

## SPRC Newsletter No 51 - December 1993

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# SPRC Newsletter

SOCIAL POLICY RESEARCH CENTRE

No. 51 DECEMBER 1993 FREE.

EDITOR: JULIA MARTIN

## AGEING IN JAMAICA - SOME IMPRESSIONS

BY SARA GRAHAM

In Newsletter No. 48, we featured an article on recent developments in Japanese social policy, with emphasis on the support of the aged. In this Newsletter, Sara Graham looks at aged welfare in a country with a very different culture, history and economy - Jamaica.

**R**ecently, I was fortunate enough to be able to return for a brief visit to Jamaica. I had lived there for a number of years working in the Sociology Department of the University of the West Indies and I have a profound affection for the country.

Now that I had developed a professional interest in social policies for elderly people in Australia, I was keen to combine my social pilgrimage with an exploration of how Jamaica, a smaller and much poorer country than Australia, helps its elderly people, especially those who are the most frail and vulnerable.

By chance I was in Jamaica during Senior Citizens' Month. I had very informative

meetings with Mrs Sybil Francis, Chairman of the National Council for the Aged (a body which advises the government on matters that pertain to the aged and which also receives a government subsidy to provide services on a limited basis), and Dr Denise Eldermire of the University of the West Indies' Department of Social and Preventative Medicine.

I participated in a Workshop centred around the topic of 'Working Together with the Elderly in Development' which brought together representatives of voluntary bodies in Jamaica. I also attended two very lively meetings of Senior Citizens', or as they are known in Jamaica, Golden Age, clubs.

### POPULATION PROJECTIONS

A former colony, Jamaica gained its independence from Britain in 1962. A small country, its population at present is about two and a half million.

Jamaica's population is younger than ours. Whereas those over 60 years old in Australia account for about 16 per cent of the total, in Jamaica the proportion over 60 is only about 10 per cent with a much higher proportion of its population than ours being under 15

years. Both Jamaica's and Australia's elderly populations are projected to grow rapidly in the next thirty years to form about 15 per cent of Jamaica's population and about 23 per cent of ours.



Above: Dancing at a Golden Age Club meeting in Kingston. Photo: Sara Graham

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**Both Jamaica's  
and Australia's elderly  
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## INCOME

Jamaica has been described as a 'middle income Third World country' (Stone, 1986). Its economy is highly dependent, and although certainly not amongst the very poorest of Third World countries one index alone is telling. In 1992, whereas Australia's per capita income

**the average personal income of people over 60 was about \$13 per month, with 80 per cent reporting an income of less than this amount**

was US\$17080, Jamaica's was only US\$1510 (Population Reference Bureau, 1992). Whilst there is a significant middle class in Jamaica, there are also, in both rural and urban areas, many poor people, and considerable unemployment and under-employment. In all areas of social and economic life, class differences are overt.

In these circumstances, how do elderly people fare? In a recent study of the conditions of the elderly, a quarter reported no personal income (Francis and MacKenzie, 1989). In Australian dollars, the average personal income of people over 60 was the equivalent of \$13 per month with 80 per cent reporting an income of less than this amount. Relative to the cost of living this is a low income.

Government-provided income support for elderly people is limited. For those with no income there is poor relief, which amounts to about \$2 per month, and national old age assistance, about \$4 per month. In addition there are food stamps worth about AUD\$3 per month (Dunn, 1993). Although there are contributory old age pensions, few of the elderly poor will have worked sufficiently long to be eligible.

How then do poor elderly survive? A high proportion are home owners and many families practice subsistence farm-

ing. On very small plots of land they may keep a few chickens and goats and grow vegetables. There is an important marketing sector dominated by women, many of whom are elderly.

## FAMILY STRUCTURE

Families are relatively large and within them elderly people typically occupy a pivotal but also often a dependent position. For example, they play an important part in the care and socialisation of children, particularly grandchildren. In turn, younger adults are expected to support, to the extent that they are able, their economically and physically dependent elderly parents and sometimes more distant relatives.



Given the high rates of unemployment, daily existence is very hard. In the survey mentioned above, when asked what they found most difficult about their lives, the elderly placed their economic circumstances at the top of the list, followed by their health.

I have confined this sketch to the elderly who are poor. At the more affluent levels of the society the circumstances of the elderly would, in general, appear to be very different and although the family is an important source of support, services of all kinds would generally be privately purchased to meet the various areas of need. However, a new class of elderly, described to me as the 'New Poor', is apparently emerging.

## THE NEW POOR

The 'New Poor' are elderly people on fixed, mostly public service, pensions who are finding it exceptionally difficult, given Jamaica's high rate of inflation, to make ends meet. Such people have

traditionally enjoyed reasonably secure and relatively affluent positions. They are unaccustomed to the hardships that the poor have had to endure over the centuries and have come to take for granted.

The 'New Poor' feel highly stigmatised by their newly experienced dependency. I was told that there is a considerable amount of depression amongst this group.

## HEALTH AND LIFE EXPECTANCY

Interestingly, the expectation of life in Jamaica differs less from Australia than might be expected. According to the Survey of the Elderly (op cit) for men it is 71 years compared with 73 in Australia, and for women it is 75 years compared with Australia's 80 years. Amongst the elderly, hypertension is a major health problem.

