Relatives, Friends and Strangers: The Links Between Voluntary Activity, Sociability and Care

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Abstract

Caring for those we love is understandable, but exactly what enables people to care for strangers? For feminists like Nel Noddings, caring is a propensity or attitude that individuals first learn within the family. Caring for all categories of people – relatives, friends or strangers – begins with this elemental care. From this standpoint, the capacity for caring beyond the home – and our ability to care for those with whom we have no special ties - is seen as a 'natural' extension of processes individuals' first experience privately, within the close circle of kin.

In contrast, the social capital approach suggests that the ability to care for 'generalised others' begins not as a private process, but a public one- where citizens reach out to others as a consequence of civil recognition. On this account, the institutional prerequisites of care are not the obligatory ties of kin, but the voluntary ties of association- and the extension of sociable impulses to others.

This paper draws on an analysis of data from the study of time-diaries (the Australian Bureau of Statistics' Time Use Surveys) to examine the connection between sociability and care. Using information on the behaviour of carers our findings are consistent with the social capital approach. We have found that there is a regular pattern of differences between co-residential carers and those who do not live in the same household as the care recipient. Co-residential carers mostly offer assistances spouses, children or parents. Their activities show strong evidence of being constrained by the 'burdens' of care, focusing leisure on home-based activities like watching television and are far less likelihood to socialise with others beyond their own household. Alternatively, caring for someone in another household is associated with less time watching television, increased participation in informal and formal voluntary work and increased propensity towards public sociability.

1 Introduction – Beyond a particularised model of care?[1]

Caring has recently become an issue for Australians because of the intensification of public interest in the plight of asylum seekers. Australia's poor treatment of refugees, ironically following so soon after the official celebration of volunteering only last year, raises questions about the role of care in our public and our private institutions and the types of social relations which enable us to care for others.

In the official public debate about asylum seekers, the possibility of caring is tied to our capacity to build bonds and friendly associations with people whom we perceive to be different from ourselves – which Robert Putnam has called 'bridging social capital'. The apparent difficulty some Australians appear to have with caring in this civic sense is in sharp contrast with our seemingly limitless capacity for the more particularised forms of caring we do for those closest to us. The special bonds which tie us to our family and friends help to explain the informal unpaid care we extend to the members of our private circle, however much we may sometimes feel the burden of care this can involve. These informal networks of private care, which are all anchored in family, friendship and community ties, (Noddings,1984: 47) also represent a ready supply of the bonding social capital which governments use to offset the cost of paid care and public welfare. There are numerous political objections to be made to this ongoing government reliance on private care and the instrumentalisation of what one writer has called the 'invisible heart' of the welfare system (Folbre, 2001). What we try to shed light on in this paper, however, is the simple fact that caring in the form of voluntary work happens at all. For although most of us can understand why we might be prepared to care for our relatives or our friends, it is the willingness of some individuals to care for complete strangers – informal care which takes place beyond our intimate circle and in the absence of feelings of partiality – which needs more explanation.

In this paper, we examine two different approaches to studying care – the particularistic model, and what we will call the civic model of care. The particularistic model offers a theory of care tied to close connections and feelings of partiality. In contrast, the civic model, which derives from social capital, ties caring to a perception of shared conditions of citizenship.

According to the particularistic model, our ability to care requires reference to a concrete other and the partiality of our feelings for them. Carers view each recipient of care as an 'individual with a concrete history, identity and affective-emotional constitution' (Benhabib [1992] in Porter, 1999: 29). According to Benhabib, caring cannot be understood in the abstract, only in the context of tangible experience and the uniqueness of certain personal relationships. It is because we know them and have feelings for them that we are able to care for them in a way which adequately meets their needs.

This approach has been given sympathetic treatment in work on feminist ethics which places women's experience at the centre of our understanding of care. Much of this work focuses on the mother/child relation as the prototypical case of caring. For

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[1] This article is based on a revised form of a paper originally presented at the Academy of the Social Sciences in Australia workshop, 'Working for the Common Good', held La Trobe University, 16-17 May 2002

example, Alice Dark (1996) writes movingly about a mother's complete involvement in caring for her dying son and her total receptiveness to his needs. Care is facilitated, it is argued, because of the strong link and bonds of love between the carer and the care recipient. Nel Noddings even goes so far as to define the sort of willing care relations possible between mother and child as natural (Noddings, 1984: 97). 'A mother's caretaking efforts on behalf of her child are not usually considered ethical but natural. Even maternal animals take care of their offspring, and we do not credit them with ethical behaviour' (Noddings, 1984: 79).

Here Noddings is not trying to suggest a naturalising of maternal bonds as the kernel of true care. Her principal reason for defining this sort of caring as 'natural' is not because of any biological relationship between a mother and child, but because the bonds of love between mother and child make such care feel natural and voluntary.

> When my infant cries at night, I not only feel that I must do something, but I want to do something. Because I love this child, because I am bonded to him, I want to remove his pain as I want to remove my own (Noddings, 1984, 82).

So for Noddings, natural caring occurs in situations 'where we act on behalf of the other because we want to do so' (Noddings: 1984: 79).[2] Noddings argues that in order for this natural caring to take place, three conditions – engrossment, interest displacement and reciprocated recognition of care – need to be met.

The first of these is what she calls 'engrossment'. When we care fully and voluntarily for someone else we are completely involved in the 'desire for the other's well-being' (Noddings, 1984: 19). Engrossment reflects our capacity to 'feel with' the other and thus depends on our ability to receive and share the reality of the other's need within oneself (Noddings, 1984: 30-31). Thus she argues that mothers do not interpret the cry of the infant as a signal that their help is required. Rather they experience the cry *with* the baby and feel the baby's need with the baby herself (Noddings, 1984: 31). She argues that this total receptiveness to the needs of the other on the part of the carer places us completely at their disposal (Noddings, 1984: 19). To that extent, we are not merely engrossed, but engrossed to the point where our own interests are displaced. This is the second condition of natural caring: 'When I care, when I receive the other in the way we have been discussing, there is more than feeling, there is a motivational shift. My motive energy flows towards the other and perhaps, though not necessarily, towards his ends' (Noddings, 1984: 33).

In natural caring, the twin states of engrossment and the displacement of interest work together as an intrinsic imperative to act on behalf of the other: 'When we see the other's reality as a possibility for us, we must act to eliminate the intolerable, to reduce the pain, to fill the need … When I am in this sort of relationship with another … I care' (Noddings, 1984: 14). So this imperative to act for the other, this

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[2] Noddings' accent on 'natural caring' distinguishes her approach from that adopted by Finch (1989) and Dalley (1988). They argue that all the informal private care women do, irrespective of whether this is for relatives, friends or those we don't know, is at some level obligatory. Their analysis of care for family members probably provides the sharpest contrast to Noddings' approach, for they argue that such care should never be seen as voluntary or natural because it is always a result of family obligations. They use the term 'burden of care' to refer to the obligatory nature of women's caring.

commitment to care, is intrinsically linked to our ability to relate to another human being.

Noddings believes that caring cannot be abstracted from its relational foundations, but depends on the possibility of interacting with the other in a manner which allows for reciprocity. The feelings themselves do not have to be mutual for this reciprocity to occur – nor does reciprocity depend on returning the care in the same way or with the same intensity. Indeed, Noddings notes that since relations between parents and children are necessarily unequal, true reciprocity is probably unlikely. She argues, however, that 'recognition of caring by the cared-for is necessary to the caring relation' (Noddings, 1984: 71).

