


Paid Care: Now and in the Future

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Michael Bittman, Trish Hill and Cathy Thomson

The impact of caring on wellbeing and earnings: a longitudinal approach

This paper reports on preliminary findings of ARC linkage project in partnership with a consortium of relevant New South Wales State government departments and Carers NSW. In Australia, as in many OECD countries, the policy balance has shifted away from institutional forms of health and aged care towards supporting people in their own homes. Care in the home has become the cornerstone of human services policy. This policy change presupposes a significant and (given likely demographic trends) growing supply of informal caring labour.

Australian data indicate that a large proportion of carers (between 40 and 60 per cent) combine full-time or part-time paid employment with their caring responsibilities. Studies have noted the contradictory effects of paid employment on carers' wellbeing. On the positive side, studies show that the majority of carers are very committed to their paid employment because it is a source of financial and social benefits, and provides some form of respite from caring activities. However, the demands of balancing competing roles have also been shown to negatively impact on the employment situation and career advancement, as well as on family life, leisure and health. By conceptualising informal caring from a life course perspective and analysing a newly available longitudinal data source (the Household, Income and Labour Dynamics in Australia Survey), the research team are assembling a portrait of the 'career' of a carer. Although the four waves of available data only allow for the analysis of the short run effects of transitions in caring and employment it does allow us to examine how this impacts upon earnings, health and the quality of life.

Deborah Brennan

The ABC of Australian Child Care

The care and education of children from birth to school age raises complex philosophical and policy issues for modern governments. These range from broad questions about the relative responsibilities of state, market and family to technical aspects of policy design such as the interaction of child care subsidies with taxation and industrial relations.

Child care is a perennially fascinating policy area because it endlessly confronts us with these questions at both a social and an individual level. This paper will analyse child care policy development since 1996, exploring the political choices which have been made, the interests served relating it to the restructuring of income support ('welfare reform'), changes in women's labour force participation, and concerns about demographic change, especially structural ageing and lower fertility. Australian government policy towards children below school age has been radically transformed in the past decade and a half. Community-based, non-profit care (the centerpiece of Australian child care provision from the early 1970s) was sidelined in 1991 when the Labor government extended Commonwealth assistance to users of private, for-profit care. Since then, the for-profit sector has become increasingly dominant - it now provides more than 80 per cent of the long day care places available to Australian children. Three elements of Australia's approach to the care of children will be examined in detail:

- access to maternity and parental leave
- assistance with the costs of child care (including child care assistance, and tax benefits)
- subsidies for extended parental care

Bettina Cass

Exploring social care: Paid and unpaid care at two life-course stages

The mainstream research literature on paid care (care-giving services in the formal sector for frail elderly people and people with severe illness or disability) and unpaid care (delivered outside of commodified care arrangements, usually by family members within households and kin networks - the informal sector) tends to establish a set of dichotomies along the lines of formal/informal, commodified/non-commodified care.

In addition, many comparative analyses of welfare regimes examine the ways in which various policy mixes concerned with care provision tend to lean towards one or other of the formal/commodified or informal/non-commodified poles. There is however a "new feminist" literature which rejects these dichotomies, developing and adapting a conceptualisation of "social care" in which the interconnections of paid and unpaid care are mapped through the life-course.

This paper explores some relevant recent literature on this issue, concerned with the social relations of care giving and receiving, and the policy frameworks in which care provision is determined and which affect the relationships of care. It goes on to explore the conceptualisation of social care with respect to two case-studies of care-provision in Australia: young carers aged up to 24 years who are usually caring for a co-resident parent; and grandparent care, where grandparents are the primary carers of their grandchildren, under the aegis of State/Territory child protection jurisdictions, or federal family court orders, or in the context of informal arrangements, often framed by, but not officially subject to state law and policy.

How do notions of "social care" help to explain these relationships and how are informal and formal care provision interconnected in these two case-studies?

Susan Dodds

Depending on care: recognition of dependency and social contribution

For welfare-state liberal democracies, a number of theoretical and ethical tensions associated with paid care arise. This paper examines three.

First, the tension between recognition that, as material, social and developmental beings, people are inevitably dependent on care during their lives, and the dominant political theoretical understanding of the citizen as an adult, self-reliant individual. This understanding of the individual citizen contributes to the view that those who are cared-for suffer deficits that may be addressed by the generosity of the state or individual charity. Paid carers are thus associated with a kind of non-productive work, as such, their work is often de-valued.