Although there is a network of Government health clinics throughout Jamaica from which people can obtain their prescription medicines free of charge, I was told that, in addition to the problems people have in accessing these on account of poor and expensive public transport, the clinics tend to run out of medicine because they are inadequately resourced to meet the demand. The price of essential medicines, privately purchased, would be beyond the reach of most poor people and place a considerable burden on those who are not so poor.

## CARE AND SUPPORT

What about the social and physical care of those who are highly dependent? Much of the support is provided by families, in particular by the female members.

**elderly people play an important part in the care and socialisation of children, particularly grandchildren**

For those who have no families (about 16 per cent of elderly people live alone) and are receiving inadequate community support, there is 'indoor relief' in the



form of government provided infirmaries for the poor. For the better-off, there are privately or voluntarily run nursing homes and homes for the aged.

Outside of the family, the support of frail elderly people comes almost entirely from many voluntary and charitable sources as well as from aid organisations, for example, Help Age International. The churches are also an important source of support for all social classes.

Publicly provided services seem to be very thin on the ground, although thanks to a government subsidy, about 450 meals are provided daily by the National Council for the Aged for those elderly people living in Kingston who are unable to prepare food and have no one to do so for them.

Outside of Kingston there are no publicly provided meals. Although there are some community nurses attached to government clinics, there is no personal or home care provided on a public basis, nor is there day or respite care. However, in the rural areas especially, the Golden Age Clubs have a very important role.

## GOLDEN AGE CLUBS

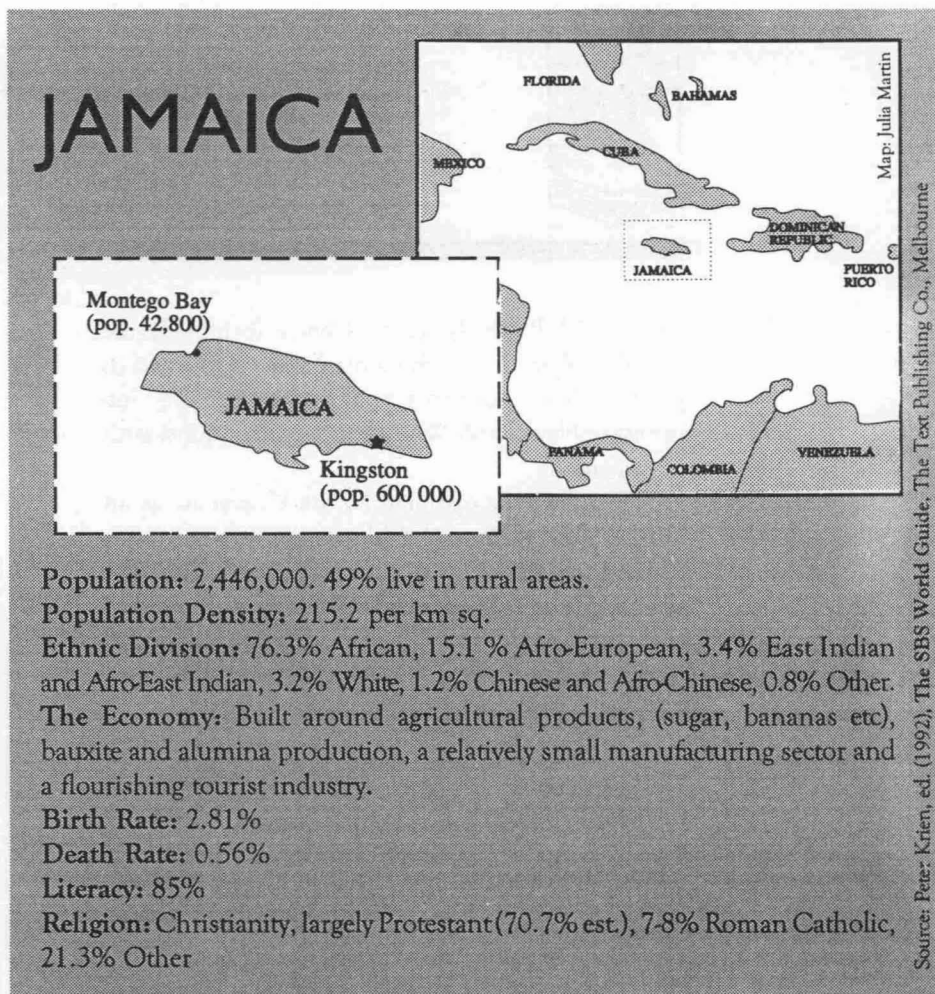
There are about 70 Golden Age Clubs in Jamaica as a whole, with a membership of between 8 000 and 10 000. Whilst they certainly have a social function they are by no means merely social clubs.

There is a strong emphasis on self help and community involvement and, as such, they focus around a range of activities associated with community development and income generation. In addition they play a part in the care of the more vulnerable and housebound elderly members of the community (known in Jamaica as 'shut-ins').

These clubs are subsidized by the Government through the National Council for the Aged but are primarily dependent on volunteer workers to run the clubs.

## SOME COMPARISONS

One is always tempted when one travels to look for similarities and differences. The aspirations of policies for the elderly do not appear to differ greatly between Australia and Jamaica. In both there is an increasing emphasis on healthy and active living and a shared recognition that elderly people should have the op-



portunity to participate in the work force and that they have an important role to play in the nations' development and wellbeing.

Turning to the more dependent, home rather than residential care represents the ideal in both Australia and

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Jamaica. In both countries, families play a most vital part in home care. But whereas in Australia we can still confidently talk about a partnership, albeit a rather unequal one, between the publicly funded service sector and the unpaid informal sector, in Jamaica the former barely exists and the implementation of care in the community is almost entirely in the hands of voluntary and charitable bodies.