Thus, on Noddings' view, it is not just an individual's capacity for engrossment and interest displacement that enables caring to occur, but the potential for entering into a caring relationship with them which is the key. This recognition is important for several reasons, but perhaps most significant is the fact that it is the basis of the caring bond which human beings are capable of recognising – and indeed, renewing – in other caring situations. In this respect, caring finds its true beginnings not in an individual's psychology or in naturalistic impulses, but in our ability to recognise the conditions of our human relatedness and desire to act on them.

But Noddings argues we can only talk about the possibility of natural caring in situations which allow an actual relationship to develop – and this is why she argues we cannot care equally for everyone. Our capacity for engrossment depends on our genuine good feeling for another. Noddings believes that it is only in loving relations with those closest to us that we can allow natural or voluntary caring to develop.

Hence, on her view 'natural caring' cannot be extended to strangers. Although she notes the ongoing potential for developing caring relations with others simply because of our shared humanity, without the possibility of actualisation, natural caring finds its natural limits – for it is unlikely that we will be able to care deeply for those outside our circle:

> not all instances are alike even from the view of the one caring. Conditions change, and the time spanned by caring varies. While I care for my children throughout our mutual lifetimes, I may care only momentarily for a stranger in need. The intensity varies. I care deeply for those in my inner circles and more lightly for those farther removed from my personal life (Noddings, 1984: 16).

This diminished capacity to naturally care for those we don't know is right at the centre of conceptions of particularised care. This helps to explain why, for example, aid organisations like World Vision have to persuade us to adopt a foster child. Noddings admits that it might still be possible to develop a type of ethical caring for generalised others, but such caring does not come 'naturally' or freely, but arises instead from our sense of obligation. Situations where we do not like someone – or where someone asks us to give more than we feel we can – involve caring dilemmas which are similar to what we experience when confronted with the possibility of caring for strangers. For in these situations, the feeling of obligation – the feeling of 'I must' – is accompanied by a sense of resistance, and this is a sharp reminder that these are not voluntary instances of caring. 'In a given situation with someone I am

not fond of, I may be able to find all sorts of reasons why I should not respond to his need. I may be too busy. He may be undiscerning' (Noddings, 1984: 84).

Whatever the truth of these limits on our capacity to care, ultimately the question of whether we can commit ourselves to care for strangers, Noddings argues, will always reflect the extent to which we have been cared for ourselves: 'The source of my obligation is the value I place on the relatedness of caring. This value itself arises as a product of actual caring and being cared for and my reflection on the goodness of these concrete situations ' (Noddings, 1984: 84).

Similarly, American researcher, Robert Wuthnow states that young volunteers were only able to make sense of their volunteering experiences by reflecting on their past experiences of being cared for. Volunteers interpreted the meaning of voluntary activity in the light of their experience of relations of care in their own families – which, as Wuthnow explains, shows us that caring is not an abstract ideal, but is grounded in early caring relationships where 'it was nurtured by their families, teachers and mentors' (1993:8).

In an argument that resonates strongly with Noddings', Wuthnow suggests that the ability to care for people in public and respond to the needs of strangers flows on from the important personal relationships we first form and our early experiences of care and kindness in our family.

Wuthnow is looking for a way of moving beyond a particularised model of care and effecting an institutional translation of care. The problem as he sees it is not that care is absent from social life, but that it has remained largely privatised. In this sense caring in the family and the kindness we might experience in personal life can, by and large, be contrasted with the indifference we experience in our public institutions.

However, 'the solution to this dilemma is not to replace all our indifference with valorous deeds of kindness but rather, to find a new understanding of kindness that is effective in the institutional reality in which we live' (Wuthnow, 1993: 8)

Wuthnow believes that volunteering can help us with that. He argues that volunteering is a unique practice that teaches people how to translate the sense of caring they learned in their families into a public practice. Thus, when speaking of volunteers, he states: 'Somewhere in the past they learned the importance of caring for others; as volunteers they are developing new ideas about kindness' (Wuthnow, 1995: 5).

Both Wuthnow and Noddings see caring as a propensity or attitude to act on behalf of the other which individuals first learn within the family. Care first arises 'naturally' or voluntarily in the course of our private relations with our intimates. Wuthnow tries to take this a step further by addressing the institutional means of exporting care into the public arena, arguing that volunteering has a key role to play in this process. For him, volunteering acts as the 'institutional go-between' linking the private and public world which allows care to flow on from private to public.

According to the particularistic model, any attempt to translate that private experience of care into a source of public relatedness between individuals who are undistinguished from each other is clearly a challenge. Nonetheless, the possibility of caring for all categories of people – whether these be close relatives, friends or even strangers – begins with this elemental form of care. For Noddings, too, our memory of past care experiences lies behind our capacity for ethical caring in public and for

extending ourselves to other citizens and to those we don't know.

As she argues,

> This memory of our own best moments of caring and being cared for ... sweeps over us as a feeling – as an "I must" – in response to the plight of the other and our conflicting desire to serve our own interests. There is a transfer of feeling analogous to a transfer of learning … I recognize the feeling and remember what has followed it in my own best moments. I have a picture of those moments in which I was cared for and in which I cared, and I may reach toward this memory and guide my conduct by it if I wish to do so (1984: 80).

So although the particularised view of care appears to make a sharp distinction between the care we feel for our loved ones and our capacity to care for strangers, that distinction in fact vanishes because of the common experiences we all have of caring and depending on care ourselves. In this way, the explanation for caring for strangers in the particularised model of care ultimately rests not on connections of partiality or on concrete experiences of care, but on the potential for human connection. Reflection leads to recognition of common vulnerability and shared human need. It is this which allows us to make connections with strangers.

2 A civic model of care

An alternative perspective explaining why we might extend care to non-family members and those we don't know involves the concept of social capital. What flows from the particularistic notion of care is the idea that care is fundamentally a private concern. However, the concept of social capital allows us to view care as a public concern and an aspect of the public relations of citizens, rather than of our personal ones, and thus enables the makings of a civic model of care.

This model also allows for the engrossment and interest displacement Noddings found in particularistic ties and partial feelings. The desire to put aside one's own interests and look after the interests of others also happens in the voluntary care of strangers and in cases of civic mindedness where care arises as a consequence of the bonds of citizenship.

What we're picking up on here is the communitarian legacy in Robert Putnam's thought which links democracy and ethical behaviour to a sense of civic duty – described as one of the 'hallmarks of a civic community' (1993: 161). Putnam does not talk about care as such, and we do not wish to suggest that social capital can be reduced to caring activity, but we see important connections between the two concepts. The value of his theory for us lies in the potential within his discussion of social capital for identifying new possibilities for ethical behaviour in the public sphere. Taking informal extra-household care as our empirical referent, we wish to use the concept of social capital to explain why some ordinary citizens are able to reach out to others beyond their own households and the boundaries of their private worlds to engage with what Michael Ignatieff (1994) described as 'the needs of strangers'.

