to a significant extent, with the field of housing, supported accommodation and income support.

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The brief overview of the history of aged care in Australia presented here draws on a recent publication (Fine and Stevens, 1998) which deals with aged care in New South Wales since white settlement. While some differences exist between care provisions in different Australian States, the general lines of development presented here are broadly representative of the national picture. In the interests of brevity this account focuses on the development of the system of specialised formal services and facilities, touching only on the other forms of support where appropriate. As with the history of child care, four periods in the history of age care have been distinguished, as shown in Table 4. These periods overlap to a significant extent with those outlined above for child care, but differ also in interesting ways, reflecting significant differences between the fields of aged and child care.

The first period, which extends from the time of European colonisation to the mid-nineteenth century, may be characterised by the view that older people needing care are indigent. The response was that they were made inmates of facilities for the destitute. Government took responsibility for ameliorating the conditions of those considered deserving of support but unable to provide for themselves, but sought to channel its response through a third party by providing grants to non-government organisations. A second, more benevolent period began to emerge by the time transportation of convicts ceased and gold rushes had become the major source of new immigrants to this country. The new approach owed much to the emerging perspective on public health and health care provisions. A series of Royal Commissions and other public enquiries

Table 4: An Overview of Developments in the History of Aged Care in New South Wales and Australia since 1788

Period	Main Developments
Establishment 1788-1850	<ul> <li>Sydney Dispensary established 1788 by Governor Arthur Phillip.</li> <li>1818 - Benevolent Society established with government support.</li> <li>1821 - Government funds building and operation of destitute asylum on behalf of the Benevolent Society; majority (70 per cent) of inmates aged 60 years and older (1830); main care problem: indigence.</li> <li>Other public and charitable 'asylums' opened later, e.g. Liverpool St. Asylum, 1849, probably Australia's first public nursing home.</li> </ul>
From indoor relief to income support and ongoing nursing care.  1860s-1950  State Government responsibility	<ul> <li>1860-1900 – Numerous Official Enquiries into quality of care of destitutes.</li> <li>1870s - Arrival of trained Nightingale nurses; compulsory employment of the Nightingale nurses in the asylums from 1877.</li> <li>1893 - Development of Rookwood Asylum into the state centre for geriatric care, 200 men transferred from the overcrowded Parramatta asylums, state asylums became the centrepiece of aged care in NSW and generally throughout Australia till the 1950s.</li> <li>1901 (NSW), 1908 (Aust.) – Introduction of the Age Pension as alternative to 'indoor relief' of indigent aged.</li> <li>1900-1910- Sydney District Nurses Association and later other District Nursing services established.</li> <li>1944 - NSW Housekeepers Emergency Service established.</li> </ul>
Commodification and Entitlement  1950-1980  Emergence of Commonwealth responsibility.	<ul> <li>1951 - Hospitals Benefits Act excluded chronically ill and the elderly as 'bad risks'; Pensioner Medical Service established to provide medical and some paramedical services in the community.</li> <li>1953 - National Health Act; defined nursing homes for first time.</li> <li>1954 - Aged Persons Homes Ac; Government grants on a pound for pound basis towards capital costs; 1957 Amendment doubled this commitment.</li> <li>1963 - Nursing home benefits introduced - 'a pound a day'; expansion of private for-profit nursing homes.</li> <li>Emergence of specialised community care. 1956, Home Nursing Subsidy Act; 1969 States Grants (Paramedical Services) Act; States Grants (Home Care Act) Act; 1970, Delivered Meals Subsidy Act.</li> </ul>
Pluralism and Community Care  1980-present  Concern at current and future costs of aged care.	<ul> <li>1983-1996 - Age Care Reform Strategy: residential care benchmarks; Aged Care Assessment Teams given sole authorisation of admissions to residential care; establishment of Home and Community Care Program (HACC); innovations strategy; case management, CACPs etc.</li> <li>Aged Care Act 1997 - Additional entry payments and income related fees to nursing homes and community services; nursing homes and hostels linked in single residential care stream; accreditation of services.</li> </ul>

Sources: Fine and Stevens, 1998; Sax, 1985.

documented the condition of older people in the asylums for the destitute and recommended a different approach to their care. Care remained largely prescriptive but now there were nurses to ensure the prescriptions were carried out with a higher degree of skill and humanity than ever before. An important feature of this period is evidence that concern for the plight of older people and others needing support extended beyond government. For example, most religious orders had some form of organised charity with 'indoor' and 'outdoor' relief facilities to deal with destitution, old age and chronic disease. The age pension, too, was introduced by government, first State and later Commonwealth, in the early part of the twentieth century, for a large part to relieve pressure on 'indoor relief' centres (Sax, 1985; Fine and Stevens, 1998; Dickey, 1980).

