

16

Caring



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16 Caring

Caring is one of the core activities of families. The type and extent of care (that is, looking after the needs of family members) provided by families varies across the life course and differs across family types. Direct caring in the form of the day-to-day activities needed to look after a person's needs, is a family activity that is disproportionately borne by women.

The caring role of family members is one that has to be managed alongside many other responsibilities. As more women are participating in the paid workforce, the employment and caring responsibilities of women can result in considerable demands on women – especially at particular parts of the life course such as when children are very young or when child care and elder care responsibilities clash.

One way in which the caring responsibilities of families are managed is for families to use support services to help in this role. These services include formal and informal child care and the use of community resources to assist in caring for elderly family members and those with disabilities. Governments assist families in their caring roles by subsidising child care, providing home and community care services, by paying carer pensions and in other ways to enable families to continue to balance caring responsibilities together with other responsibilities.

In providing support for families in these caring roles, governments are enabling families to contribute an enormous amount of time and other resources to the welfare of family members and the wider community. The financial value of the caring work undertaken within families is enormous.

This chapter outlines some of the statistics about how families care for their children, and the use of non parental care for children. It also examines the way in which families, the community and government sectors go about providing care for older people and those with disabilities.

Parental caring for children

How much time do parents spend looking after their children?

Looking after children consists of a range of different activities. In the tables below a number of different types of child care activities of parents are examined. Table 16.1 indicates the types of activities included in each of these types of child care. Caring for children can consist of very focused child care, where the child is the primary focus of the parent's attention. This is called *primary time* spent on child care. However, a great deal of child care involves being around when the child is present and providing supervision and combining child care with other activities. Although this type of care is not exclusive child care, it nevertheless takes time and energy and constrains other activities of the carer. This type of time spent looking after children is called *secondary time*.

How much time do mothers spend on child care?

Caring for young children is a gendered activity. Mothers spend far more time caring than do fathers. Using the 1997 Time Use Survey, Table 16.2 shows that, compared with partnered fathers, partnered mothers spent:

- 2.6 times more time per day on child care activities (5.8 hours compared with 2.3 hours).

Table 16.1 Types of child care activities

Category	Type of activities
Child care	Physical and emotional care including bathing, dressing, hugging, feeding.
Teaching, helping, reprimanding	Helping children do things or showing them how, listening to reading, helping with homework, directions about household chores, settling disputes, helping with problems, correcting behaviour.
Playing, reading, talking	Includes sharing indoor games, outdoor play, singing, reading stories, watching TV with child.
Minding	Caring for children without the active involvement shown in the categories above. Includes monitoring children playing outside or sleeping, preserving a safe environment, being an adult presence for children to turn to in need, supervising games or swimming activities including swimming lessons. Passive child care.
School visits	Includes spending time at day care establishments, pre-school, school etc., attending school assembly, sports, parent-teacher nights, reading sessions, art/craft, school concerts.
Travel	Travel associated with child care activities in motion/waiting. Includes taking children to and picking them up from places.

Source: Australian Bureau of Statistics (1998d).

- 4.3 times more time on child care (physical and emotional).
- Twice as much time playing, reading, talking or watching TV.
- Over 6 times as much time related to the child's schooling.
- Almost three times more time transporting children or travelling on their behalf.

Does employment explain the limited time fathers spend with children?

One reason why fathers spend much less time than mothers with their children may be because fathers spend more time than mothers in paid employment. However, the evidence does not support this explanation. Table 16.3 shows that among partnered parents who worked full time, mothers still did far more child care than did fathers. In total, partnered mothers who worked full time spent 1.7 times more time each day than similar fathers. The same pattern is true among mothers and fathers who both worked part time and those who were not employed. When mothers and fathers had a similar level of workforce participation, mothers still spent between 1.7 and 2.1 times more time on child care activities than did fathers. (Table 16.3) In other words, if all mothers and fathers had similar levels of employment, partnered mothers would still do a lot more child care than fathers.

Table 16.3 shows the differences in the amount of time parents spent with children depending on whether they are employed full time, part time or are not employed. Mothers who were not employed spent far more time on child care each day than those who were employed part time or full time. Overall, mothers who were not employed spent 7.2 hours each day on child care activities, compared to part time employed mothers who spent 5.7 hours and full time employed mothers who spent 3.7 hours per day. The level of employment of

fathers also affects the amount of time they spend with their children but not to the same extent as it affects the time spent by mothers. Not employed fathers spent an average of 3.4 hours a day with their children compared to part time employed fathers who spent 3 hours a day and full time employed fathers who spent 2.1 hours each day with their children.

Does being a lone parent affect the time devoted to children?

In households where at least one child is aged under 15, lone mothers spend fairly similar amounts of time on child care as do partnered mothers. Table 16.4 shows that, overall, lone mothers spent 5.4 hours each day on child care activities compared to partnered mothers who spent 5.8 hours. Despite having to manage a household without the assistance of a partner, lone mothers

Table 16.2 Time per day (minutes) on various care activities by gender (couple households with a child aged under 15)

	Couple mothers	Couple fathers	Ratio (mother: father)
Child care specific	76.3	17.6	4.3***
Teach, help, reprimand	7.1	3.2	2.2***
Play, read, talking, watching TV	80.7	38.8	2.1***
Child minding	154.3	67.4	2.3***
School visits	3.3	0.5	6.4***
Travel	20.0	6.8	2.9***
<i>Child care total</i>	<i>348.4</i>	<i>135.8</i>	<i>2.6***</i>