For over a decade now Putnam has been suggesting that social capital and our

capacity for social connection is crucial to good democracy, and he has explained that citizens build trust relations with others and become engaged with each other in the course of participating in public life. He argues that citizens are able to form special bonds with each other despite the absence of particularistic connections. For the purposes of our investigation, the existence of these civic connections, or what might be called the democratic component of social capital, helps us understand why some people don't only care for their relatives and their friends, but are also willing to care for strangers within the community.

Putnam's first answer to the question of how these civic connections are made is to introduce the notion of generalized reciprocity. He explains that many of our social relationships involve something that might be called balanced reciprocity, that is, an exchange of equivalent goods between any two individuals such as the exchange of Christmas presents between spouses. But generalized reciprocity is different.

> Generalized reciprocity refers to a continuing relationship of exchange that is at any given time unrequited or imbalanced … [generalised reciprocity involves] … mutual expectations that a benefit granted now should be repaid in the future. Friendship, for example, almost always involves generalized reciprocity (Putnam, 1993:172).

Putnam argues that norms of generalized reciprocity are institutionalised in such informal neighbourly conventions as offering to feed the neighbour's pets when they go on holidays, or keeping the dogs quiet on Sunday morning. When such practices are routinised they allow trust to flourish between citizens by showing that self-interest can be balanced with solidarity (Putnam, 1993: 172). As Putnam says, community members soon discover that 'their self-interest is served by sharing their labours' (200: 135).

This emphasis on the way self-interest can be reconciled with collective aims acknowledges the debt Putnam's social capital thesis owes to classical theorists of civil society like Alexis de Tocqueville. When comparing the strength of American democracy with the weakness of French democracy in the 19th century, Tocqueville ([1839] 1990) had noticed that Americans were often more inclined to be neighbourly than they were to be individualistic and selfish. On this basis, he came up with one of the first clearly articulated communitarian critiques of utilitarian liberalism, that is to say, good democracy depends not on the pursuit of self-interest, but on a strong civic culture. Upon closer inspection, the elements of this civic culture showed how self-interest could be mediated by a sense of fairness towards others – which is what Tocqueville meant by the phrase 'self-interest properly understood' (Putnam, 2000: 135).

Tocqueville's emphasis on civic mindedness reminds us of the confidence in the good conduct of others which reciprocity also implies. Doing things for others rests on trust in the common good and the belief that good things will result from the anonymous actions of the community. People do things for others believing that good comes back to them, and in this respect, the idea of reciprocity also reflects a basic acceptance of the decency and the civility of others we learn in the course of our public careers. Putnam believes this too, arguing that reciprocity is a close cousin of civility. In all societies we have to have confidence in the good of others, and reciprocity encourages

the optimistic belief in the decency of others, and the trust that they will play fairly too in their dealings with us:

> I'll do this for you now, without expecting anything immediately in return and perhaps without even knowing you, confident that down the road you or someone else will return the favour (Putnam, 2000:134).

The principle of generalised reciprocity is a key component of the notion of social capital and helps us understand how to think about care in a civic sense. Whereas particularism links care to close bonds of affection between relatives and friends and the partiality of social relations, reciprocity may be seen as an aspect of an expanded view of our civil relations which shows up in a willingness to act on behalf of those we don't know.

In Putnam's model of civic behaviour, the willingness to act in ways which benefit others is tied to a type of trust – or the expectation of being treated fairly ourselves in the future.

> Each individual act in a system of reciprocity is *usually* characterized by a combination of what one might call short-term altruism and long-term self-interest: I help you out now in the (possibly vague, uncertain and uncalculating) expectation that you will help me out in the future. Reciprocity is made up of a series of acts each of which is short-run altruistic (benefiting others at a cost to the altruist) but which together *typically* make every participant better off (1993: 172).

At this point, it is probably useful to make some basic comparisons and contrasts between particularistic care and what we are calling civic care. A précis of these of points of similarity and dissimilarly is shown in Table 1, below.

What both have in common is a departure from individualism which shows up in an emphasis on the value of engaging with others and a helpful concern with their interests rather than with our own. With the particularistic model, this follows on naturally from love, whereas civic behaviour and a willingness to do things for generalised others is seen as a consequence of civic bonds and trust. A civic model of care is centred on relations between citizens in the public domain, unlike the particularistic model of care where we have personal relations within the private sphere. The different social relations within each model of care reflect the basic difference between intimacy and civility. In contrast with the personal relations of partiality which are presumed to inform particularistic notions of care, civic care presumes that relations between individuals will be civil – that is, fair-handed, trusting and sociable, and detached rather than affectionate. Whereas particularised care presumes that truly voluntary or 'natural' care has to be based on love, the civic model presumes that voluntarily caring for other citizens springs from the sense of civility we get from being part of the community or public. Any sense of ethical obligation associated with caring for others in the civic model flows on from this.

Table 1 Comparison of the two models of care

Particularistic care	**Civic care**
Departure from individualism – engaged with others/concern to act in their interests	Departure from individualism – engaged with others/concern to act in their interests
Based on love	Based on civic bonds
Relations between close friends and family members in private sphere	Relations between citizens in public sphere
Intimate relations between particulars – partiality, affection	Relations of civility between strangers – fair-handedness, trust and sociability
Either voluntary – natural caring – based on love bonds and particularistic connection	**Both** voluntary – a willingness to assist others based on civic bonds from a sense of belonging to same community
or obligatory – natural caring needs love/ without love resistance/obligation caring for strangers – abstract process Ethical caring – seeing value of care	**and** obligatory – civic obligation – caring for strangers – concrete process of civic engagement Ethics originates in civic community
Caring for strangers is based on memory of early experiences of being cared for	Caring for strangers is an extension of civic engagement
Caring for strangers Reciprocity – recognition of value of care ensures 'future caring' Trust that we will be cared for	Caring for strangers Reciprocity – recognition that self interest coincides with common good Trust in the fair play of other citizens
Care based on abstract idea of shared humanity	Care based on concrete shared community
Care first arises in private sphere – a consequence of loving private relations between individuals	Care can also be a public concern
Particularistic care cannot easily be extended beyond the private sphere/resists institutionalisation Care in public only as 'ethical' acts of caring by individuals/care not a social norm Meeting the needs of strangers depends on isolated acts of goodwill	Assumes a distinction between private and public relations
An individual standpoint	Civic Care first arises in public sphere – an aspect of civil relations between citizens Nurtured by sociability

The civic model also assumes that the concern for other citizens and the willingness to help them arises within the public realm as a consequence of the kinds of social relations we have there. Particularistic caring, in contrast, cannot really conceive of caring relations with those we don't know beyond the ability to care in the abstract. Caring for the stranger or the citizen is never really a social relationship, but an abstract process involving an ethical obligation to care. The source of this obligation is not the civic community or the public, but a recognition derived from the individual's appreciation of the good of caring which comes from early experiences of caring. Particularised care assumes that, although care arises naturally in private, it can flow on to the public world although there, individual acts of caring are anchored not in our immediate social relations, but in an abstract idea of our shared human frailty and dependency on the goodwill of other individuals.