Secondly, with the increased reliance on paid care, caring has become professionalised: nurses, for example, are expected to ensure professional standards of care, to be held legally accountable for the care provided, and to protect the welfare of those in their care. However, carers work in contexts that offer limited resources to meet those expectations, as many private care providers seek to minimise costs and maximise profits, and as public care facilities are poorly resourced.

Third, "good carers" are those who engage with those they care for at an emotional level, who seek to understand and respond to the individual needs and concerns of those cared-for and who "really care" rather than merely demonstrating skill-based competencies. In a system that rewards demonstration of technical skill and tertiary qualifications, there is no metric available to appropriately remunerate compassion, empathy, trust and kindness. I argue that until human dependency is appropriately recognised, the significant social contribution of carers will be under-recognised.

Michael Fine
The new social divisions of care

In most developed economies, care has now 'gone public'. It is no longer solely a private, familial concern that can be automatically assigned to women to be undertaken without pay. Nor is it contained in bureaucratic hierarchies. In this paper I consider what is emerging in its place - the new social divisions of care.

The paper is an early work-in-prospect report on a study which we are undertaking as part of an international network of comparative research. In it I seek to link recent care theory with a modest program of empirical research.

Part one briefly consider the character and meaning of care, as it is seen from a number of different standpoints, before considering the intersection of what is often termed the 'care deficit' with patterns of demographic, economic and social change. Using aged and child care as broad case studies, it then addresses the convergence of three developments shaping social life in 21st Century: 1. the demographic shift represented by the ageing of the population and fertility rates below replacement level; 2. the need for care arising from the support needs of an older population and the rising demand for child care; and 3. the changing global economy, particularly as it is reflected in changing patterns of migration and shifts in the demand for immigrant labour.

A prospective scoping of existing data collections on aged and health care suggests the development of important differences within Australia, as well as between Australia and most other comparable countries.

Graeme Hugo
Contextualising the crisis in care: a demographic perspective

Regardless of what levels of overall future population growth occur in Australia there will be a major shift in the composition of the population which will have significant implications for the demand for paid care in Australia. Changes in age structure will be especially significant but developments in areas such as workforce participation will also be important.

The present paper examines the shifts in population, which are likely to occur over the next three decades, and draws out some of their implications for the need for paid care. Particular attention will be focused on the growth of the "old-old" population who have the highest levels of paid care.

Among the points considered are the fact that this age group are anticipated to increase faster than the older population as a whole and that most projections may in fact be under-projecting the growth of the group. An attempt is made to estimate what the anticipated growth of the population aged over 75 will mean for the demand for paid care workers. The possible role of immigration in meeting the increased demand for paid care workers is considered. It is shown that some countries (Japan and Canada) have modified their immigration policies to accommodate the increasing demand for paid care workers which cannot be met from within the native workforce.

Debra King
Rethinking the care-market relationship in care provider organizations

Care provider organizations are under pressure by funding bodies and regulatory procedures to narrowly construct care in ways that preclude its relational, emotional and social characteristics. Subjecting care to a managerialist-market logic, however, creates tensions between the organization and its key stakeholders: care recipients, care-workers and unpaid carers.

These tensions are significant and are likely to place organizations under pressure to develop a more holistic approach to care. In addressing this issue, this paper draws upon the concept of bounded emotionality to argue that it is feasible for organizations to be both instrumental and caring, and thereby be responsive to the needs of all of its stakeholders.

The paper concludes by discussing some of the practical implications of organizations adopting a framework of bounded emotionality, and suggesting some directions for future research.

Gabrielle Meagher

The challenge of the care workforce: recent trends and emerging problems

This paper examines the paid care workforce in community services in Australia. Focusing on people employed in direct service delivery roles, I use unpublished data from the Censuses of 1996 and 2001 to present evidence of several characteristics of and trends in the care workforce in community services, in which a large minority of care workers are employed in this country.

After briefly documenting the demographic profile of the care workforce, I present evidence of deinstitutionalisation, deprofessionalisation, functional underemployment, and relatively poor pay in community service industries. These factors appear to be driving care workers out of community services and into other human service industries. I conclude by discussing the policy implications of these trends, and by raising some questions for workforce planning.

Ian Ravenscroft

Paid care and the price of ethics

In this paper I explore a possible explanation of the comparatively low wages received by paid care workers. The low wages of paid care workers are something of an anomaly because the outcome of paid care work—the well-being of the young, the old, the sick and the infirm—is generally something we value.