Source: Australian Bureau of Statistics (1997e) Time Use Survey.
Includes child care activities recorded as primary or secondary activities except when child care was recorded as a secondary activity when the parent's primary activity was recorded as sleeping
The table only includes child care activities directed to children living in the household when the care was given
Note: Individual components do not sum to total minutes as not all individual time-uses are included
Statistical significance of differences between mothers and fathers
*** p<.001

Table 16.3 Time per day (minutes) on various care activities by parent's gender and workforce participation (households with at least one child aged under 15)

	Full time			Part time			Not employed		
	Mother	Father	Ratio (M:F)	Mother	Father	Ratio (M:F)	Mother	Father	Ratio (M:F)
Child care specific	48.3	17.1	2.8***	61.0	27.2	2.2**	108.0	23.8	4.5***
Teach, help, reprimand	16.2	13.7	1.2*	7.8	5.7	1.4	7.5	6.3	1.2
Play, read, talk, TV	57.7	37.9	1.5***	82.8	44.5	1.9**	94.5	52.9	1.8***
Minding	93.3	61.7	1.5***	158.9	89.3	1.8*	189.5	108.6	1.7***
School visits	1.4	0.5	2.6*	3.1	0.6	4.8	4.6	1.0	4.6*
Travel	11.7	6.5	1.8***	23.5	9.3	2.5***	22.1	10.5	2.1**
<i>Child care total</i>	<i>222.7</i>	<i>128.0</i>	<i>1.7***</i>	<i>343.8</i>	<i>178.7</i>	<i>1.9***</i>	<i>434.0</i>	<i>205.7</i>	<i>2.1***</i>

Source: Australian Bureau of Statistics (1997e) Time Use Survey.
Includes child care activities recorded as primary or secondary activities except when child care was recorded as a secondary activity when the parent's primary activity was recorded as sleeping
The table only includes child care activities directed to children living in the household when the care was given
Note: Individual components do not sum to total minutes as not all individual time uses are included
Statistical significance of differences between mothers and fathers *** p<.001; ** p<.01; * p<.01

Table 16.4 Time per day (minutes) spent on various care activities by parent's gender and family type (households with at least one child aged under 15)

	Couple mother	Couple father	Total for couple families (mother + father)	Lone mother	Ratio (Couple: lone)
Child care specific	76.3	17.6	94.0	58.0	1.6
Teach, help, reprimand	7.1	3.2	10.3	9.7	1.1
Play, read talk	80.7	38.8	119.5	71.5	1.7
Minding	154.3	67.4	221.7	157.9	1.4
School visits	3.3	0.5	3.8	2.7	1.4
Travel	20.0	6.8	26.8	19.5	1.4
Child care total	348.4	135.8	484.1	323.8	1.5

Source: Australian Bureau of Statistics (1997e) Time Use Survey.
 Includes child care activities recorded as primary or secondary activities except when child care was recorded as a secondary activity when the parent's primary activity was recorded as sleeping
 The table only includes child care activities directed to children living in the household when the care was given
 Note: Individual components do not sum to total minutes as not all individual time uses are included
 There were too few lone fathers in the sample to allow meaningful analysis of the time they spent on each child

still manage to spend almost as much time on child care as do partnered mothers who (presumably) receive some assistance with household tasks.

However, despite the similar amounts of time spent on child care by couple and lone mothers, family type makes a considerable difference to the amount of time children are cared for by a parent. Since children in couple households receive some care and attention from their father, as well as their mother, they will receive more parental care in total than children living in a lone parent household. Table 16.4 shows that in general, children in a couple family receive about one and a half times more time for child care activities than children in lone parent families¹. For example couple families spent:

- 50 per cent more time each day overall on direct child care activities (484 minutes compared with 324 minutes).
- 50 per cent more time directly on the physical and emotional care of their children.
- 70 per cent more direct time on teaching, playing, reprimanding and minding.
- 40 per cent more time on school visits and school involvement.
- 40 per cent more time transporting each child.

Table 16.5 Unpaid child care by age and gender, Australia 1997

Age (years)	Female \$	Male \$
15-24	4,221	623
25-44	26,157	9,904
45-54	5,054	4,695
55-64	2,963	1,605
65-74	2,138	781
75 +	260	83

Source: Australian Bureau of Statistics (1997e) Time Use Survey.
 Table reproduced from de Vaus, Gray and Stanton (2003)

It is not especially surprising that lone mothers will have less time than couples to devote to children. Frequently, lone mothers have to manage a household largely on their own and this necessarily has an impact on the time available for children. While couple fathers contributed only a small amount of time to child care they did contribute to other domestic tasks which, in a lone parent household, must be carried out by just one parent.

What is the financial value of the child care that parents provide?

Like domestic work a great deal of child care is unpaid. The financial worth of this unpaid work can be estimated and thus we can provide an idea of the financial value of the unpaid work that women and men make by caring for children.

It has been estimated that in 1997 women undertook \$88.2 billion (1997 dollars) in unpaid child care and men undertook \$35.2 billion worth of unpaid child care². This represents an enormous, effective, financial contribution (mainly) by parents.

Child care is largely concentrated in certain types of families and at particular points of the life cycle. Women aged 25-44 spend more time than other people caring for children – two thirds spend some time caring for children. The average annual value of the child care of women in this age group in 1997 was \$26,157. Men in the same age group each undertook an average of almost \$10,000 worth of child care annually.

As people grow older they do less child care as children become more independent. Nevertheless, many older people continue to do some child care – in many cases for grandchildren. In 1997, women aged 55-64 performed child care at an average \$2963 per woman and men undertook child care with an annual worth of \$1605 per man (Table 16.5).