Care of the elderly seems to rely heavily, and perhaps inevitably, on the goodwill of individual members of the community. Though in Jamaica (as in Australia), co-ordination of effort seemed a problem, I was very impressed by the degree of goodwill, as well as the concern, energy and resilience amongst both caregivers and elderly people themselves. Jamaicans have needed all these qualities to survive.

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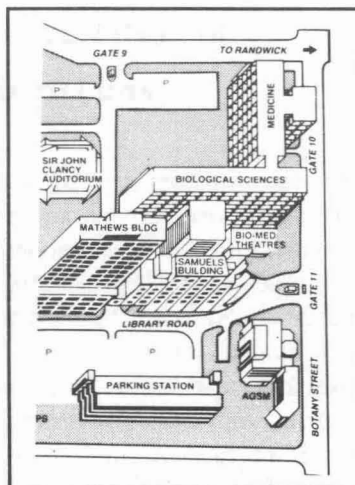
The Social Policy Research Centre (originally the Social Welfare Research Centre) was established in January 1980 under an agreement between the University of New South Wales and the Commonwealth Government.

The Centre is operated by the University as an independent unit of the University. The Director receives assistance in formulating the Centre's research agenda from a Board of Management, and in periodic consultation with the community. The Director of the Centre is responsible to the Vice-Chancellor for the operation of the Centre.

The Centre undertakes and sponsors research on important aspects of social policy and social welfare; it arranges seminars and conferences, publishes the results of its research in reports, journal articles and books, and provides opportunities for postgraduate studies in social policy. Current research areas cover poverty, inequality, and standards of living; social security, taxation and the labour market; the welfare state; and community support services for the frail elderly and younger people with disabilities.

The views expressed in this Newsletter, as in any of the Centre's publications, do not represent any official position of the Centre. The Newsletter and all other SPRC publications present the views and research findings of the individual authors with the aim of promoting the development of ideas and discussion about major concerns in social policy and social welfare.

The Social Policy Research Centre is located on Level Three of the Samuels Building. Enter by Gate 11, off Botany Street, Kensington Campus. We are opposite the Australian Graduate School of Management and the University Parking Station.



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# FROM THE DIRECTOR

S O C I A L P O L I C Y R E S E A R C H C E N T R E

Much is being made at the political level about the need to reduce trade barriers and expand world trade. Recent moves in this direction include the passing of NAFTA through the US Congress and the positive outcome of the APEC meeting in Seattle. Now the stage is set for a decisive outcome of the so-called Uruguay round of GATT negotiations, possibly by the end of the year, which would advance the cause of free trade considerably.

Governments around the world obviously place great store on these achievements, but the people they represent seem less certain of the benefits and generally confused about the whole business. The acronyms alone are enough to exclude all except the best-informed, whilst further adding to the general confusion in the community. (It is not true, but the way, that GATT stands for the General Agreement to Talk and Talk, despite appearances to the contrary!) More seriously, the trend represented by these recent political events is worthy of further exploration, if only to uncover why voters appear unconvinced by the arguments of their political leaders.

The economic argument for free trade is a simple one. In theory, free trade - because it is free, in the sense of freely-entered into - must benefit all who engage in it. Trade raises exports and thus total world output will grow and so will the output of most - possibly all - individual nations. In practice, proponents of free trade argue that 'trade is the handmaiden to growth' and point to the enormous increase in world output which accompanied the growth in world trade in the boom years of the fifties and sixties - a growth in prosperity brought to an end by the introduction of trade barriers (as a result of the formation of organisations like the EEC and OPEC) and the collapse of the Bretton Woods system in the early seventies. Free trade proponents also point to the effectiveness of externally-imposed trade barriers on countries like Iraq in lowering domestic living standards and in opening up political and diplomatic avenues to reconciliation.

Those opposed to free trade base their arguments on two propositions - that the short-run costs will be substantial, and that the longer-run benefits may be illusory. Few doubt that the move to free trade will initially impose substantial costs on those industries and activities which have benefited from past protectionist measures. The GATT discussions illustrate the proposition all too well; if any further confirmation is required, just ask the French farmers. No-one expects those affected to willingly suffer such costs, but finding a solution to this is ultimately a political problem. However, general support for free trade will only be forthcoming if there is widespread agreement that the longer-run benefits will more than compensate for these short-run costs, in aggregate and in terms of the number of ultimate winners. Here, it seems, there is a good deal of scepticism, much of it well-founded. It derives from past experience which has shown the gains from freeing-up markets to be hard to identify, let alone quantify in practice.

After all, are we not close to rejecting economic rationalism as the basis for domestic economic policy? Why then adopt much the same principles in the international arena, where the potential for political interventions which erode any theoretical economic benefits are so much greater?

One thing is clear. If the world does enter a new era of free trade and international competition, economic uncertainty will increase in both the short-run and the long-run. The resulting rise in economic vulnerability will make the role of social policy all the more critical. As in the past, the existence of the welfare state facilitates the

processes of economic change by offering protection to the victims of that change - compensating some for the social costs they have to bear in order to open the avenues of economic progress to others.

The critical question will, as always, be one of balance: to what extent can the domestic interventionist policies of the welfare state co-exist in an international economic environment which emphasises the role of competitive market forces and an increasingly minimalist role for the state?