After briefly reviewing some standard accounts of the low wages of paid care workers, I turn to the work of Cornell economist Robert Frank who has argued that total remuneration for labor is composed of both a monetary and a moral reward. Across a range of professions he has shown that as the moral satisfaction of an occupation rises, the monetary reward falls.

After reviewing Frank's data, I argue that his hypothesis provides a possible explanation of the low wages of care workers. Frank's work also allows us to explain the anomaly mentioned earlier, and the prevalence of women in paid care work.

Maria Zadoroznyj

Professionals, carers or strangers: 'place', 'space' and liminality in paid postnatal home care

An increasingly important part of the paid care workforce is made up of those who provide assistance to people in their own homes. The growth of this workforce is associated with a variety of public policy and agendas such as decreasing the length of stay in hospital for various conditions and events such as childbirth, or keeping the aged, disabled or chronically ill in their homes and out of institutional care for as long as possible. Neither professionals nor family or friends, these workers occupy ambiguous ground, both in their relationship to the households where they work and to professionals.

To explore these issues, this paper examines the cultural meaning of a new category of postnatal home care support worker to birthing women in an Australian city. The paper argues that these paid carers occupy a liminal position, in part determined by the spatial location of their care work (in the private domain of the home) and in part determined by their ambiguous position in an occupational hierarchy. Holding neither the status of professional carers (such as midwives) nor of familial, informal carers, this new occupational group is in a liminal position with respect to these conventional boundaries. This ambiguous status has important implications for birthing women in the Australian context; many women (and their families) reject the service because of their construction of this new occupational group as 'strangers' who might intrude into the intimate spaces of the home and the body, spaces to which only professional or intimate family members would normally be allowed access. And importantly, users of the service, although generally very happy with it, do experience discomfort at having 'strangers' perform certain tasks.

The paper is based on a wide ranging evaluation of the first two years following the introduction of the occupational group known as "Mothercarers". The Mothercarer service is available to all women taking early discharge following childbirth, and works in tandem with domiciliary midwives who also provide care to postnatal women and provide supervision and support to the Mothercarers. The analysis is based on interviews with twenty potential users of the Mothercarer service (antenatal women and their families), with 63 postnatal women, approximately half of whom had used a Mothercarer, as well as with domiciliary midwives and with Mothercarers themselves. The implications of these findings for future programs of this type are considered.

Bill Martin

Are paid care jobs 'bad'? the residential aged care experience

Paid care jobs are often thought of as 'bad' jobs – they are seen as having low pay and poor conditions, they provide very limited training and advancement opportunities, the work may be degrading and boring, etc. If this is the way the work is experienced, then we face considerable problems.

The demand for people to undertake paid care work is likely to remain strong, and probably increase. Most directly, population aging will produce increased demand for various forms of aged care work and continuing rises in women's labour force participation will ensure steady or rising demand for childcare.

There is also increasing awareness and rising expectations of the quality of care work. Moreover, we should not be content if care work is experienced as 'bad work', whether or not people are willing to do it. It is a field dominated by women, often part-time and/or casual, often with limited formal credentials. It should not be acceptable that this growing workforce reproduces and/or further entrenches women's well established disadvantage in the labour market.

This paper focuses on workers in Australian residential aged care facilities. It looks at how key qualities of the jobs of aged care workers compare with those in non-care work undertaken by people with similar 'human capital'. It examines how workers' characteristics and the ways work is organised affect people's experience of aged care work, and their expectations about staying in the aged care field.

The general conclusion is that aged care workers' subjective experience of their work is more positive than many analyses of 'bad jobs' in the sector would suggest.

The paper links this finding back to the general character of 'caring' and the deeply positive cultural coding of this activity. However, pay levels remain a major issue in the sector, and are the source of much dissatisfaction. In fact, most of the determinants of variation in how work is experienced are under the control of facility managers.

The paper concludes with a return to the broader theme of whether paid care jobs are 'good' or 'bad'? What are the most important aspects of the experience of this kind of work? What are the implications for the longer term future of these jobs?

Diane Gibson and Ken Tallis

The caring landscape: a relational analysis

Paid care cannot be properly understood in the absence of an understanding of unpaid care. This paper sets out and documents, within the constraints of available data, the shape and nature of the caring 'workforce'.

Within this landscape, at least five categories of carers can be identified: paid carers who are part of the formal economy, paid carers who are part of the informal economy, relatives who are literally paid to care, unpaid carers who receive some government benefit or payment in recognition of their caring role, and unpaid carers who do not receive a government benefit or payment.

The analyses to be presented incorporate both demographic and economic data, with an emphasis on patterns of government expenditure.