What do fathers see as their caring role?

It hardly comes as a surprise that fathers spend less time in child care and child rearing activities than do mothers. While some evidence suggests that men have become a little more involved in these activities in recent years (Bittman 1995a, b), a substantial gender imbalance remains.

A national random sample survey (Russell et al 1999) provides some insights into the way fathers of children aged under 18 feel about their role as fathers.

Do fathers think they have a close relationship with their children?

- About 45 per cent of all fathers reported feeling extremely close to each of their children and approximately 40 per cent reported feeling very close.
- Mothers were more inclined than fathers to report feeling extremely close to their children.
- Approximately 20 per cent of fathers reported often sharing affection with their children and 40 per cent reported seldom or never doing so.
- Around 20 per cent of fathers reported frequently disapproving of their child's behaviour and around 40 per cent reported seldom or never disapproving of their child's behaviour.
- Both fathers and mothers reported fathers as being more involved in play and discipline of children than in educational activities or day to day activities.

What do fathers think they contribute to their children?

Fathers spend considerably less time than mothers directly caring for their children. Many would no doubt feel that they nevertheless spend a great deal of their time caring for their children indirectly through earning an income and supporting the family in other ways. Certainly, as indicated in Table 16.6, a father's role as a breadwinner is the most common role mentioned by fathers. At the same time, 57 per cent of fathers in the sample indicated that work-related pressures interfered with their role as a father – by far the most common barrier to effective fathering that they mentioned. It is nevertheless interesting to recall from Table 16.3 that the amount of time fathers spent directly with their children was much the same regardless of their level of workforce participation.

Values and beliefs also underlie the different division of labour between mothers and fathers. Although the Russell survey found that 96 per cent of fathers believed that mothers and fathers should have an equal responsibility in bringing up children, they did not necessarily mean that mothers and fathers should do the same things. Two thirds

of men in the survey indicated that they believed that “mothers are naturally better nurturers and therefore more suited to raising children than men” and over half (54 per cent) believed that pre-school children needed their mothers more than their fathers.

Apart from being a breadwinner, fathers emphasised their role in socialisation and teaching right from wrong – more so than did mothers.

When asked what they felt their two most important parental contributions were, fathers stressed their educational and instrumental learning contributions. The most common responses were “self control and self discipline” (36 per cent), “attitudes and values” (35 per cent), “education and learning” (34 per cent) and “interests and sport” (32 per cent). Relatively few fathers saw their main contributions in terms of “expressions of love and care” (4 per cent), “personality” (5 per cent) “emotional stability and wellbeing” (8 per cent) (Russell et al 1999).

How do parents care for children after separation?

When parents separate a whole new set of issues arise regarding the way in which children are cared for. These matters include:

- With which parent will the child live?
- Will care be shared?
- How much contact does the non resident parent have?
- How does the non resident parent contribute financially to the child's care?

Who do children live with following separation?

Following divorce most children live with their mother (Table 16.7). The 1997 Family Characteristics

Table 16.6 Views about the role of fathers

	View by	
	Father %	Mother %
Breadwinner	40	22
General socialisation	32	13
Teach right from wrong	21	4
Ensure good morals and values	11	6
Role model	11	22
Discipline	6	13
Assist in education	14	5
Looking after day-to-day needs of children	18	18
Safety & protection	19	8
Give love and affection	11	23
Play	8	6
Ensure that children are happy and supported	39	17
Support partner	5	21
Be there when needed	4	15

Source: Russell et al (1999).

Table 16.7 Living arrangements of children with a natural parent living elsewhere, 1997

Age of child	0-4 %	5-11 %	12-17 %	Total %
Living with natural mother				
Lone parent family	88.7	69.7	54.6	68.2
Step family	5.6	10.7	15.3	11.3
Blended family	1.5	8.8	11.9	8.4
<i>Total with mother</i>	<i>95.9</i>	<i>89.2</i>	<i>81.8</i>	<i>87.9</i>
Living with natural father				
Lone parent family	3.7	8.7	12.6	9.1
Step family	*	*	3.7	2.0
Blended family	*	*	1.9	1.1
<i>Total with father</i>	<i>4.1</i>	<i>10.8</i>	<i>18.2</i>	<i>12.1</i>

Source: Australian Bureau of Statistics (1999e) reporting unpublished data from the 1997 Family Characteristics Survey.
* too few cases

Survey (ABS 1998a) found that where children had a natural parent living elsewhere:

- 87.9 per cent lived with their natural mother.
- 12.1 per cent lived with their father.

Not all cases of a natural parent living elsewhere are due to parental divorce. Some parents have cohabited and then separated while others have never lived together. Nevertheless, the bulk of children with a natural parent living elsewhere do so because their parents have separated or divorced. Of these children:

- 77.8 per cent lived in lone parent families. Most of these (68.2 per cent) lived with their natural mother rather than their father.
- 13.3 per cent lived in a step family with most of these (11.3 per cent) living in a step family with their natural mother.
- 9.5 per cent lived in a blended family – again mainly (8.4 per cent) with their natural mother.

While children with a natural parent living elsewhere overwhelmingly live with their mother they are more likely to live with their father when they are older than when they are younger. Of children with a natural parent living elsewhere:

- 4.1 per cent of such pre-schoolers (aged 0 to 4) lived with their father.
- 18 per cent of teenagers (aged 12-17) lived with their father (Table 16.7).