## STAFF

■ Turning to matters closer to home, I am pleased to report that my colleague Michael Fine has been elected President of the New South Wales Division of the Australian Association of Gerontology (AAG). Many of you will know of Michael's active involvement in issues of interest to the AAG for many years, and his appointment is a well-deserved recognition of those efforts. He has also served the Centre well for several years as organiser of our seminar and visitor programs, which have both flourished as a result.

■ Michael's recent visit to Japan (described in the March 1993 issue of the *SPRC Newsletter*) have resulted in the reciprocal visit of Hiroko Kase from the Japan College of Social Work in Tokyo. Hiroko is currently spending six months at the Centre as a visiting scholar. We wish her well.



■ Finally, as is customary at this time of year, I trust that you all will enjoy the forthcoming Christmas celebrations.

Peter Saunders  
Director

# FROM THE PROJECTS

S O C I A L P O L I C Y R E S E A R C H C E N T R E

## Unpacking the Poverty Line

BY PETER SAUNDERS

Since its inception in 1980, the SPRC has taken an active interest in researching poverty and disadvantage. Research has monitored trends in income poverty since the Poverty Commission reported its findings in the mid-1970s.

This research has helped to identify the broad trends and point to areas of unmet need where assistance is most urgently required. In combination with economic recession and social dislocation, research such as that undertaken at the SPRC has pushed poverty back onto the political agenda in the 1990s.

### RESEARCH METHODS

In researching poverty, we have adhered to the methods developed and applied by the Poverty Commission under the direction of Professor Ronald Henderson. Central to these methods is the poverty benchmark known as the Henderson poverty line, which was established in the late 1960s and has been subsequently revised.

The methods used to construct the Henderson poverty line are complex, as are the techniques used to derive estimates of poverty from it. It is very difficult to appreciate these complexities - but that should not prevent people who are not researchers understanding poverty issues.

### DEMYSTIFYING POVERTY RESEARCH

Those who undertake poverty research have a responsibility to document their methods so that others can replicate their results. In this way, agreement can be reached on the answer to the 'what has happened?' question, even if not 'why has it happened?'

There is also a need for the research methods to be simple and straightforward,

so that all of those with an interest in poverty can comprehend the research and engage in the debate.

These two features of research - replicability and transparency - are essential if research is to explain events and inform public opinion. Poverty researchers have to remember that the results of research belong to the community, who, after all, fund the research and derive benefit from it.

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### BEYOND HENDERSON

Concerns over the relevance of the assumptions and methods underlying the Henderson poverty line and the appropriateness of the entire Henderson framework have been increasing in recent years. These were admirably summarised by Anthony King in his article 'Beyond Henderson' which was published in the SPRC Newsletter in September 1991. That article concluded by noting that

*The continuing debate surrounding use of the Henderson Poverty Line has now reached the stage where there is an urgent need to reformulate the way in which poverty is measured in Australia...*

and that

*The Social Policy Research Centre and a number of other bodies are proposing to hold initial discussions to consider steps required to resolve the issue.*

### FUTURE RESEARCH

Against this background, earlier this year the SPRC Management Board approved Stage One of a project on **The Concept, Measurement and Causes of Poverty.**

One of the first research aims is to propose, where appropriate, a series of relatively minor changes to the existing research methods to simplify them and remove some of the existing anomalies. The aim is to simplify and modernise the Henderson poverty line, not to replace it.

The output of the project will have relevance to the work of a group of researchers and welfare experts with an interest in poverty research, which has been established to try and reach a consensus on the Henderson approach.

The group comprises people from the Brotherhood of St. Laurence, the Australian Institute of Family Studies, the Institute for Applied Economic and Social Research, the National Institute for Economic and Industry Research, the Department of Social Security and the National Centre for Social and Economic Modelling, as well as several individuals with an interest in the topic. It is hoped that the group will endorse any proposals for change which emerge from the Project.

### THE RESEARCH TEAM

Peter Saunders, Anthony King and George Matheson are conducting the SPRC research. Most of the issues looked at so far relate to the sensitivity of poverty estimates.

Of interest here is the question of how critical the alternative elements which enter into the poverty line calculations are in determining the overall level of poverty and its incidence amongst specific groups in the population. Particular attention is on some of the limitations of the measure of household disposable income per capita used to index the poverty line over time



and how these might be overcome.

A second issue concerns the appropriate unit used to determine poverty status (the family; the ABS income unit concept; the household). Here, consideration is being given to the rationale for choosing a particular unit, what this implies for the treatment of groups in the population whose status is unclear (e.g. financially independent juveniles living with their parents), and how these problems can best be overcome.

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A third area of current research relates to the whole issue of equivalence scales - the estimates of relative need which are used to express income relative to need before determining whether the income unit is above or below the poverty line. We are considering whether it is possible to derive a simpler set of equivalences which embody the main elements of the existing scale but which are more 'user-friendly' and relevant to current conditions.

## UNPACKING POVERTY

We are already uncovering other issues which are themselves worthy of further study. These include, for example, the relevance of the income sharing assumptions which underlie the choice of unit of analysis, how a relative poverty line should be adjusted over time, and the treatment of housing costs and work-related costs in the equivalence scale.

It is likely that many of these issues will be taken up in more detail in future research undertaken at the SPRC. However, the initial aim remains to see whether the Henderson framework can be updated to the 1990s in a way which will give it a firmer research base and increased relevance to current Australian socioeconomic conditions. This should help research methods to become more readily understood by those with an interest in poverty and assist in developing improved policies for the poor.