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The broad pattern of provision evident in the early years of the twentieth century continued with some degree of stability through until the Second World War. This 'steady as she goes' policy, which reflected the lack of prestige in the field, was the case even as the population of older people needing formal care grew slowly and changed in character from one in which single older men, the survivors of early settlement and the gold rushes, was replaced by one in which older women who had survived their husbands began to predominate amongst those seeking care.

A third historic phase is associated with the expansion of social provisions that took place in postwar Australia as in other comparable nations. Importantly for Australia, aged care became a policy field of national concern. The States maintained responsibility for hospitals as these became centres for high technology acute care, but alternative long-stay provisions were required for frail older people in need of continuing care. As a series of private facilities grew in response to increased demand, pressure increased for government action. Initiatives were taken to extend financial coverage for primary care and some paramedical services to pensioners in 1953, to develop non-profit residential homes for elderly people in 1954, and eventually, a relatively unregulated nursing home subsidy was introduced in 1963 (Sax, 1985; Fine and Stevens, 1998). The Federal Government of the time argued strongly that privately run nursing homes were a cheaper alternative to long-term acute hospital accommodation. The incentives offered made nursing

homes a sound investment and elderly people a valuable asset. The private sector scrambled to get involved. Between 1962 and 1968 nursing home bed numbers grew by 48 per cent, a rate which was out of proportion to the increase in the aged population (Parker, 1987: 15). Ninety-five per cent of the growth in residential care for the elderly and chronically ill had become organised and managed by the nongovernment sector, the majority being nursing homes run for profit. As shown in Figure 3, nursing home numbers continued to grow after this period, as various attempts to curb their growth failed until the mid-1980s. While attempts to develop an alternative form of community-based provision through a series of States Grants Acts in 1956, 1969 and 1970 did not succeed in curbing the growth of the nursing home industry, this did lay the foundations for Australia's current system of largely non-profit community care services (Saunders and Fine, 1992).

72 599 74 257 75000 65000 62 079 53 416 57 530 55000 All Nursing Homes 45000 Total Combined Voluntary and **Beds** 38 224 Private Homes 35000 State Government Homes 25000 . 25 535 18 069 15000 **1**2178 10833 1968 1972 1983 1978 1988 1990 1994 Year

Figure 3: Number of Nursing Home Beds in Australia: 1963-1994

Sources: Giles, 1984; DHHCS, 1991; Saunders and Fine, 1992; AIHW, 1997.

More recent developments in the fourth and current period, which may be dated from around 1980, reflect a growing awareness of the phenomenon of population ageing and the potential economic consequences that responsibility for the provision of care for an increasingly ageing population may bring. Change and innovation became central to the continued development of aged care. New proposals in the fields of both residential and community care were implemented on an almost routine basis (DCS, 1986; DHHCS, 1991; DHHLGCS, 1993; Morris, 1994; COAG, 1995; AIHW, 1997). Many of these changes built on existing modes of provision, but at their heart was the reorientation of policy away from an emphasis on institutional care towards increasing the provision of community care.

The reorientation towards community care is most evident in what became known as the Age Care Reform Strategy of 1983-1996. central developments in this were the introduction of strict residential care benchmarks; the development of Aged Care Assessment Teams and their authorisation as the sole assessors for admissions to residential care; and the establishment of the Home and Community Care Program (HACC) in 1983 through which the Commonwealth Government jointly funded non-profit community care services with the States (DHHCS, 1991; Fine and Stevens, 1998). These service provision measures were also associated with financial access strategies such as the 1985 nursing home funding reforms which limited nursing home fees payable by consumers and increased access of low-income groups to services. Despite effectively reducing the availability of nursing home beds, it should be noted that these policies considerably extended the coverage provided by aged care services, providing assistance not only to the nursing home and increasing numbers of hostel residents, but ensuring that approximately 200 000 people were also able to receive support in their own home (AIHW, 1997: 258-67; DHFS, 1997). One measure of the impact of these changes was the increasing proportions of older people with a profound or severe handicap living at home (see Table 5). In 1993, over 80 per cent of those aged 65-79 were living at home, as were almost 60 per cent of those aged 80 years or older.