Both the particularistic and the civic approaches provide explanations of how people come to care for strangers. The particularistic approach does this by suggesting that we learn an 'ethic of care' within our families of origin, which enables us to extend the 'natural' relations of nurturance beyond the boundaries of the circle of close kin. However, this explanation does not allow for the differences between caring for immediate, co-resident kin and caring for those who are neither blood relatives or relatives through marriage. In contrast, the civic approach to the topic of caring makes a strong distinction between private care and public generosity. Noddings believes that the relations of dependency arising from human vulnerability and interdependency provide a foundation for abstract care for strangers. The civic approach holds that extending the principles of private care leads to familism, to hierarchical relationships of dependency and need such as those that characterise the patriarchal family, the Mafia or the Catholic Church in southern Italy. Civic participation, by contrast, is founded on horizontal relationships of equality formed outside the circle of immediate kin, that is, in the public sphere.

3 Some evidence

The availability of unit record data from Australian Bureau of Statistics' *Time Use Survey* provides a unique opportunity to test which of these contrasting theories gives the greatest understanding of the social conditions that promote caring for strangers.

The 1997 Time Use Survey collected 14,315 time-diaries from 7,260 persons aged 15 years and over. Respondents were instructed to keep diaries for two designated days, using the time-diary to make a complete record of the start and finish times of all their activities over the course of a designated day.[3] Importantly, the survey provides a rich record of social interaction in public and private settings.

Among the items on the questionnaire accompanying the diary are questions designed to identify people with disabilities and to collect some information about those people

[3] In 1997 the ABS conducted its second national Time Use Survey (ABS, 1998). Data were collected in equal proportions for each of the four seasons. The survey covered residents in private dwellings. The core instrument in the survey was a time-diary, with a prospective, twenty-four hour, fixed-interval format. In addition to describing their main activity, respondents are asked to record any accompanying or simultaneous activity, where the activity took place, who else was present, and 'who they did this activity for'. The ABS codes respondents' 'own words' descriptions of activities into a nested, 3-digit activity classification. The field interviewer also collected information about household characteristics and about each individual person within the scope of the survey population.

who care for them.[4] Respondents are also asked if they provided help to a person living in another household with any of the following tasks: health care, home help, home maintenance, preparing meals, personal affairs or supervising money matters, learning everyday skills (physical and mental).

The official survey of *Voluntary Work* (ABS, 2001) measures only formal volunteering, i.e. volunteering through formal organisations. In contrast, informal volunteering includes offering help to relatives, friends, and neighbours without the involvement of formal organisations. The *Time Use Survey* provides the most complete, nationally representative information about civic behaviour because it captures the time spent volunteering in both formal and informal settings.

3.1 Carers and helpers

Using the population weights developed by the ABS, it is possible to estimate the number of people nationally that fall into the various categories of carers and helpers. The categories hinge on two key criteria – (1) the degree of dependence of those receiving assistance, indicating whether the assistance involves *helping, caring* or being a *principal carer*; and (2) a distinction between intra-household (co-residential) and inter-household (ex-residential) assistance. In other words, these distinctions provide us with the ability to distinguish between private and public care, if private is taken to refer to caring activity within one's own residence.

Table 2 shows the estimated number of Australians providing various types of assistance in 1997 (and the raw numbers in the survey sample on which they are based). Of the 14 million Australians living in private dwelling and aged 15 years and over, more than 2 million (16 per cent) gave some recognised form of regular care or assistance to somebody. Slightly fewer than half a million are classified as 'helpers' and over 1.5 million as 'carers'. Among the carers only a third (571,977) are classified as principal carers. Just over 400,000 Australians were co-residential carers, while nearly 1.8 million provided care or assistance to person with whom they did not share a dwelling.

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[4] The term 'carer' has a very restricted meaning in official discourse. To qualify for the stringently means-tested Commonwealth *Carer Payment* and/or the *Carer Allowance* (a lower payment not subject to a means test), individuals must show that they personally provide full-time care on a daily basis for up to two adults who need a lot of additional care because of a disability, a severe medical condition or because they are frail aged. To receive the Carer Payment, they must show that this care takes place in the recipient's own home. To qualify for the Carers Allowance, they must live with the care recipient. The ABS takes a similar approach to the Commonwealth government, defining a carer as someone who provides 'assistance to a person with a disability; or a person who identifies him/herself as the provider of assistance to a person living in another household because of long-term illness or disability' (ABS, 1998: 73). The ABS category of 'principal carer' is even more narrowly defined because the care recipient must be profoundly or severely disabled, that is, must be unable to complete personal care tasks (eating, dressing, bathing or using the toilet), or to communicate (understand or be understood in their own language), or have seriously restricted mobility. But obviously, there is a great deal of caring going on beyond these narrow official categories of restricted functioning in the three 'core activities' of self-care, mobility and communication. There is assistance to those who need aid with other tasks such as preparing meals, doing housework and laundry, home repairs, gardening or transport. And, of course, there is all the assistance we give to people who have no restrictions on their functioning – raising our own children, looking after other children, and the day-to-day business of caring for spouses and wider kin.

Table 2: Population estimates of numbers of carers and helpers (over the age of 14 years) in Australia 1997

	Sample Frequency	Population Estimate	%
Does not provide assistance	6,097	11,855,775	84
Co-residential principal carer of an adult	149	267,882	2.1
Co-residential principal carer of a child	43	80,061	0.6
Principal carer for someone outside household	85	161,170	1.2
Carer for someone outside household	512	969,645	7.1
Main helper to someone outside household	112	219,218	1.5
Helper to someone outside household	227	436,742	3.1
Combined care and assistance inside or outside household	35	62,864	0.5
Total	7,260	14,053,357	100

Source: ABS 1997 Time Use Survey

3.2 Relatives, friends and strangers – particularism in the patterns of ex-residential care and assistance?

Intra-household care is provided chiefly to immediate kin – spouses, children and parents. In the case of co-residential care of adults, care recipients are predominantly spouses (70 per cent), with grown children (15 per cent) and parents (10 per cent) accounting for almost all the other cases. In the case of co-residential carers of children, by definition children are the care recipients.

Table 3 analyses inter-household assistance, cross-tabulating the official categories of 'care and assistance' with the (kinship) relationship between carer and care recipient. Inter-household care and assistance is offered to a variety of kin from different generations and to non-family members. There appears to be a relationship between the intensity of the assistance and the kinds of people to whom it is extended. The greater the dependency on assistance and the greater the responsibility for assistance accepted, the more likely it is that the care recipient will be a close relative. Conversely, those contributing to providing care or assistance, or assisting people to overcome less fundamental limitations, are more likely to offer this assistance to neighbours and friends. This suggests that people with high needs and high dependence are more likely to receive care from close relatives. In contrast public generosity is more likely to be directed to needy but more independent friends and strangers.

The first column of Table 3 shows that, in almost all cases (79 per cent), principal carers offer assistance to the previous generation (their parents), or to the next generation (their children), living in an independent dwelling. Fewer than one in ten principal carers look after someone who is not a family member. The next column shows that contributing carers (carers who are not principal carers) are three times more likely than principal carers to be assisting a friend or neighbour. Indeed among contributing carers, assisting someone outside their residential family with long-term care needs is the modal category, larger than any other category of care recipient taken singly (although nearly three-quarters of the recipients of their care are relatives or some sort – mostly parents or children). The small group of people who qualify both as co-residential carers and as carers to people outside their household are the group of carers most likely to be assist friends and neighbours.