Most children with a natural parent living elsewhere are in the sole legal care of the parent with whom they live. Shared care arrangements are relatively uncommon but estimates of the level of shared caring depend on how shared care is defined. However, whichever way shared care is measured, the fact remains that only a small

proportion of children are cared for in shared care arrangements.

According to the 1997 Family Characteristics Survey, in which shared care was defined as a child spending at least 30 per cent of their time with each parent, just 3 per cent of children with a parent living elsewhere were living in shared care arrangements (ABS 2002d).

Caseload figures from the Child Support Agency in 2002 suggest shared care levels of 6.4 per cent – that is, of payers of child support, 6.6 per cent have the child stay with them for at least 30 per cent of nights but less than 70 per cent of nights (Child Support Agency 2003).

Using 2001 HILDA data, Parkinson and Smyth (2003) found that 10 per cent of non resident fathers and resident mothers had shared care based on each parent having at least 30 per cent of *day-time only* contact.

How much contact do children have with their non resident parent following separation?

Of course, the low percentage of children in shared care does not mean that the child does not have regular contact with both parents. However, in many cases there is only minimal contact with the non resident parent. Table 16.8 reports findings from the 1997 Family Characteristics Survey regarding the amount of contact children have with their non resident parent. This Table shows several key patterns.

First, there are two distinct clusters of contact patterns:

- About 41 per cent of children had *regular contact* with their non resident parent at least once a fortnight – a quarter had at least weekly contact.
- The other contact pattern is where children either had no contact or had contact with their non resident parent less than once a year.
- About 30 per cent of children had no contact with their non resident parents.

Second, the frequency of contact declines as children grow older:

- Almost 60 per cent of children aged under 2 years had at least fortnightly contact with their non resident parent.
- Just over 40 per cent of primary school aged children (5-11) had at least fortnightly contact.
- Only 30 per cent of 15-17 year olds had fortnightly contact with their non resident parent.

Children tend to lose contact with non resident parents as they grow older. About a quarter of pre-schoolers had virtually no contact with their non resident parent. This increases to 30 per cent

among primary school aged children and reaches a third (33 per cent) among children aged 15 to 17.

A more recent 2001 study (Parkinson and Smyth 2003) also found that around a third of children (36 per cent) had virtually no contact with their fathers following family breakdown. However, only one in five fathers with no contact appeared to have emotionally disengaged from their children or were not interested in contact (Parkinson and Smyth 2003). The same study found that :

- Both mothers and fathers were dissatisfied with the amount of contact between children and their non resident fathers.
- Of the resident mothers, 41 per cent said they would like to see more contact between their child(ren) and their non resident fathers while 5 per cent felt there was too much contact.
- Dissatisfaction with the amount of contact was substantially higher among the non resident fathers with 74 per cent desiring more contact.

The nature of contact varies as well as the frequency. While 36 per cent of parents reported no contact with the non resident father, 17 per cent reported daytime only contact and 48 per cent reported a mixture of daytime and night sleepover contacts.

How many parents provide support for non resident young children?

One of the important issues following separation is how children will be supported financially. Government benefits assist with the cost of raising children and provide support for lone parents. However, non resident parents are also expected to provide ongoing financial support for their children according to their capacity to pay. The Child Support Scheme is one formal means by which parents financially support their children who live elsewhere. However, financial support is not limited to contributions via the Child Support Scheme.

Table 16.8 Frequency of contact with non resident parent, 1997

	Age of child					Total
	0-2	3-4	5-11	12-14	15-17	
%	%	%	%	%	%	%
Daily	8.3	5.8	4.3	2.2	3.2	4.3
Weekly	36.4	25.5	20.7	17.4	17.0	21.7
Fortnightly	13.7	19.4	16.8	14.6	10.7	15.2
Monthly	6.4	4.3	6.3	9.1	10.5	7.4
Every 3 months	4.5	9.8	8.0	10.1	9.4	8.4
Every 6 months	1.2	3.1	5.2	5.9	8.0	5.2
Yearly	0.9	2.8	5.1	8.0	6.4	5.2
Less than yearly/never	26.1	25.7	30.3	30.3	32.7	29.8

Source: Australian Bureau of Statistics (1998a) using the 1997 Family Characteristics Survey.
For children aged 0-17 with a non resident parent
Per cent do not sum to 100% because children in shared care have not been included in the table

The 2002 General Social Survey conducted by the Australian Bureau of Statistics asked people about whether they provided financial support to a child under 15 who lived elsewhere. It found that there were 283,000 people living with a partner where either one or both partners had a child aged 0-14 who lived elsewhere. Of these couples, 90 per cent reported providing some form of financial support to these children. A further 226,000 people were not living with a partner but had a child aged 0-14 living elsewhere. Of these people, 93 per cent reported providing some form of financial support. Financial support was provided in a variety of ways which are reported in Table 16.9. By far the most common form of financial support was through the Child Support Scheme with over three quarters (76.5 per cent) of people with a child aged 0-14 who lived elsewhere providing child support. The next most common form of financial support was clothing (40.9 per cent) followed by pocket money or an allowance (37.6 per cent).

Table 16.9 Proportion of households supporting children under 14 living elsewhere by family/household type and type of help, 2002

Form of support	Household/family type			All persons with own or partner's children living elsewhere
	Couple family %	Lone parent family %	Lone person household %	
Child support payments	78.9	47.2	82.9	76.5
Provide or pay for food	23.5	20.5	35.6	26.9
Provide or pay for clothing	36.1	38.1	48.2	40.9
Pay for educational costs or textbooks	25.7	18.4	43.2	29.5
Give them pocket money or an allowance	36.2	31.0	44.6	37.6
Buy or give them money to buy big cost items	22.1	13.3	32.5	24.4
Other support	10.6	12.8	20.1	12.7
N	298,000	36,000	114,000	509,000

Source: Derived from Australian Bureau of Statistics (2003f) using the 2002 General Social Survey, 2002.