# Indicators of Housing Stress

BY ANTHONY KING

**A**ffordable', 'appropriate', 'secure', 'adequate housing for all Australians' - some form of these words can be found in almost any broad statement of the objectives of Australian housing policy over the past 20 years - but what do they mean?

If one looks at the provisions of the various State and Commonwealth housing assistance programs, a range of definitions of housing affordability emerges. Accounts of the extent of unmet housing need and the twin concerns with affordability and appropriateness/adequacy also consistently appear, but the articulation of these concerns vary considerably too.

## 'HOUSING STRESS'

Early in its work, the National Housing Strategy (NHS) identified major gaps in the available measures of the affordability, appropriateness and adequacy of housing and pointed to this as an important area for further research. The NHS sought measures and indicators of what it termed 'housing stress':

- How should we measure how well people are housed?
- How should we measure the affordability of people's housing?
- What are acceptable standards for these measures?

While the NHS itself conducted some research into these questions, particularly regarding housing affordability or 'financial housing stress', a study from the SPRC was also commissioned by the then Department of Health, Housing and Community Services. The report from the study, entitled *Towards Australian Indicators of Housing Stress*, is to be published by the Department early next year.

The report reviews alternative housing measures and standards within a conceptual framework based on a fundamental distinction between matters of housing quality and matters of housing affordability.

Housing quality is seen to incorporate aspects of housing variously described as issues of appropriateness, adequacy or security and is initially discussed under the headings of homelessness, physical quality, the quality of occupancy (overcrowding, involuntary sharing and underutilisation), security of tenure and neighbourhood quality.

A second important distinction is made between aspects of the dwelling and its location. Where someone lives is of obvious importance in the quality and affordability of their housing. Despite this, aspects of location have received relatively little attention in the past. The quality of location is addressed in terms of accessibility.

## AFFORDABILITY

While the basic notion of affordability measures is generally straightforward, their application inevitably encounters a number of conceptual and technical considerations. For example, should the costs of housing investment be treated differently to those of housing consumption? In line with the concern to redress the past neglect of aspects of housing location, there is also an argument to consider transport costs alongside housing costs in measures of affordability.

The discussion of measures of housing affordability has assumed added relevance with the endorsement by the Federal Government of the NHS proposal for a benchmark of housing affordability specified in terms of the ratio of housing costs to income. The report argues, for example, that such an affordability benchmark needs to apply different benchmark ratios to different household types.

Perhaps most importantly, a general conclusion from the study is that measures of housing affordability should also incorporate consideration of housing quality. Housing which is affordable, yet of poor quality, should remain a cause for concern.

# NEW PUBLICATIONS

S O C I A L P O L I C Y R E S E A R C H C E N T R E

## Living Conditions and Costs of the Young Unemployed

SPRC Reports and Proceedings No. 110.

ANTHONY KING  
AND TONI PAYNE

**T**his report presents the findings from a survey undertaken in November 1991 which looked at the living costs and conditions of the young unemployed. This survey provided a detailed description of aspects of the lives of the young unemployed.

This report describes the pattern of adequacy of income support in terms of expenditure to income ratios, the operation of constraints on various aspect of people's lives, changes in net savings, and people's own perceptions of the incomes they need.

**Theory and Practice in Australian Social Policy: Rethinking the Fundamentals. Proceedings of the National Social Policy Conference, Sydney, July 14-16 1993**  
**Volume 1: Plenary Papers**

SPRC Reports and Proceedings No. 111

PETER SAUNDERS AND  
SHEILA SHAVER (EDS)

**T**his is the first of three volumes of papers to be published from the 1993 National Social Policy Conference. This volume includes: David Piachaud, *Social Policy - Parasite or Powerhouse of the Economy?* Peter Taylor-Gooby, *Ideologies of Welfare: The Boundaries of the State* Neil Gilbert, *Gender Equality, Family Policy and Social Care* Jan Carter, *Social Equality in Australia* R.G. Gregory, *Would Reducing Wages of the Low Paid Restore Full Employment to Australia?*

Discussants' papers by Richard Blandy, Barry Hindess, John Lawrence, and J.W. Neville are also included.

**Theory and Practice in Australian Social Policy: Rethinking the Fundamentals. Proceedings of the National Social Policy Conference, Sydney, July 14-16 1993**  
**Volume 2: Contributed Papers**

SPRC Reports and Proceedings No. 112

PETER SAUNDERS AND  
SHEILA SHAVER (EDS)

**T**his volume includes fourteen papers given at the National Social Policy Conference. They are:

J.C. Altman and D.E. Smith, *Compensating Indigenous Australian 'Losers': A Community-oriented Approach from the Aboriginal Social Policy Arena* Michael Bittman, Lois Bryson and Sue Donath, *Tendencies to Convergence of Men's and Women's Welfare States: Does Policy Make a Difference?* Bruce Bradbury and Jennifer Doyle, *The Very Long Term Unemployed in the Recession: Initial Results from a Survey* John Burgess, *Future Job Growth: Who Will Be Better Off?* Chris Chamberlain and David Mackenzie, *Temporal Dimensions of Youth Homelessness* Tony Dalton, *Home Purchasing Post-deregulation: Delegating Responsibility and Odium* Mitchell Dean, *Social Security Practices, Self-formation, the Active Society* Kate Driscoll and Roger Trowbridge, *Disability and Aged Care: Emergent Themes in Social Policy* John Ernst, *Public Utility Privatisation and Social Policy: Consumerism or Citizenship?* Christine Everingham, *Postmodernising the Australian Family: The Role of Professionals in Managing Women's Autonomy* Michael Fine and Cathy Thomson, *A Partnership in Care? The Use of Formal Services and Informal Support in the Home*