Helpers, in contrast to carers, assist people without long-term functional restrictions.

At first glance the pattern of assistance provided by those classified as the 'main helper to someone outside household' seems similar to that of principal carers, in that parents and children are the recipients of help in the majority of cases. However, main helpers are twice as likely as principal carers to assist friends and neighbours. Among those who are contributing helpers (helpers who are not the main helper), the majority (54.6 per cent) of the recipients of this assistance are friends and neighbours, with parents and children combined accounting for fewer than one in three cases of this form of assistance.

Table 3 Recipient of assistance for different categories of ex-residential carers and helpers

	Principal carer for someone outside household	Carer for someone outside household	Combined care inside and outside household	Main helper to someone outside household	Helper to someone outside household
	(N=85)	(N=512)	(N=35)	(N=112)	(N=227)
Spouse	1.2	1.0	0.0	0.9	0.0
Parent	38.8	24.2	5.7	36.6	13.7
Child	40.0	22.1	40.0	34.8	14.5
Grandparent	0.0	4.5	0.0	1.8	4.0
Grandchild	2.4	4.7	5.7	1.8	3.5
Sibling	1.2	2.5	2.9	0.9	2.6
Other kin	7.1	12.7	14.3	4.5	7.0
Non-family member	9.4	28.3	31.4	18.8	54.6
	100	100	100	100	100

Source: ABS 1997 Time Use Survey

3.3 Voluntary work and care activities

Volunteering is often taken as a key indicator of the health of the civic life of a society. In his book *Bowling Alone*, for example, Putnam uses falling memberships in voluntary organisation as *prima facie* evidence for his thesis about mounting civic disengagement in the United States of America. Putnam and other theorists in the civic tradition argue that volunteering is public, not private, behaviour and would be associated with other forms of public engagement. As we have argued, in contrast to the particularistic approach, an orientation to caring within private boundaries of one's own residence would be unlikely to foster civic engagement.

The Time Use Survey categorises all the respondents' descriptions of their activities into ten major groups. One of the major groups of activities is 'voluntary work and care activities'. The time spent volunteering in formal organisations (formal volunteering) can be separated from the time spent in direct forms of giving and helping not mediated by formal organisations (informal volunteering). Within the category of informal volunteering it is possible to separate 'caring for adults' out from informal caring in general ('helping and doing favours for others'). The activities covered under 'caring for adults' involve assisting the recipient of care on a personal basis, typically with bathing, eating, dressing and providing emotional support, the kinds of activities that underpin the official category of 'carer'.

Table 4 shows the mean time spent in 'voluntary work and care for adults', the relative share of this time devoted to 'care of adults', and informal volunteering in total, for each of the different categories of carers and helpers.

Table 4 Time spent in 'voluntary work and care activities' for different categories of carers and helpers

	Average weekly hours of 'voluntary work and care activities'	% Care of adults	% Informal volunteering
Does not provide care or assistance	0.5	28.4	48.0
Co-residential principal carer of an adult	2.3	84.9	87.7
Co-residential principal carer of a child	1.6	86.8[1]	91.9
Principal carer for someone outside household	2.6	45.5	52.9
Carer for someone outside household	0.9	55.4	74.0
Main helper to someone outside household	0.6	28.5	44.3
Helper to someone outside household	1.5	29.0	29.8
Combined care inside and outside household	1.7	70.6	79.4
All adult Australians	0.6	37.6	53.5

Note: [1] This apparent anomaly is an artefact of ABS classification procedures – 'core caring activities' are classified under 'care of adults' rather than as routine child care.
Source: ABS 1997 Time Use Survey

Disregarding the time spent travelling or communicating associated with volunteering activities,[5] overall adult Australians spent a higher proportion (53.5 per cent) of the average time they devote to 'voluntary work and care activities' in informal volunteering than in voluntary work for formal organisations. However, Table 4 shows that those offering intra-household assistance – co-residential carers – exhibit the highest proportion of informal volunteering, most of which is devoted to 'care of adults'.[6] In contrast, ex-residential carers/helpers spent a lower proportion of time in informal volunteering and were more likely to be 'helping/doing favours for others'.

All categories of carers devote at least average weekly hours (0.6 hours), and more typically above average hours, to voluntary work and caring activities. (Only those who are the main providers of inter-household help exhibit average duration in this broad class of activities.) However, in contrast to prevailing expectations, these relatively high time allocations are not concentrated among co-residential carers. Every other category of carer or helper devotes at least twice as much time as the average to voluntary work and caring activities. Principal carers of adults (within and beyond their residence) devote the highest amount of time, four or more times the national average, to voluntary work and caring activities.

3.4 Volunteering as distinct from care

It is difficult to draw a sharp boundary between volunteering, especially informal volunteering, and the everyday assistance parents provide for their children, or spouses and household members provide for one another.[7] The typology of carers and

5 Since respondents often fail to provide information on the precise purpose for travelling and communicating, and because journeys and conversations often have multiple purposes, it is difficult to determine which proportion to assign to formal or informal volunteering.

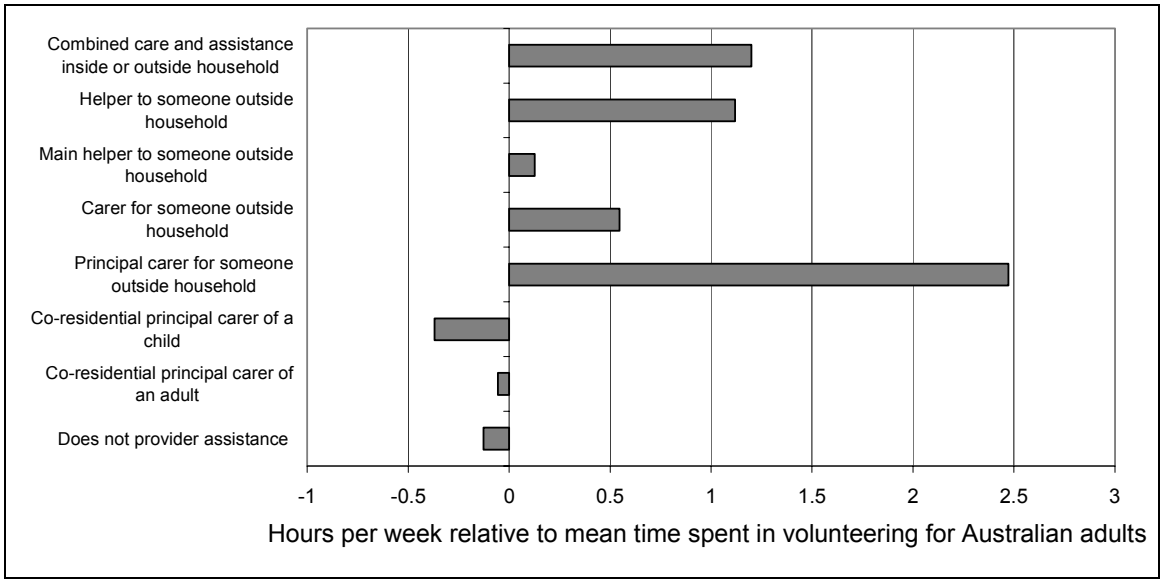
6 The low weekly hours devoted to 'care of adults', even by co-residential principal carers, is wildly at odds with carers' own estimations of weekly hours of caring. Further analysis of this issue has shown that most of this caring takes the form of extra domestic activities undertaken on behalf of the care recipient and the carer, that caring work is mixed up with household work (Bittman and Thomson, 2000).