Note: Analysis of couple and lone parent families is restricted to households containing one family
Forms of support are not mutually exclusive and therefore sum to more than 100%

Table 16.10 Non resident fathers' concerns about paying child support

Attitudes to paying child support	Never married non resident father %	Divorced non resident father %
Should not pay since have no say in how money is spent	55*	39
Do not want to pay maintenance	35*	19
Should not pay since I do not see the children	44*	26
Feel no obligation to support the children	23*	6

Source: Walter (2000) using data from the Evaluation of the Child Support Scheme.
*Denotes statistically significant at p < .0001

Parents in lone person households were the most likely to be providing financial support for a child living elsewhere (Table 16.9). This reflects the fact that these households predominantly consist of fathers with a child living elsewhere and the fact that fathers are far more likely than mothers to be providing financial support for a young child living elsewhere.

Does contact after separation depend on whether parents were married?

Whether or not the parents had previously been married made a difference to the amount of contact with the non resident parent. Non resident parents who were previously married to the child's other parent were more likely to maintain contact with their children than non resident parents who had not married the child's other parent. Based on the 1997 Family characteristics survey, Walter (2000) reports that:

- 37 per cent of children had virtually no visiting contact with their never married non resident parent compared with 29 per cent of those whose parents had been married.
- 51 per cent of children had virtually no letter or phone contact with their never married non resident parent compared with 31 per cent of those whose parents had been married.

Furthermore, non resident parents who had been married reported a greater sense of obligation to their children than did those who had never been married. Using results from the Australian Institute of Family Studies evaluation of the Child Support Scheme, Walter (2000) reported that the never married, non resident fathers were much more likely than the divorced fathers to reject their obligations to financially support their children (See Harrison and Snider 1990, 1991). Table 16.10 shows the magnitude of these differences.

Repartnering also seems to reduce the amount of contact parents have with their non resident children. Using 2001 HILDA data, Parkinson and Smyth (2003) found that:

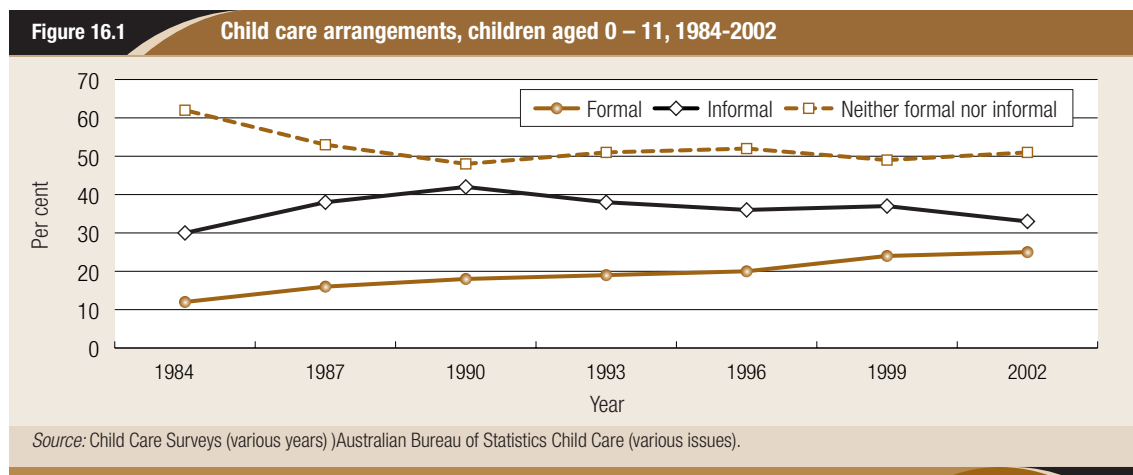
- 51 per cent of repartnered mothers said the child had contact with their non resident father compared with 66 per cent of lone mothers.
- Of repartnered fathers, 61 per cent had some contact with their children compared with 80 per cent of lone fathers.

Non parental caring for children

While parents have the main responsibility for caring for their children they do not do this on their own. As children grow older, the direct care provided to children from parents declines as other groups and agencies play a bigger role in the lives of children. One of the changes in recent decades has been the increasing role of other people in assisting parents with their child care responsibilities. As more mothers have continued to be employed there has been a need to help mothers combine their employment and ongoing parenting responsibilities. The rise of lone parent families has also led to the need to provide assistance to lone parents in caring for their children.

How popular is non parental child care?

In 2002, half of all children aged 11 or younger received no formal or informal child care³ apart from parental care. A third received at least some



informal child care and a quarter received at least some formal child care.

In June 2002 almost three quarters of a million children (720,000) and half a million families were using Australian Government funded child care places (FACS 2002b). Nearly all these families (486,000) received some government rebates (Child Care Benefits) to assist with the cost of this care.

The percentage of young children receiving non parental care in 2002 was quite different from that just 18 years earlier (Figure 16.1). Since 1984 the per cent of children under 12 years of age:

- Receiving formal child care doubled from 12 per cent to 25 per cent.
- Receiving informal care increased until the early 1990s but has since declined and by 2002 returned to levels close to those in 1984.
- Being cared for exclusively by their parents declined from 62 per cent to 51 per cent.

The sharpest changes in child care arrangements took place between 1984-1990 when the rate of informal caring increased rapidly from 30 per cent to 42 per cent and the rate of exclusive parental care fell from 62 per cent to 48 per cent.