As in other areas of policy, such changes in the field of aged care did not occur simply because of demographic pressures. The development of aged care policies in Australia remains a product of political decision-making and reflects the economic and social priorities as well as the conflicting interests that the process of government manifests. The

Table 5: Residence of Persons with a Profound or Severe Handicap Aged 65 or Over: 1988 and 1993

	1988		1993		
Location	Age 65-79	Age 80+	Age 65-79	Age 80+	
Households (percentage)	79.4	49.8	83.7	59.0	
Health establishments (percentage)	20.6	50.2	16.3	41.0	
Total (number)	178 900	151 900	185 500	177 700	

Source: ABS 1988 and 1993, in AIHW, 1995: 190

introduction of Australian reforms in the 1980s was part of the Australian Labor Party's platform before the 1983 election and many characteristics of the programs that were subsequently developed reflect the Labor party's control at the Commonwealth and State level achieved during the 1980s. More recently, the Howard Liberal/National Party Government, elected in March 1996, wasted little time in seeking to stamp their mark on the provision of aged care. Whereas Labor's reforms of the 1980s and early 1990s attempted to harness the runaway market for care and to introduce an equitable, balanced, planned national program of services, redistributing existing government finance to expand community care, the Howard Government has sought through the Aged Care Act (1997) to promote an increasing reliance on user pays principles and the market, bringing in additional entry payments and income-related fees to nursing homes and community services, fostering competition between different types of service providers, and promoting increasing self-reliance through such mechanisms as private long-term care insurance. Measures of these kind were strongly advocated by the National Commission of Audit commissioned by the incoming government in 1996 (NCA, 1996) in order to reduce present and future public costs of providing aged care (Fine and Chalmers, 1998).

# 4 Behind the Policy Response: Longer Term Trends in Care

The all too brief accounts of the history of child care and aged care in Australia presented above focused predominantly on the development of government policy. Like the proverbial iceberg of which only the tip is visible above the waterline, public policy is but part of a much larger

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social configuration. The focus on policy development should not be allowed to obscure the near invisible systems of support provided by the family or the decisions, over time, of many better off households to purchase private assistance. The use of domestic servants amongst the wealthy, especially in the early days of the colony, is well documented. Such domestic servants would undoubtedly have contributed to the provision of both child care and aged care. The private use of the market in more recent years has taken such forms as the employment of nannies, private housekeepers and babysitters to provide care for young children, and the use of private cleaners, personal nurses, private boarding houses and other forms of ongoing support for disabled and chronically ill older Because these decisions are made privately, the extent of reliance on such commercial forms of support is not well documented in the public record.<sup>2</sup> Often, all that emerges are glimpses of inadequacies, as, for example, when the low-income residents of a boarding house are evicted to make way for a more profitable development, or when the private care arrangements break down or are simply not affordable and there are calls for public action to remedy the situation.

The history of both child and aged care in Australia suggests a range of fine details and issues worthy of further exploration. These range from a consideration of the changing definition of family and familial responsibilities embodied in government and community initiatives, through the importance of the churches and social movements such as feminism and the emerging political power of pensioners and other retirees for determining policy, to the effect of constitutional, political and economic developments on the form taken by public policy. The issue of greatest significance for future policy raised by the reviews is the common thread which runs through both histories. This may be summarised as a pattern of increasing formalisation and public support of care provisions. It is this issue which will be addressed in the remainder of this paper.

One important study of the use of private services in the home by Bittman, Meagher and Matheson (1998) is discussed later in this paper.

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## The Formalisation and Public Support of Care Provisions

The historical reviews showed that in earlier periods the care of young children and of older people in need of ongoing support was left to the family (with the important exception of Aboriginal families), with governments taking a residual role as a provider of last resort and the enforcer of public morality. Where intervention occurred it often tended to be total, with the family relieved completely of responsibility for the care recipient. Older people needing care, for example, were removed from their families and placed in institutional residential care settings which were relatively self-contained 'life-worlds' in which family had little place other than as passive visitors. Children judged to be in need of care, too, were taken from their family homes to be placed in institutions, or fostered out to other families. Over the past thirty years or so, however, government has come to act differently, increasingly serving as the enabler, the planner, funder and, occasionally as the direct provider of specialised, formally organised services on which large numbers of people who continue to live at home and participate in family and community life came to rely. To varying extents, access to these services has also come to be regarded as an entitlement of citizenship.