7 The peak organisation, Volunteering Australia, for example, seeks to limit the term 'volunteering' to formal volunteering, both to emphasise the public, voluntary nature of

helpers already captures some information about the 'care of adults' provided to both adults and children. Under these circumstances it is interesting to note the effect of caring for adults on other more generalised forms of volunteering. Hence we have constructed a measure of volunteering, both formal and informal, which excludes the 'care of adults'. According to our analysis of both approaches to care – the particularistic, as well as the civic – this narrower form of volunteering is an important measure of our capacity to care for strangers.

Figure 1 shows how much time each category of carer devotes to volunteering (beyond their known caring activity), relative to the average weekly hours of all Australians.

Figure 1: Weekly hours of voluntary work (except care of adults)



The patterning of carers' time spent in volunteering is remarkably consistent with the predictions of the civic approach. On average, adult Australians devoted a little less than one hour per week (52 minutes) to formal and informal voluntary work (excluding the direct care of adults). Providing care and assistance within household boundaries is associated with below average times spent in other volunteering activities. The weekly total of hours of volunteering among co-residential carers of children is less than two-thirds the national average. Co-residential carers of adults also fall marginally below the national average. In contrast, caring for someone beyond the private boundary of your own dwelling is associated with above average time spent in volunteering. The margin by which many of these categories of inter-household care exceeds the average is often substantial. Main helpers spent nearly 15 per cent above the national average, principal carers of a person living in another household spend nearly three times the average weekly hours in volunteering, while other carers and helpers often spent more than double the national average in volunteering.

Providing care and assistance to someone within your own household is associated with below average commitments of time to (any other kind of) volunteering. In contrast, providing assistance to persons living outside the private circle of co-

volunteering for non-for-profit organisations and to avoid the association of volunteer labour with forms exploitation (Warburton and Oppenheimer, 2000: 3, 73-82).

residence increases the propensity to engage in volunteering. According to our analysis of the evidence then, this ex-residential form of care and assistance seems to increase civic engagement. In brief, more public forms of social engagement promote other forms of public engagement, thus contributing to the density of civic connections.

3.5 Isolation versus engagement

Co-residential care is deeply embedded in family households and is associated with private forms of leisure and recreation. Putnam, following John P. Robinson, has drawn our attention to the socially isolating character of television consumption.

> Even though there are only 24 hours in everyone's day, most forms of social and media participation are positively correlated. People who listen to lots of classical music are more likely, not less likely, than others to attend Cubs games. Television is the principal exception to this generalisation – the only activity that seems to inhibit participation outside the home. TV watching comes at the expense of nearly every social activity outside the home, especially social gatherings and informal conversations. In short, television privatises our leisure time (Putnam 1995: 678-79).

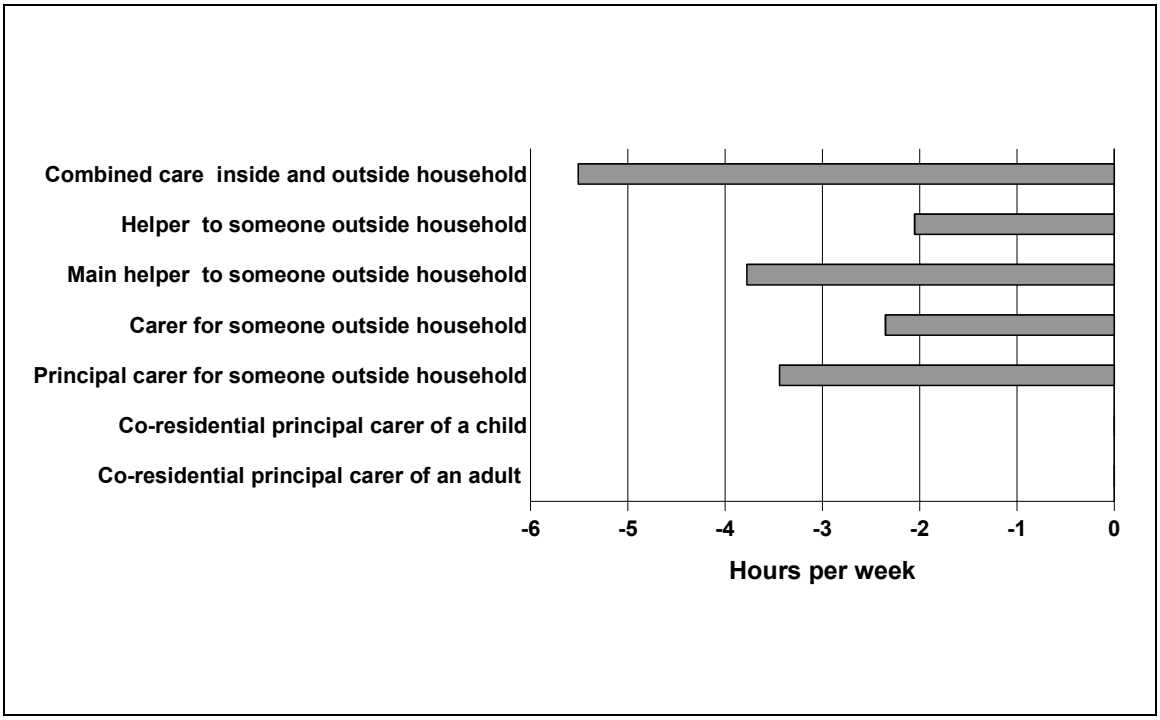
The privatising character of television viewing is also borne out in Australia, where time spent in television consumption is inversely related to social and community interaction (Person's r= -0.12, significant at the 0.01 level, 2-tailed). Television can be used as inverse indicator of civic engagement. The greater the time devoted to watching television the lower the level of civic engagement.

Average time spent watching television and video is affected by age, sex, education, employment status and day of the week. Plotting television watching by age produces a U-shaped pattern. Weekly hours of television and video consumption are relatively high among teenagers and those above pension age, and lowest for those in their middle years. Men typically spend more hours watching television than women. There is an inverse relation between educational attainment and average time spent in viewing television, so that people who completed high school (or achieved higher qualifications) watch less television than those who did not complete high school. Being a full-time student over fifteen years of age drastically reduces the time spent viewing television. Television consumption is also higher than average among the unemployed and those not in the labour force. Also hours of paid work seem to matter – on average, those in part-time paid employment spend more hours each week in front of the television set that those in full-time employment.

Compared to the rest of the adult Australian population, carers are older, more likely to be female, less likely to be full-time employed, likely to have completed high school and far less likely to be currently studying full-time. However, even after controlling for these potentially confounding factors, caring for or helping someone outside your own household significantly ($P<.05$) reduces the time spent watching television and thus reduces your chance of isolation. Figure 2 below shows the predicted weekly hours of television viewing for the different categories of carers and helpers. The time co-residential carers allocate to watching television and videos is

not significantly different from the reference category.[8] Co-residential carers of either adults or children spent the same time watching television as Australian with no caring responsibilities. Persons providing inter-household assistance devote far lower hours (between 2 hours and 5 hours 31 minutes per week lower) consumption of television and video entertainment. The lowest consumption is associated with the people who simultaneously provide care and assistance within and between households. Being either a main helper or a principal carer lowers the average time spend in watching television by over three hours. The next lowest is found among those contributing to the care of someone outside the carer's household. The smallest reduction among ex-residential carers is found among the group contributing help to another household, whose television still 2 hours below the non-carer's norm.