*by Home and Community Care Clients* Phil Gallagher, George Rothman and Colin Brown, *Saving for Retirement: The Benefits of Superannuation for Individuals and the Nation*

Ann Harding, *New Estimates of Poverty and Income Distribution in 1990: The Effects of Reweighting the 1990 Income Distribution Survey*

David Hayward and Mike Salvaris, *Creating the Conditions of their own Existence: Credit Rating Agencies and Australian Social Policy*

**Theory and Practice in Australian Social Policy: Rethinking the Fundamentals. Proceedings of the National Social Policy Conference, Sydney, July 14-16 1993**  
**Volume 3: Contributed Papers**

SPRC Reports and Proceedings No. 113

PETER SAUNDERS AND  
SHEILA SHAVER (EDS)

**T**his volume is the second collection of papers given at the National Social Policy Conference.

The papers in this volume are: Tom Karmel, *Jobs in the Upturn: The Implications of Structural Change of Programs to Assist the Unemployed* Susan Keen, *Professionalising Research and Policy* Gábor Kőrösi, Geoff Parkinson, Russell Rimmer and Sheila Rimmer, *Rising Inequality? Shifts in the Distributions of Earnings and Incomes Among Young Australians* Max Liddell, *Responding to the Decline of Social Justice: Despondency - Or a Freer Imagination?* Geoff Meadows, *Using the Work/Welfare Nexus to Advance Social Policy: Operation of the CDEP Scheme in Queensland Aboriginal and Torres Strait Islander Communities Between 1980 and 1990*



Mike O'Brien *How Does Cutting the Incomes of the Poorest Advance Economic and Social Policy?*

Jill Roe, *Social Policy and the Cultural Cringe*  
Martin Ryan, *Inequality and Low-Income Debtors: Towards a Better Deal*

Will Sanders, *Rethinking the Fundamentals of Social Policy Towards Indigenous Australians: Block Grants, Mainstreaming and the Multiplicity of Agencies and Programs*  
Sheila Shaver, *After the Pension: The Post-pension Transition of Female Sole Parent Pensioners*

Barry Smith, *Remote Aboriginal Residents' Access to the Conventional Labour Market*  
Paul Smyth, *The Social Approach to the Economy: Australian Keynesianism Revisited*  
Peter Travers and Sue Richardson, *In Defence of Complex Equality*

Ian Watson, *The Ideology of the Underclass and the Reality of the 'Working Poor': Long-term Unemployment and Occupational Restructuring*

## Privatisation, Welfare Services and Welfare

SPRC Research Resource Series No. 9

DIANA ENCEL

Privatisation is an issue affecting anyone with concern for economic or social policy in Australia. This bibliography draws together many strands of research and argument related to privatisation, as it affects the well-being of the population.

The authors whose works are cited have approached the subject from a variety of angles and motives, each descriptively annotated. There is an author and keyword index.

Researchers and the general community alike will find this a useful resource.

## Postmodernism and Social Policy: A Great Leap Backwards?

SPRC Discussion Paper No. 45

PETER TAYLOR-GOOPY

Professor Taylor-Gooby was Visiting Fellow at the SPRC in 1993. In this paper he examines the

*continued page 10*

# PUBLICATIONS ORDER FORM

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postmodern claim that the universalist themes of modern society (such as the nation-state) are obsolete, to be replaced by a plural interest in diversity and choice.

The paper suggests that such an approach ignores the significance of market liberalism and the associated trends to inequality, privatisation, retrenchment and the regulation of the poorest groups.

### **Making Ends Meet in Australia and Sweden: A Comparative Analysis of the Consensual Approach to Poverty Measurement**

SPRC Discussion Paper No. 46

PETER SAUNDERS,  
BJÖRN HALLERÖD AND  
GEORGE MATHESON

Consensual poverty measurement is based upon responses to questions asking people how much money they need in order to make ends meet. This paper explores the relevance and implications of the consensual approach using sample survey data for Australia and Sweden derived specifically for this purpose.

After analysis, the paper shows the structure of poverty in the two countries to be markedly different.

### **Economic Adjustment and Distributional Change: Income Inequality in Australia in the Eighties**

SPRC Discussion Paper No. 47

PETER SAUNDERS

This paper reviews range of evidence on the developments in inequality and poverty in Australia during the 1980s. Beginning with a description of the policy context against which those developments occurred, the paper then provides an overview of economic performance in Australia compared with the OECD region as a whole. A decomposition of overall income inequality reveals that inequality within groups contributed more to overall inequality than inequality between groups.

# BOOK REVIEWS

SOCIAL POLICY RESEARCH CENTRE

## WITH THIS BODY CARING AND DISABILITY IN MARRIAGE

BY GILLIAN PARKER

Open University Press, Buckingham,  
1993 pp. x plus 145, RRP \$39.95 (pb)

Reviewed by Sara Graham

There is a burgeoning international research literature on disability, informal care and caregivers. However, Gillian Parker's study from the UK makes an original contribution to this literature. She writes about the impact of disability on married couples when they are still relatively young and when disability unexpectedly and, one might say, prematurely, enters the marriage relationship.