It is of note that in both child care and aged care, government in Australia took some responsibility from the start, developing early a pattern of providing authority and financial support to voluntary nongovernment bodies to deal with many of the social needs that emerged. In the last few decades of this century a range of provisions which serve to supplement rather than supplant the family have been developed. In the field of child care, for example, specialised services were developed, authorised, licensed and subsidised by government, not so much to educate or intervene in the raising of young children, as to enable women, the children's mothers, to engage in paid employment outside Residential care and later community care facilities were expanded in the field of aged care, too, with government finance to provide compassionate support of a specialised, professional kind that family members were simply unable to provide. This care is now codified and regulated, complete with user rights strategies and appeals mechanisms, so that authorised strangers can now be entrusted and paid by government (probably with a user co-payment) to undertake intimate

tasks of care that, in other circumstances, users would have performed themselves, or reluctantly relinquished to trusted family members they had known for many years.

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It is important to emphasise that the formalisation process and the accompanying expansion and public subsidy of care facilities is neither cause, nor evidence of, the abandonment of children by their mothers or of older people by their families. The expansion of community-based aged care services does not represent 'the shirking of family responsibilities' as one conservative US congressman opposed to the expansion of publicly funded care provisions has argued (Congressman Biaggi, cited in Chappell, 1992: 55).

Certainly, there are numbers of individuals today who can not rely on their family for care and who lack sufficient financial or familial resources to survive in old age without help in some form from the community or state. Continued attention to the needs of those who are socially disadvantaged in old age remains a compelling argument for government intervention. But the proportion of older people today in such circumstances is almost certainly smaller than was the case around two hundred years ago in the fledgling colony of New South Wales. In Britain, throughout the nineteenth century, the proportion of older people who lacked family or financial resources and were institutionalised in work houses was the same as, or exceeded, the proportion admitted to residential care in Britain in the 1970s, according to the historical research undertaken by Thompson (1983).

For most older people needing ongoing care today, seeking access to the appropriate support service is a last resort, usually undertaken as a compassionate task by caring family members working together with the older person. Caregivers are typically involved with any decision to obtain formal assistance and do so as an act of support and love, as an assumption, not as a relinquishing of familial responsibilities (Fine and Thomson, 1995, 1996; Finch and Mason, 1990; Qureshi and Walker, 1989). As Litwak (1985) in the US has argued, and others in Australia have demonstrated (Kendig, 1986; Fine, 1994), formal services do not replace families but complement them by providing formalised, specialised forms of assistance, such as nursing, that contemporary families are simply not equipped to provide.

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Neither can child care be understood as an erosion or diminution of familial responsibility, despite the calls, occasionally still heard, that a child's place is with its mother and a mother's place is in the home (Bittman and Pixley, 1997: 145-71, 239-69). The use of occasional child care services may provide harried parents with a period of respite or babysitting, and pre-schools and high quality day care services can function to give young children an early educational boost, a 'head start' as it has been termed following the American early intervention education program of the 1960s. But it is clear that the most popular forms of child care - long day care, family care and out of hours school care - have functioned mainly as a means of enabling the mothers of young children to undertake paid employment (Brennan, 1994). shown earlier in Table 2, the period of the expansion of child care coincides strongly with marked increases in the rates of participation by married women in the Australian labour force. Whilst there is clearly a link between the provision of child care and increased employment of married women, these figures suggest the trend towards greater participation of married women in the labour force was already well established by 1961, when 24.5 per cent of married women aged 20-24 years and 17.3 per cent of those aged 25-34 were reported to be participating in the labour force. Yet this period remains strongly associated with the model of the single-earner household and preceded the establishment of child care by more than a decade. immediately prior to the establishment of the first formal, subsidised child care services, the labour force participation rates had increased to 44.1 per cent and 33.0 per cent of the respective age groups. suggests that it was not the provision of child care which initiated the movement of women to paid employment. Instead, labour market developments served to create the conditions which has led to the increased demand for formal care services.

It has been argued by Snooks (1994) that the increased participation rate of women in the Australian labour market owes much to the restructuring of the work force. In recent decades, there has been a decline in employment in primary and secondary industries but strong growth in the tertiary and service sectors. It is these growth sectors in which the growth of women's employment, often casual or part-time, has been particularly strong. As the two-earner family has increasingly become

the normative model of the Australian family, formal services such as child care and community care have enabled families to adjust, providing economic support to families whilst enabling married women in particular to continue to care for members of the family. It is possible also to posit a further link between the growth in service sector employment and the expansion of formal caring services for young children and older people based directly on the labour force employed. In place of unpaid work in the home, women, this time in (often relatively poorly) paid employment, have been responsible for providing most of the work force of these formal services. In other words, the supplementary care services that have developed to assist women assume wage earning responsibilities, have, in turn, been an area of significant employment growth for women.