Figure 2: Difference in weekly hours of television and video viewing between carers and non-carers



The pattern is clear; the privatising activity of television watching is significantly diminished among those categories of people who provide care or assistance to other households. These findings complement the pattern found in volunteering where privatisation and civic engagement appear to be opposites. The groups that donate above average time to volunteering activities (ex-residential carers and helpers) spend below average time watching television in their private dwellings. Co-residential carers are more privatised and consequently engage in fewer civic activities. Ex-residential carers and helpers are less socially isolated and more 'socially engaged'.

[8] Mid-aged, full-time employed men with lower education, who were not providing care or assistance.

4 Sociability and care

Why then should watching what appears to be little more than average amounts of television make it less likely to care for someone outside your own household, and apparently, also less likely to offer assistance to friends and strangers? Conversely, why do greater amounts of public activity and time spent with ordinary people outside one's household predispose us towards caring for strangers? What theories would lead one to expect this statistical association? For the answers to these questions we turn first to some literature on sociability which explains the special features of socialising as an aspect of our public interaction, and highlights the role it plays in building a public sphere.

According to the Georg Simmel, sociability is the play-form of sociation (1950: 45). Sociation refers to any process of social interaction which contributes to the formation of a social group (Simmel, 1950: 45). However, whereas other forms of social interaction are tied to specific purposes, from marriage to joining a union, sociability exists for itself 'and for the sake of the fascination … it diffuses' (Simmel, 1950: 43). Sociability is the pure process of sociation – which is perceived as a cherished value (Simmel, 1950: 44).

With sociability, it is the fact of the *gathering itself* that is important, and participating in social gatherings where we do not know everyone present gives us a sense of how we are bound together as a social group. It reminds us of our social nature and provides a strong sense of belonging to the same social group. Simmel places emphasis on the importance of large gatherings, such as crowds, and the qualities of the informal interaction within them. This implies that there is an important difference between more privatised patterns of sociability which are linked to companionable experiences like visiting friends in their homes, and the sorts of sociable exchanges we might have with members of the public. This observation is consistent with Putnam's analysis of the role of friendly social interaction in building reciprocity. Putnam distinguishes civic participation from informal social connections, but treats both these connections as indicators of social capital. The bonds and informal ties we build with our friends are not the same thing as the civic connections we make in voluntary associations and community organisations, but they play a big part in building trust and creating supplies of bonding social capital. Speaking in this context of the different forms of socialising, he says that, 'like pennies dropped in a cookie jar, each of these encounters is a tiny investment in social capital' (Putnam, 2000: 93).

When sociability is mediated by friendship it serves to reinforce the particularistic bonds already in place. However, Simmel shows us that sociability at public gatherings creates opportunities for building new connections with strangers as members of the same public. At a large public gathering, we are usually interacting with people we don't know and often with people with whom there are no clear lines of commonality apart from being members of that public. Any large public gathering or crowd is made up of individuals who differ in socio-economic status, age, taste, culture, language, etc., to name but a few. The point, however, is that sociable exchanges in public proceed irrespective of these differences – one relates to people within a gathering as a member of the gathering.

Sociability cannot be abstracted from the gathering itself. There are specific dynamics and properties peculiar to the gathering and to our relations in public, and these exist

independently of the individual personalities of those who are part of the group. As Simmel puts it, there is a sort of freedom possible as a participant of the group, the dynamics of which would assume an entirely different meaning in the context of a more intimate encounter with friends (1950: 46). In public gatherings, one adopts a certain style of conduct with others which requires putting one's differences aside. For Simmel, it is this kind of connection which determines our relations with others in public. And it is this kind of connection which gives sociability the potential to build solidarity with strangers.

Barbara Misztal has argued that our experience of relating sociably to others creates a feeling of belonging to a broad social group by promoting trust. She argues that sociability is 'rooted in partners' tacit adjustments of their reciprocal obligations towards each other as members of the same circle, network or community' which is why sociability promotes toleration and acceptance of others. And because it allows people to reflect on their obligations to other members of their social group and reciprocate, 'sociability fosters people's interest in the integrity of their shared life' (Misztal, 1998: 204).

Misztal believes that sociability has a meaning that goes beyond our experience of informal social interaction in public gatherings (which is where Simmel's emphasis lies) to the heart of how we understand democracy. She models her concept of sociability on relations of friendship but friendship understood broadly to convey the Aristotlean sense of an association of citizens. With this emphasis, and also with her description of sociability as 'a style of interaction with reciprocity weaving through it', Mitsztal ties the concept of sociability to the sorts of relations which occur between citizens in the public sphere. Sociability, she argues, means 'public relations between equals' (Mitszal, 1998: 203), where 'public' conveys the sense of a public sphere. In this context, as she herself explains, sociability encompasses elements of social capital.

4.1 Sociability and civic engagement

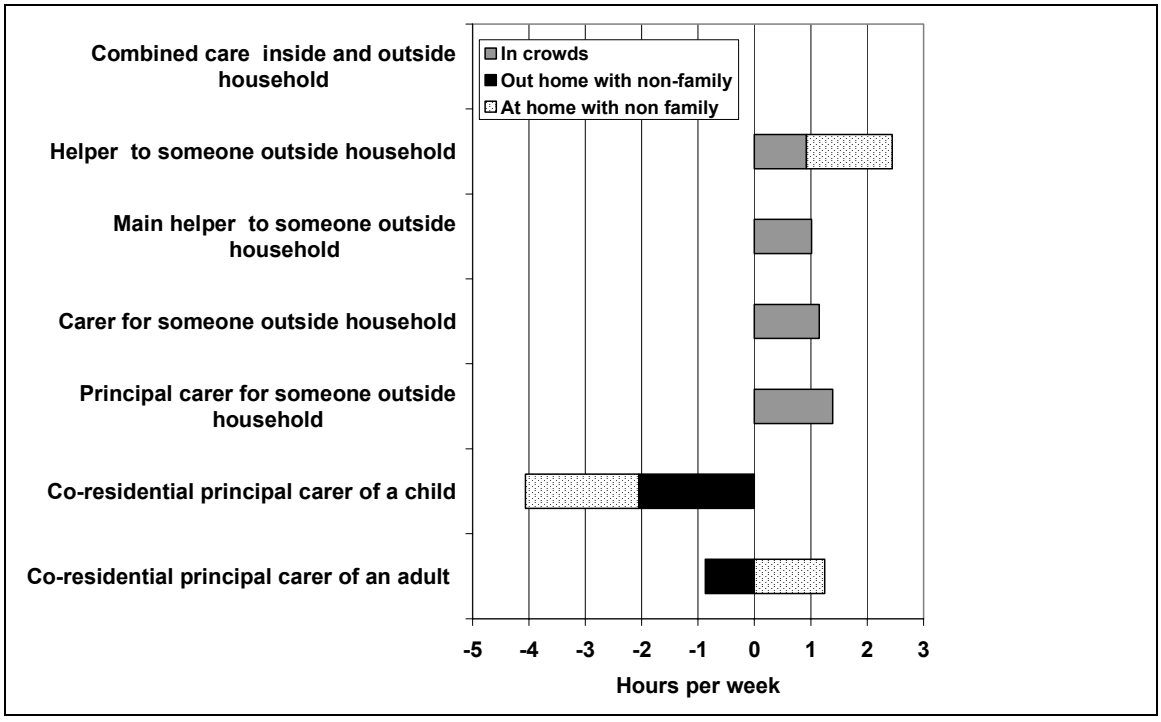
This characterisation of sociability is central to our argument and the evidence that follows: sociable exchanges in public build trust and encourage the civil relations between strangers which we believe are the basic conditions of a civic approach to care. In our analysis we take socialising in public places and in crowds to, exemplify an extension of sociability beyond the private domain and we view its significance as an indicator of civic care.