Since 1990 the main change in child care arrangements has been the steady increase in formal care at the expense of informal caring. Two changes stand out:

- The increase in formal child care between 1984 and 2002 was sharpest among 0-2 year olds where formal care trebled from 8 per cent to 25 per cent.
- Among children aged 5-11 there was a trebling in the number in before and after school care (ABS 2003).

Of all the particular forms of child care received, grandparent care was received by the largest

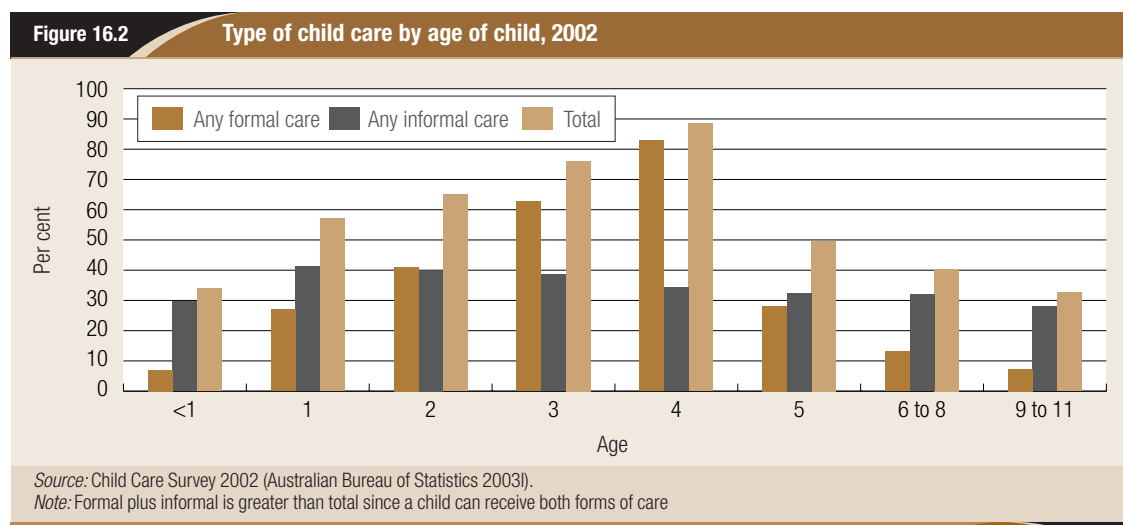
	0-2 %	3-4 %	5-11 %	Total %
Formal care	25.2	72.8	12.6	25.4
Before and/or after school care	0	0.8	9.0	5.5
Long day care centre	17.4	30.5	0.8	9.6
Family day care	5.6	7.0	1.0	3.1
Occasional care centre	2.1	3.7	0.1	1.2
Pre-school	0.1	38.6	2.4	7.7
Other formal care	0.6	0.7	0.2	0.4
Informal care	36.9	36.4	30.3	32.9
Grandparent	26.9	22.6	15.0	19.1
Brother/sister	0.7	1.1	3.2	2.3
Other relative	6.4	7.4	6.7	6.7
Other person	6.3	7.8	7.6	7.3
Neither	47.9	17.8	61.7	51.3

Source: Derived from Australian Bureau of Statistics (2003).

number of children⁴ with 19 per cent of children under the age of 12 having been cared for by grandparents in the week of the child care survey. Of formal child care, long day care in a centre or crèche was the most frequently used method (9.6 per cent of children) followed by attendance at a pre-school centre (7.7 per cent) (see Table 16.11).

How are very young children cared for?

The use of child care is closely related to the age of the child. Just one third of children younger than one year old receive any non parental child care. Thereafter, the use of child care increases steadily until children reach the age of four, when 88 per cent of children received some child care in the week of the child care survey. The high rates of child care among three and four year olds is partly due to many of these children attending a pre-school which is classified as child care. Once children begin attending primary school, the need for formal and informal child care declines sharply (Figure 16.2).



The age of a child also makes a big difference to the *type* of child care they receive. In 2002:

- Of children aged less than one year old, just 7 per cent received some formal child care while two thirds were cared for exclusively by their parents (Figure 16.2).
- The percentage of one-year-olds receiving some formal child care was four times higher than among those under one year old (27 per cent compared with 7 per cent).
- The percentage of young children cared for exclusively by their parents declines from 66 per cent among the under-one-year olds to 43 per cent among those aged one, and to 35 per cent among two year olds (Figure 16.2).
- Of two year olds, 42 per cent receive at least some formal child care and just a third are cared for exclusively by their parents (ABS births 2003m) (Figure 16.2).
- Informal care is most commonly used among 0-2 year olds and this care is most often provided by grandparents – a quarter of all children aged 0-2 received grandparent care (Table 16.11).
- Almost three quarters (73 per cent) of all 3-4 year olds received some level of formal child care in 2002 – half in the form of pre-school attendance (Table 16.11).

How much difficulty do parents have obtaining child care?

While many parents use child care for various reasons, this does not mean that they are happy with the child care that is available. Cost has always been an issue for many parents and governments have attempted to alleviate this difficulty (p. 248-49). But many other problems potentially confront parents in their search for appropriate child care.

The HILDA survey in 2001 asked parents who had considered using child care in the previous 12 months about any difficulties they confronted. Parents indicated how great a problem each of 11 potential difficulties had been for them using a zero to ten scale. Parents allocated scores between zero and ten to indicate how much the matter had been a problem for them. A score of zero indicated no difficulty at all while a score of ten indicated a great deal of difficulty.