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The increasing importance of formalised, state subsidised care services is strongly parallelled by other changes taking place in the relationship between households and the market, as a result of a trend widely referred to as the 'outsourcing of domestic labour'. According to Bittman, Meagher and Matheson (1998), some analysts trace this process back many generations, noting that households have grown smaller over time, that since the agrarian revolution, most no longer produce their own food and since the industrial revolution few attempt to make things, such as their own clothes. Extrapolating this trend into the next century, Philip Ruthven, an Australian business analyst, has forecast that domestic outsourcing will soon make kitchens and laundries 'museum pieces' (cited in Bittman, Meagher and Matheson, 1998: 10).

In Australia, there has also been a reduction in the amount of time women spend on many of the domestic tasks involved in housework in recent decades (Bittman, 1995). Regrettably, the reduction in women's time spent on domestic tasks is not the result of any marked increase in the contribution of men in performing their share of the work, or even, to a significant extent, to the introduction of labour saving devices such as automatic washing machines. Instead, it appears simply that women spend less time working at home as a result of their increased employment rates. Time spent on food preparation is the task shows the greatest decrease over the last decade. This has been achieved in part by direct outsourcing, the purchase of prepared food outside the home by

household members, and partly as a result of a change in diet and a shift to the marketing and use of convenience and semi-prepared foods which markedly cut down food preparation time (Bittman, Meagher and Matheson, 1998: 18-19). Growth in outsourcing of child care has also been significant, with expenditure on child care growing even faster than home cooking replacement (Bittman, Meagher and Matheson, 1998: 19).

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Analysing the trends in the outsourcing of other domestic tasks using data from the 1993-94 ABS Household Expenditure Survey, Bittman and his colleagues (1998: 13) report that around 30 per cent of households with a child under 12 spent some money on child care over a two week period. This was in addition to the informal child care, provided without payment by relatives, friends and neighbours, which, as shown earlier (see Table 3) was reported in other ABS studies to be almost twice as prevalent. Interestingly, Bittman and colleagues (1998: 16) using the household expenditure data, estimate that no more than the 1.3 per cent of Australian families with a child aged under 12 employed a nanny in 1993-94.

The use of gardening and cleaning services amongst all Australian families was also low, but increased with household income, as might be expected of a discretionary market good. The use of cleaning services increased even more powerfully with the age of the householders, with a sharp rise in those homes in which the reference person was aged 75 years or over.

In this age group the purchase of housekeeping services reaches a level many times higher than for any lower age group. The effects of age are more powerful than those of income. These irregularities in the distribution of demand are produced by the organisation of social services. State subsidised housekeeping, cleaning and personal care services are available to the aged who would otherwise be unable to afford them. (Bittman, Meagher and Matheson, 1998: 15)

Gershuny (1983) has argued that household choices to purchase services are subject to the relative price of alternatives and that there is not,

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therefore, a uniform trend towards outsourcing.<sup>3</sup> In high-income families, the purchase of cleaning services, for example, may be considered cost effective. In lower income households, however, the opportunity cost involved may preclude such decisions. Here, social policy has, and is likely to continue to have, an important part to play in making available domestic support services, such as cleaning, available to the low-income elderly who require such assistance.

The debate about trends towards domestic outsourcing clearly reflects the expanding labour market in the services sector and the shadow process of the commercialisation and the partial commodification of domestic labour. Women, the unpaid source of most of this domestic labour in the past, are likely to continue to face decisions about the opportunity cost of engaging in employment outside the home (and thus contributing to expanding productivity and to a reduction in the dependency ratio). Unless there is a future economic collapse or a reversal of this pattern in some other way (such as men assuming primary responsibilities for care) this process is likely to continue to put pressure on the family. Despite predictions of low fertility rates for Australia in the medium to longer term, an expansion, not a reduction, in specialised family support in the form of child care is likely to be required. Increased commitment to community care services will also be required, both for the numbers of older people without family support and for those who must rely on support provided by employed family members. While saying this, it is important to point out that the trends in domestic outsourcing so far have not as yet seriously undermined the resilience of unpaid familiar care. As the figures shown in Table 5 suggested, appropriate policies can function to support and strengthen such informal support in future years.

In the final section of the paper, therefore, attention is focused on the changing capacity of the family to provide care. This is followed by a short discussion of one other issue thrown up by the historical review:

Rather, Gershuny posits a trend towards 'insourcing', as households have chosen to purchase cheaper durable goods in order to reduce the labour time required to service the household.