Up to now the implications of disability within marriage have not been a subject that has aroused the interest of research workers to any great extent. Parker points out that many writers, including feminists, have made the assumption that caring within the marriage relationship is easier.

*...the management of disability is smoothed by ageing and the suspensions of conventions pertaining to bodily care and ...fewer inhibitions ensnare cross sex help between spouses with personal tasks like bathing and toileting. (p.6)*

In addition there is a widely held assumption that caring is a female activity; that men do not really get involved in caring - in paying the bills perhaps, but not in the actual caring.

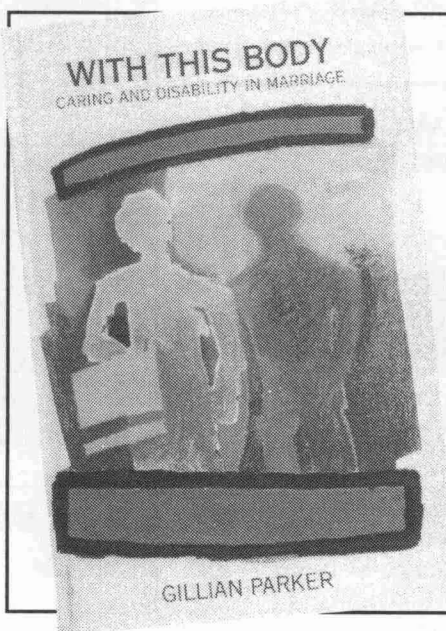
Parker's book provides a lot of evidence that neither of these assumptions are valid or even helpful. She shows that it is quite compatible with at least some feminist positions to allow that men like women, do adopt caring roles and that

they may do this willingly and with love. Men like women, may suffer social and economic disadvantages as a consequence of being a carer, although, as Parker points out, because of the way the social security system works in the UK, the family income is likely to suffer more when the per-

son with the disability is the wife rather than the husband.

Like wives, husbands probably become caregivers because they want to, because they feel a commitment towards their partner, because there's no one else to do it, because they would feel guilty if they didn't, and no doubt for a host of other reasons which apply as much to male as to female partners.

Some spouses are not able to become caregivers on the kind of permanent basis that the carers in this study did and there is some evidence that men are more likely than women to 'run away' from the caregiver role. Understandably, but regrettably, this study is confined to caregivers. Those who left the marital relationship because they were



not able, for whatever reason, to take on the task of looking after their partner, are not included. One hopes that a study of the quality of this one will be undertaken to explore this question.

Parker's book looks at two central issues. The first is how independence and dependence are negotiated both *between the partners, and between the partners and the outside world of family friends, employment, services and the physical environment*(p.3)

Second, it looks at the way that giving and receiving is embedded within the existing relationship.

The study is based on 21 couples who are below pensionable age where one of the partners has become disabled since the marriage. Both the person with the disability and the carer were included in the study and the couples were interviewed together and separately. An in-depth qualitative approach was used appropriately and to good effect. There are numerous quotations, but they do not overburden the text and they are very aptly employed. This is a rigorous study which provides valuable insights.

Whilst care in the community policies in the UK (like Australia) are based on the assumption that care will be provided by the whole community including that provided on an informal and voluntary basis by kin, friends and neighbours, Parker found that this assumption is misguided. The couples in her study had to deal with their problems very much on their own. Most received little help from extended family, from neighbours, from friends or indeed from the services. A number of the people included in the study characteristically, expressed considerable ambivalence towards receiving help from any of these sources. They wanted it and they didn't want it.

We should not be surprised by these findings because they are corroborated in so many other studies concerned with community care policies and caregiving. In fact the amount of support received by these couples was, in many cases, pitifully small and, in some instances, could be described as negligent.

In addition, the fact that disability does impose considerable extra expense (something that not only common sense but also research has repeatedly shown)

bluntness of an antenatal system that emphasises clinical surveillance and control rather than women-sensitive care; the unwillingness of fathers to take emotional and physical responsibility; lack of money and decent housing; social isolation and stress; and mothering as hard caring work.

Oakley concludes from her study that social support did make a difference to the health of women and their babies, though one could claim the difference it made depended both on how health was defined and on how the data were interpreted. In this light it is not surprising that Oakley comments it

is insufficiently acknowledged by the security system. Most of these couples did rely on social security payments (the sample was biased towards poorer families) and they produced ample evidence that they were simply getting enough to make ends meet, let alone have a little

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extra to make their already difficult lives easier or, indeed, as easy as someone with the same income who did not have a disability. They certainly could not look forward, as no doubt they had expected to before the onset of the disability, to a comfortable old age.

Parker points out that life for these spouse carers was, in most respects not very different from that of other carers. Their lives were similarly restricted in many different ways and they found cross-sex caring as difficult as those not married to each other. Whilst some coped well, the majority found caring very distressing.

Becoming a carer had challenged their expectations about the form their life would take. The closeness of their relationship with their partner made their

is unlikely that social support will ever be shown to override the accumulative effects on the problems of social disadvantage.

If this study reveals anything, it is that there is still a great deal more work to do in the area of reproduction in both medical and social policy.

A succinct condensed version of the study, a paper published in the *British Journal of Obstetrics and Gynaecology* is reproduced in the book (pp.234-241).