Figure 3, below, shows difference in the time spent in socialising by category of care, when compared to people with no caring responsibilities. The category of 'time spent in socialising' is specially created from the raw information contained in the 1997 Time Use Survey. Socialising time, consists of three components: time spent participating in events with crowds; time spent socialising with friends and associates at venues outside the respondent's own home (for example, in public places and in other people's homes); and time spent entertaining friends and associates in respondents' own homes. As in the analysis of television watching, a multiple regression procedure was used to examine the effects of the varieties of co-residential and ex-residential care on the time spent in socialising, independent of any effects due to of differences in age, employment status and involvement in full-time study.

The results of the analysis conform to the patterns found in relation to volunteering and television viewing, with co-residential carers being far less likely to engage in the

more public forms of socialising. Time spent socialising out of home markedly[9] lower. Co-residential carers spent considerably less time in crowds than ex-residential carers, 1 to 2 hours per week less socialising out of home with people beyond the circle of their kin. Co-residential carers of children spend 2 hours per week less in entertaining friends and associates at home, although responsibility for co-residential care of adults seems to encourage entertaining at home. Ex-residential carers exhibited the exact opposite pattern. Their total time spent in public forms of socializing was above that of the non-carer population and the time they spent in the component activity of socializing in crowds and out of home activities in the company of friends and associates was well above that of co-residential carers. Providing help or assistance to people living outside one's own household is associated with the most outgoing or public socializing of all.

Figure 3: Differences between carers and non-carers in socialising beyond the circle of kin



Although suggestive rather than conclusive, these results provide substantial support for the idea that socialising in public is a constitutive foundation for forms of civic associations. The horizontal bonds forged in relationships beyond the confines of immediate family are correlated with the capacity to engage with strangers, to empathise, and ultimately to provide assistance to, and even care for people beyond the threshold of our private dwellings.

5 Conclusion

This enquiry began with a current issue, Australia's treatment of asylum seekers, that draws our attention to the political significance of what Putnam has called 'bridging social capital'. The fact that we care for people with whom we have the closest bonds – our children, our partners, our parents – is easily understood on the basis of our

[9] These difference as also statistically significant at the .10 level.

presumed affections for them. Indeed our analysis has shown that some of the most demanding forms of care, such as being responsible for an adult or child who needs to be fed, bathed and dressed, or who cannot communicate or who relies on assistance to move around the house, is mostly extended to immediate kin. However, it is far from clear what would ensure that we cared about strangers – refugees, the unemployed, the destitute – much less cared *for* them. In other words, what promotes 'bridging social capital'?

In this article we have sought to answer this question by examining the evidence bearing on two contrasting potential solutions to the riddle of the origins of bridging social capital – the particularist approach, exemplified by the work of Nell Noddings, and the civic tradition, exemplified in the work of Robert Putnam. Our analysis of the particularistic approach to care suggests that bridging social capital is essentially an abstract obligation derived from the experience of human vulnerability and dependence whilst being cared for in infancy. In contrast, the civic approach suggests that bridging social capital arises directly within the pubic realm and that the desire to participate and the obligations entailed in caring are inherently civic in nature.

The findings presented show that co-residential carers, that is, those absorbed most in caring for someone in their family, spend less time in other forms of volunteering, which is what helps to build bridging social capital. Ex-residential carers, that is, those who care for someone who doesn't live with them, are more likely to extend their assistance to friends and neighbours, and to donate more time to other volunteering activities. This finding has two related aspects. One, co-residential care is isolating and privatising in nature, and therefore is unable to provide the impetus for making more generalised social connections with others. Two, socialising in public outside the confines of one's own private dwelling promotes additional forms of social connectedness, and importantly a primary impetus for civil behaviour which we have argued is basis for civic approach to care.

References

Australian Bureau of Statistics (1998) Time Use Survey, Australia -- Users' Guide, Cat. No. 4150.0, Canberra

Australian Bureau of Statistics (2001) *Survey of Voluntary Work, Australia 2000*, Cat. No. 4441.0, Canberra

Bittman, M. and C.M. Thomson (2000) 'Invisible Support: The Determinants of Time Spent in Informal Care' in J. Warburton and M. Oppenheimer (eds.) *Volunteers and Volunteering* Sydney: Federation Press, pp. 98-112

de Tocqueville, A. [1839] (1990) *Democracy in America*, vol. 1, Vintage Classics edition New York: Random House

Dalley, G. (1988) *Ideologies of Caring: Rethinking Community and Collectivism* London: Macmillan

Dark, A. E. (1996) 'In the Gloaming', in S. Gordon et al (eds) *Caregiving: Readings in Knowledge, Practice, Ethics and Politics* Philadelphia: University of Pennsylvania Press

Finch, J. (1989) *Family Obligations and Social Change* Cambridge: Polity Press

Ignatieff, M (1994) *The Needs of Strangers* London: Vintage

Misztal, B. A. (1998) 'Styles of Interaction: Civility, Sociability and Intimacy', in M. Alexander, S. Harding, P. Harrison, G. Kendall, Z. Skribis and J. Western (eds) *Refashioning Sociology: Responses to a New World Order* TASA Conference Proceedings, Brisbane, pp. 201-8

Nodding, N. (1984) *Caring: A Feminine Approach to Ethics and Moral Education* Berkeley: University of California Press

Porter, E. (1999) *Feminist Perspectives on Ethics* London: Longman

Putnam, R.D (1993) *Making Democracy Work: Civic Traditions in Modern Italy* New Jersey: Princeton University Press

Putnam, R.D. (2000) *Bowling Alone: The Collapse and Revival of American Community* New York: Simon & Schuster

Simmel, G. (1950) *The Sociology of Georg Simmel*, Glencoe, Illinois: Free Press

Warburton, J. and M. Oppenheimer (eds.) (2000) *Volunteers and Volunteering* Sydney: Federation Press

Wilkinson, J. and Bittman, M. (2002) 'Neighbourly Acts – Volunteering, Social Capital and Democracy' *Australian Journal on Volunteering* 7(2), pp.32-44

Wuthnow, R. (1993) *Acts of Compassion: Caring for Others and Helping Ourselves* Princeton: Princeton University Press

Wuthnow, R. (1995) 'First Steps: From Family Ties to Specialised Care', in *Learning to Care: Elementary Kindness in an Age of Indifference* New York: Oxford University Press