So does the counter trend of 'insourcing', evident not just in food preparation practices, but in the increasing reliance on capital equipment, such as video players and perhaps home computers, for cheap household entertainment as well as in other household activities.

the potential impact of formal policy responses which might attempt to shift the balance of responsibilities towards increasing reliance on market mechanisms for the provision of care to supplement that provided by families.

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## 5 The Continuing Importance of Family Support

Most care of children these days continues to be provided by parents and other family members, as shown earlier. The same situation also pertains to the care of older people. In 1993, the ABS reported that over 83 per cent of those aged 65-69 years with a profound or severe handicap continued to live at home. The same situation applied to almost 60 per cent of those aged 80 years with a profound or severe handicap and above, as shown in Table 5 above. In most instances, continued residence at home was associated with support to at least some degree, from an unpaid family caregiver.

Some idea of who these family caregivers are can be gleaned from data provided by the Australian Bureau of Statistics. But sometimes, impressions, even statistical impressions, can be misleading. It can be seen from Table 6, for example, that approximately 70 per cent of all informal caregivers are women. Of particular note is the fact that women of working age, from 15-64, predominate amongst such caregivers. They constitute almost one in every two informal caregivers of older people. Men of the same age make up another 14.6 per cent of the total. Hence, almost two-thirds of unpaid caregiving of older people is undertaken by those of working age, most likely by women of working age.

The general ABS figures presented in Table 6 record a variety of different forms of care to persons at all levels of disability (from mildly disabled to severely and profoundly handicapped). The sorts of help enumerated range from occasional help with transport (the most common form of assistance) through to responsibility for ongoing personal care. In the age range 15-64, they tend to disguise the fact that the age of most of the principal carers is 45 or above. Focusing on the relationship of the caregiver to the care recipient, it is clear the number of people who provide care to their partner or child far exceeds the number of children

Table 6: Principal Carers Providing Care to Persons Aged 65 and Over, by Sex and Age Group of Carer, Australia: 1993

Sex and age group of carers	Number	Percentage
Males		
15-64	39 000	14.6
65-79	37 000	13.8
80+	10 600	3.9
Females		
15-64	132 400	49.5
65-79	42 400	15.8
80+	6 300	2.3
Total population (all ages)	267 500	100.0

Source: ABS, 1993, cited in AIHW, 1997: 254.

caring for a parent, as shown in Table 7. Taking together the figures on child care and those of support of severely handicapped older people at home, it appears that women of working age are most likely to be involved with child care responsibilities between the ages of 25-45 years, and with the care of older parents from 45-65 years. More detailed data from the 1988 ABS survey of disability and handicap show that the overwhelming majority of primary caregivers of severely handicapped people (those most likely to need regular care) aged up to 75 were partners of the care recipients, either their wife or husband, in almost equal numbers. Daughter (and daughter-in-law) caregivers, those most likely to still be of working age, were increasingly common amongst those aged 75 and over, although their numbers were still less than 60 per cent of those of partners of the severely handicapped care recipients. Sons (and sons-in-law), also in the age group 45-65 years, were the next most common category of informal caregivers (ABS, 1990: 17-18).

Older people, therefore, are already the major category of carers of older severely handicapped people at home. Older people are the more likely to give assistance than receive it in a number of ways. Those aged over 55, for example, are the most significant providers of informal child care, and the most important group of voluntary workers and informal carers for the sick and (ABS, 1995b: 117-18; Clare and Tulpulé, 1994: 71; Kendig et al., 1983; Kendig, 1986; Wenger, Grant and Nolan, 1996).

Table 7: Relationship of Recipient of Care to Principal Carer, All Ages: 1993

	Principal Carer				
Recipient of Care	Males	Females	Total		
	Percentage	Percentage	Number ('000)		
Partner	60.7	33.4	229.1		
Child	3.8	22.7	89.3		
Parent	22.9	30.3	150.9		
Other	12.5	13.7	71.9		
All principal carers	100.0	100.0	100.0		
Number ('000)	177.2	364.0	541.2		

Source: ABS, 1995a, Catalogue No. 4423.0, Table 31.

This suggests both that much family caregiving of older people continues to be resilient, but that future programs in support of caregivers will be essential. Arrangements for the care of older people need to be developed with a view to providing relief for working caregivers, or at least a series of alternative services, perhaps modelled along the line of child care, designed to enable those in employment to maintain their employment, at the same time as they continue to provide support for older family members. If policy for the future is to help maintain older people at home and prevent a significant shift from informal towards formal care, the issue of what has been termed 'employed caregivers' (Thomson, Turvey and Fine, 1996) must be of crucial importance for policy makers, as it is for feminists, employers, trade unions and family caregivers themselves.