Table 16.12 shows the extent to which HILDA parents experienced child care difficulties. The first point to observe is that the level of difficulties experienced appear to be relatively low. On all items the mean score (column (a)) was relatively close to the zero end of the scale indicating that, overall, the item caused little difficulty. Column (b) shows that on most items well over half the parents had virtually no difficulty while column (c) shows that only a small proportion found a great deal of difficulty with particular aspects of child care.

The most obvious difficulty confronted by parents is obtaining child care for a sick child. A third of all parents nominated this matter as having caused them a great deal of difficulty. The next most common major problem was the cost of child care – a major problem for one in five families contemplating child care. There appeared to be relatively little concern with the quality of child care or finding good child care for their children.

Half of all parents indicated that they experienced no major difficulties with child care (Figure 16.3) and a further 28 per cent experienced just one or two significant problems. The remaining 25 per cent of parents experienced a series of major problems in arranging affordable and suitable child care for their children. While the majority of parents seem to be managing satisfactorily with their child care arrangements, the sizeable segment who

Table 16.12 Difficulties confronted with parents seeking child care, 2001

Difficulty	(a) Mean (0- 10 scale) ^a	(b) Not a problem (0 to 2) %	(c) Large problem (8-10) %
Finding good quality child care	2.8	62	15
Finding the right person to take care of child	2.9	60	17
Getting care for the hours needed	3.1	57	18
Finding care for a sick child	4.2	47	32
Finding care during the holidays	2.5	65	14
The cost of child care	3.7	47	22
Juggling multiple child care arrangements	2.7	63	14
Finding care for a difficult or special needs child	1.3	83	10
Finding a place at the child care centre of your choice	2.8	63	18
Finding a child care centre in the right location	2.5	68	11
Finding care that child/ren are happy with	2.3	67	7

Source: HILDA, 2001 (FaCS 2002a).

Questions were only asked of parents who had considered using child care in the previous 12 months

^a 0=no difficulty at all; 10= a great deal of difficulty

experienced multiple major problems is obviously a cause for some concern.

Are young children left to look after themselves?

As parents of school aged children are increasingly involved in the workforce, concern is often expressed about the welfare of children who return home from school to an empty home – the so called “latch key child” (Galambos and Garbarino 1983; Sih and Shute 2000).

Table 16.13 shows that in the early 1990s, 6.3 per cent of school-aged children aged 5-12 had to look after themselves either before or after school. A further 12.7 per cent were at home with another sibling. On the whole, this type of care was only for short periods – about an hour a day in total. Overall, just 1.6 per cent of these children were on their own or just with their siblings for more than 10 hours a week. Those who were left home on their own were *much* more likely to be in the 9-12 year age range than the 5-8 year age range (de Vaus and Millward 1997).

How many hours are children in child care?

The amount of time children spend in child care each week varies from no time at all to more than 40 hours a week. The amount of time spent in child care will depend considerably on the reasons for which child care is used, the age of the child and the type of care that is used.

Table 16.14 shows that of children aged 0 to 11 who received some child care:

- Relatively few received more than 30 hours a week (12.9 per cent).
- 45.4 per cent of children in care were in care for less than 10 hours a week.
- Rather than just relying on formal care or informal care, children in care for long hours each week tended to have a combination of care

Table 16.13

Prevalence of work-related self/sibling care before or after school

Type of care	%
Only self-care	6.3
Both self and sibling care	3.5
Only sibling care (sibling < 15 years old)	6.4
Only sibling care (sibling > 15 years old)	2.8
Some other type of work related care	81.1
Total number of children	1900

Source: de Vaus and Millward (1997) using Australian Living Standards Study (1991-93).

Table 16.14

Children aged 0–11 years in child care, by type of care and hours per week in care, 2002

Hours per week	Type of care			Total %
	Formal only %	Mixed %	Informal only %	
Less than 5	17.4	3.2	36.4	23.7
5–9	25.0	11.5	23.6	21.7
10–19	34.7	32.0	19.6	27.0
20–29	11.9	21.1	7.6	11.7
30-39	6.1	15.2	4.1	3.9
40+	4.8	16.9	8.7	9.0
Total	100	100	100	100

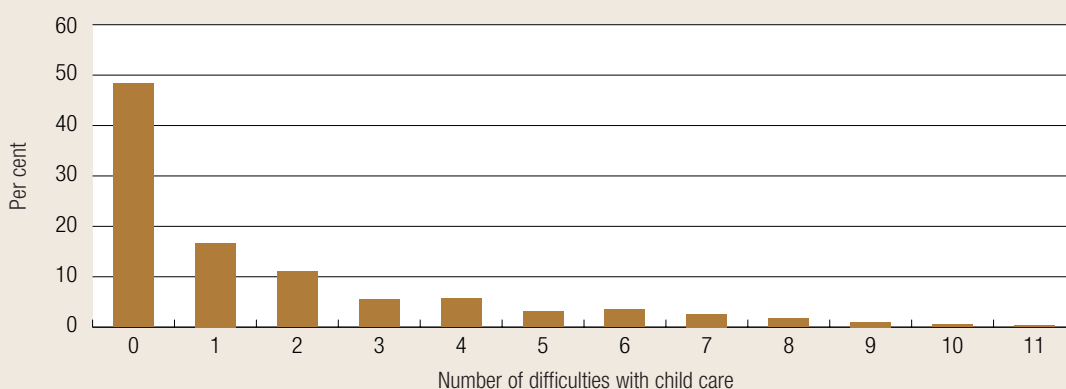
Source: Australian Bureau of Statistics (2003) using data from the 2002 Child Care Survey.

modes. Of those in mixed care modes, 32 per cent were in care for 30 or more hours a week.