## REFERENCE

Epstein, William M. (1993), 'Randomized Controlled Trials in the Human Services', *Social Work Research & Abstracts*, Vol 29, No 3, September.

experience more painful, they felt, than if they had been caring for some other member of the family.

Like single carers for older people they had no-one else with whom to share either the physical or emotional responsibilities of caring. Unlike single carers, the nature of the relationship with their spouse made it difficult, if not impossible, for them to distance themselves from the experience

This book is well written and immensely readable. It provides an excellent critique of the research literature on caregiving. I was also particularly impressed by the chapter on the economic effects of caring and disability. It would be interesting to compare the effects of the contributory social security system in the UK and the means tested system in Australia on incomes and work patterns of people with disabilities and their spouse carers.

I found this a moving book but one that made me feel dispirited. For it contained within it many accounts of the dismal failure of the public sector, that is of the community, to meet the range of needs that the study identified so well.

This book has many lessons for Australia as well as the UK. One hopes that the new community care legislation introduced in Britain in April of this year, whereby much greater emphasis than formerly is placed on the identification and meeting of needs, will help these couples and other people in their situation.



# SOCIAL SUPPORT AND MOTHERHOOD

BY ANN OAKLEY

Blackwell, Oxford, 1992  
pp. xii plus 404, RRP \$45.00 (pb)

Reviewed by Marilyn McHugh

**T**his book reports the results from a longitudinal study (*Social Support and Pregnancy Outcomes*) in the UK of 509 predominantly poor, socially disadvantaged women with a history of low birthweight babies.

The women were randomised to receive either a social support intervention in pregnancy in addition to standard antenatal care (the intervention group) or standard antenatal care only (the control group). Social support was given by research midwives in the form of 24-hour contact telephone numbers and a program of home visits. Taping of parts of the interviews provided qualitative data on the nature of the social support intervention, and on women's experience of high-risk pregnancy.

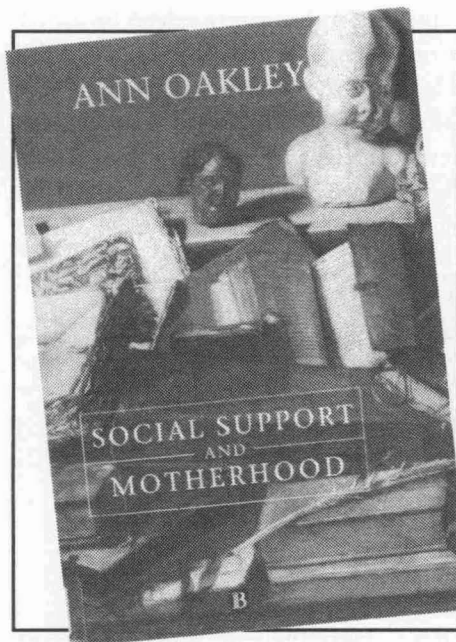
Previous national studies on perinatal health services in the UK had linked perinatal mortality, low birthweight and social class as three key concepts in the social and medical debate around appropriate strategies for promoting the health of mothers and babies.

**'social class' for women is still defined by their relationship to either their spouse or father and is predicated on a male model of labour market work**

In *Social Support and Motherhood*, Oakley argues that if we are to understand the debate about how health is produced in the UK, it is crucial to understand the origins and use of the concepts 'social class', 'birthweight' and

'perinatal mortality'. Oakley notes, for example, 'social class' for women is still defined by their relationship to either their spouse or father and is predicated on a male model of labour market work which ignores the significance of domestic and caring work as an occupation relevant to the health of women.

This book is not a conventional report on research findings. In a unique way, Oakley reveals different and interesting ways of thinking about research, about knowledge and about behaviour in a social gendered world. Each of the



methodological steps, together with the theoretical and ideological assumptions which underpin the research is given in great detail.

Substantial detail is also given to the central hypotheses of the study design: that social support is good for health and that only controlled evaluation can test such notions effectively. The use of randomised controlled trials (RCT), while far more readily used in medical research are in the human services a controversial issue (see also Epstein, 1993). This type of study raises ethical, moral and professional questions for researchers especially when it involves a socially disadvantaged and vulnerable group, as these pregnant women were, even when, their 'informed consent' is obtained.

Moral dilemmas and questions about allocating women to either intervention or control group were an ongoing subject of discussion by the interviewing midwives throughout the study.

**Oakley is concerned to break down the habit of thinking and operating in dichotomies, the mind-body/medical-social divide**

The strength of Oakley's work lies not only in her ambitious attempt to combine the social world with the medical one but her impressive coverage of the relevant literature to support her approach. In the methodology, she is concerned in breaking down the habit of thinking and operating in dichotomies, the mind-body/medical-social divide, the use of the 'hard', objective, scientific, quantitative, rationality of the mind as distinct from the 'soft', social, subjective, qualitative, connected, self, of the body.

However, excursions into quite different academic domains to seek clarification of points arising from the analysis (although interesting) sometimes detract from the story being told. If there is a problem with the methodology, it is to do with the underlying assumptions about the dichotomy between qualitative and quantitative paradigms. Clearly Oakley's favoured approach is a qualitative one - and highly appropriate in such a study.

Contract researchers in the field of social sciences will find a wealth of information about the challenges, perils and dilemmas in submitting and obtaining funding for research proposals which attempt to breach the medical-social divide.

Oakley's analysis of the qualitative data is illuminating if somewhat disillusioning. The case studies of the women reveal the same story time after time: the

◀ Continued on page 11