In developing policy responses which might develop options for the support of an ageing population in the future, there are, according to Qureshi and Walker (1989: 262-71) three broad policy options for government. These are:

- the withdrawal of public assistance and the enforced reliance on the provision of care by family members or the purchase of marketbased services;
- relieving informal caregivers of responsibility by providing alternative forms of care; and

• the support of informal caregivers through the development of shared care approaches in which state, community and family work together in partnership.

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The feasibility of each of these options has been canvassed more fully elsewhere (Shaver and Fine, 1996), but a brief recapitulation of the conclusions is pertinent here. The first of these options, while superficially attractive to certain hard-nosed conservatives and perhaps some market economic liberals, is at variance with the worldwide evidence on informal support. Evidence from public support programs in the United States (Christianson, 1988; Kemper, 1992), Scandinavia (Johansson and Thorslund, 1991; Thorslund and Parker, 1994) and Australia (as discussed earlier) have all shown that family support was more likely to increase than decrease following public interventions through home support services. The absence of such support, in contrast, appears to be one of the factors behind the rise of 'granny dumping' and elder abuse (Steinmetz, 1988; Wolf and Bergman, 1989). Reliance on competitive market mechanisms, especially where competition has succeeded in driving down wage rates to a level that older people might be able to afford without public support, also appears to be problematic. It is commonly reported that older people in many states of the USA fear receiving in-home care from non-medical sources for fear of being robbed or bashed by lowly paid domestic workers (Wallace, 1990).

The second option, relieving families of care, has been advocated by some feminists (Dalley, 1988), who see unpaid caregiving as essentially exploitative. It is fairly clear, however, that most recipients of care or their caregivers would not support such an option, even if the financial means were available to fund the vastly increased supply of services that would be required. The approach does, however, serve to draw attention to the importance of ensuring that the relationship between those who need care and their informal caregivers is not one based on exploitation and unrealistic expectations. In this regard, too, there are important policy implications.

The third approach, based on the development of a supportive partnership in providing care, is broadly in line with developments that have been occurring in Australia in recent years under both Labor and Liberal/National Party administrations.

The concept of a 'partnership in care' suggests a form of postmodern pragmatic comprise that is unlikely to satisfy fundamentalists of either the right or left of the political spectrum. The lack of appeal to fundamental principles is, however, probably less significant than the practical difficulties associated with the implementation of the ideals. It is easy to give lip service to the ideals of supporting existing and future arrangements for informal care, as governments have done for generations, but knowing how to deliver that support in effective ways is quite another matter. Despite all the pamphlets, counselling groups and advice lines developed to date, there is a nagging doubt that much of what passes for caregiver support programs is often simply a whitewash for governmental withdrawal from other care funding commitments.

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An important part of any future policy in this regard must recognise that government alone is not, and can not, be the only institution responsible. Employed caregivers, for example, need support that includes:

- changes in the workplace and in their working conditions;
- improved services for caregivers and, most importantly, for the recipients of care; and
- improved income support provisions.

These approaches have been canvassed more fully than is possible here in a recent SPRC publication (Thomson, Turvey and Fine, 1996). While it is important to recognise the needs of working women in these situations, the approach needs to be expanded considerably to encourage men, especially whilst they are still of working age, to take on more of the tasks of informal care.

There are already, of course, a wide range of existing social security payments in Australia (Bradbury, 1995) which serve to mitigate, to some extent, some of the worst aspects of poverty and social neglect that are often associated with unpaid family caregiving. These range from the Carers Pension, through to specific payments for the fostering of young children, tax rebates and family payments. It is also possible to claim the Child Care Rebate against informal child care costs such as charges by grandparents for child care. While child care related payments have been well received, the take up rates of the Carers Pension has been poor and

its coverage limited, affecting only a small proportion of the total population of informal caregivers. This suggests that there remains significant scope for enhancing informal care of older people by developing improved systems of payment to family caregivers.

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It has been pointed out that the efforts of informal caregivers have traditionally been regarded by government as a 'free good' (OECD, 1996: 19). But experience with various schemes for the payments of informal caregivers, in Scandinavia and elsewhere (Glendinning, 1993; Evers, Pijl and Ungerson, 1994; OECD, 1996) suggest that there is merit in considering the potential of such schemes in Australia to encourage those who are themselves already above retirement age to undertake such work. As Walker (1997: 43) has argued, it is mainly those close to the age of retirement who have undertaken the role of caregiving for older people. With the likelihood that most of those entering the relatively active third-age will be able to continue to be active for 15-25 years, incentives for retraining as formal, paid carers are worthy of consideration. What is proposed is not a disguised form of work for the dole (work-for-the-pension?) but an approach which would involve experiments with innovative payments to test the viability of developing realistic and cost-effective responses to the planning dilemmas associated with the care labour force of the future, drawing upon an expanding demographic group (the active ageing) to help compensate for likely reductions in the existing labour force (unpaid females of working age).

## **6** The Invisible Hand and the Future of Care

In considering the care needs of an ageing population, the National Commission of Audit (NCA, 1996) and others have argued that government will no longer be capable of funding the care services required. In reviewing the history of child and aged care, this paper has emphasised the often hidden contributions of the family and of other informal sources of support. A number of different approaches that should be used in order to enhance and sustain this approach have also been discussed. But, given the implicit faith placed in market-based solutions to meeting human needs, the question remains: can the invisible hand of the market become the helping hand of the future?

The histories of aged care and child care demonstrate that turning to the market for solutions is by no means a new approach in Australia. The market has been important in two ways. First, market-based provisions have been, in effect, de facto alternatives to care by the family for over two centuries. However, the adequacy of service coverage has been limited, mainly because the direct purchase of ongoing care, an intrinsically labour intensive activity, remains beyond the reach of most individuals and households. For those who have been required to make do with such care 'on the cheap', issues of quality and exploitation have emerged, as illustrated by such incidents as the public outrage associated with the deaths arising from babyfarming in the nineteenth century, and the scandals associated with some boarding houses and even subsidised private nursing homes for the elderly in more recent times. Indeed it is the failure of market-based provisions to adequately meet the needs of the population for child care and aged care that has provided the demand and the rationale for social policy interventions in the field of care.

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The second manifestation of market-based approaches to care has been in the attempts by governments to utilise the relative efficiency of the market to reduce the public costs of care. Private nursing home proprietors in the 1960s and 1970s, for example, were clearly able to provide nursing home beds at a cost that was below that of the State Government hospital/nursing home system. But while the cost per bed may have been well below the public and even the charitable/non-profit alternative, the total cost to government proved to be anything but low as the result of providing government funding was that demand for care, manifested through the waiting lists, grew rapidly out of control. similar experience of rapidly spiralling costs to government arose with the extension of public child care subsidies to the private sector in the early 1990s. This suggests that the combination of public funding and private enterprise care provisions is a rather potent mix, and not one which can easily be advocated by those interested in containing the cost of future public responsibilities for care.

Other approaches have been proposed to harness the power of the market in the provision of public services. These proposals range from tightly written contracts, through to the carefully capitated expenditure involved in managed care. Attempts to test the efficacy of some of these

approaches underlie some of the experimentation currently going on through the Coordinated Care Trials (COAG, 1995). To date, however, it would be premature to declare that solutions have been found to the dilemma posed by the need of the for-profit services to maximise their market share and product differentiation, and the importance of ensuring equity whilst constraining expenditure in the social policy field.

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One further issue to be considered in appraising the future capability of the private sector to provide solutions arises from a consideration of the extent to which old people already serve as unpaid volunteers in the sphere of social and community service. The ageing of the population presents considerable opportunities to draw on the skills and enthusiasm of active retired people, in the provision of child and aged care, but also in other fields of social activity. However, it is unlikely that many would wish to make a contribution as unpaid or even low-paid volunteers in services which otherwise operate on a purely commercial basis. The potential value of an ageing population in the formation of social capital is clearly considerable, but this would not be realised in a system in which profit and individual gain is the main motive.

Historical trends have shown that demographic developments alone have been of relatively minor importance in the shaping of social responses to the needs for care of either children or older people. As Saunders has noted:

The question which needs to be asked is what impact the ageing of the population itself- and the effects to which it gives rise - will have on the future course of the economy and on those social benefits whose determination is the outcome of political choices. To ignore these links between the demographics and the political determinants of social benefits is to misunderstand one of the most important lessons of past social policy development throughout the world. (Saunders, 1996: 22)

Just what political developments the ageing of the Australian population will bring in the twenty first century remains unknown. But it is clear that in a democracy as vigorous and as solidly rooted as that of Australia, the next few decades are unlikely to leave a history of significant reductions in the total public cost of servicing the demographically most dynamic segment of the population. How these public costs might be best provided is, however, another topic (Fine and Chalmers, 1998).

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