- Of children who received formal care exclusively, the majority (77 per cent) were in formal care for less than 20 hours a week (that is, part time formal care).
- The majority (60 per cent) of those receiving only informal care received this care for less than 10 hours a week.

Figure 16.3

Number of difficulties experienced with child care, 2001



Source: HILDA, 2001 (FaCS 2002a).

Note: Respondents could select up to 11 different nominated difficulties

How does parental employment affect the use of formal child care?

Since one of the main purposes for which governments subsidise the cost of child care is to enable parents to participate in the workforce, it is hardly surprising that child care levels will be highest when parents are employed (Figure 16.4).

- Of children from lone parent households whose parent was employed, three quarters (74 per cent) received some child care.
- Of children in couple households with two employed parents, 59 per cent received some child care.
- Child care usage was lowest in couple households where neither parent was employed (28 per cent). This is most probably a function of less need (since parental availability should be higher) and of lower affordability (because of the financial position of such families).
- Couple families with only one employed parent had relatively low usage of child care with only one third of such families using child care.
- In lone parent families in which the parent was not employed, 44 per cent of children received some child care.
- The rate at which families relied exclusively on formal child care was largely unaffected by the employment status of the household.

Do lone parents make greater use of child care?

Children in lone parent families are more likely than those in couple families to receive some child care. In 2002, 53 per cent of children with a lone parent received some form of child care compared with 44 per cent of those in couple families.

The higher rate of child care among lone parents is because lone parents made more use of informal care than did couple parents – 41 per cent compared

with 31 per cent. The higher rate of informal care of lone parents will be driven partly by financial considerations and partly by greater need – if only one parent is available the need for care by someone outside the household may be greater. Lone parent families used *formal* child care at much the same level as did couple families.

Why do parents use child care?

Employment

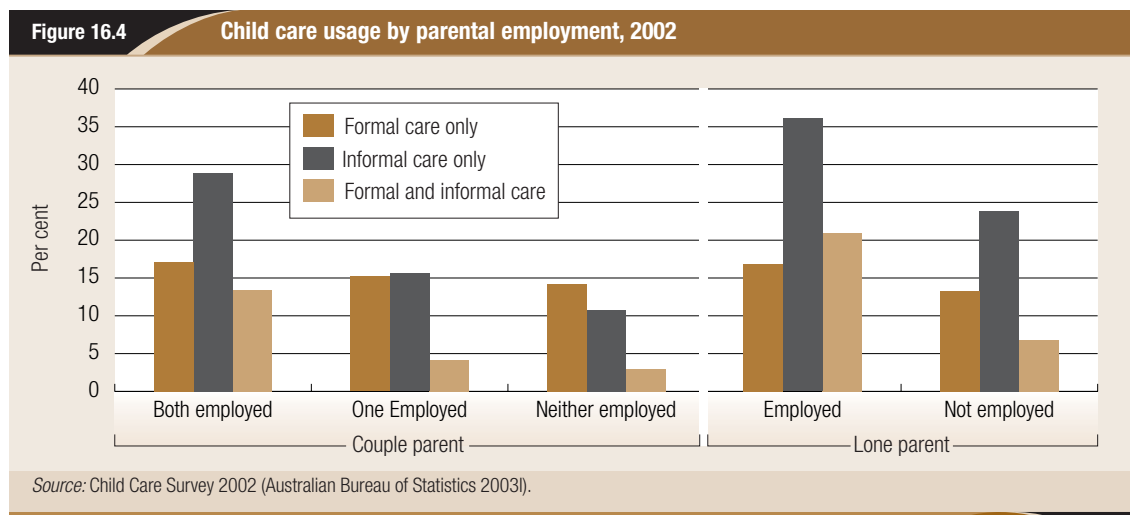
In 1999, the single most important reason given by parents for using formal or informal child care was work-related reasons – 46 per cent of parents using formal child care and 45 per cent of those using informal child care did so for this reason (Figure 16.5).

Child care is used for work-related reasons much more frequently for 5-11 year olds than for pre-schoolers. Two thirds of children aged 5-11 in formal care were there for work-related reasons compared with just 37 per cent of pre-schoolers. Among primary school aged children in informal care, half were being cared for because of their parents' work commitments, compared with 40 per cent of pre-schoolers in informal care (ABS 2000h).

For the child's benefit

While community debate continues regarding the effects of child care for the wellbeing of children, many parents use child care because they see it as having positive benefits for their child. It should be noted that "pre-school" programs are now widely available for three to five year old children *within* child care centres as well as in separate pre-school centres.

- In 2002, the main reason given by over a third of parents for using formal child care was that they believed the child care was good for the child's language and social development. Among pre-schoolers 44 per cent were in child care for this reason and because parents feel that it prepares



them for school. Benefit for the child was particularly strong for four year olds where attendance at pre-school was the main form of child care.

- Few school-aged children were in either formal or informal child care because it was thought to be good for the child. The main reason that school-aged children received child care was because of their parent’s work commitments. 70 per cent of formal care for school-aged children was for work-related reasons.
- Informal care was rarely used primarily because it was seen to be good for the child but was mainly used because of the parent’s work or personal needs.

Personal reasons

Child care, especially informal child care, is often used for personal reasons. Personal reasons include parental study and non-work related training, shopping, entertainment, social and leisure activities, free time, caring for other relatives, medical visits, and time spent involved in voluntary work.

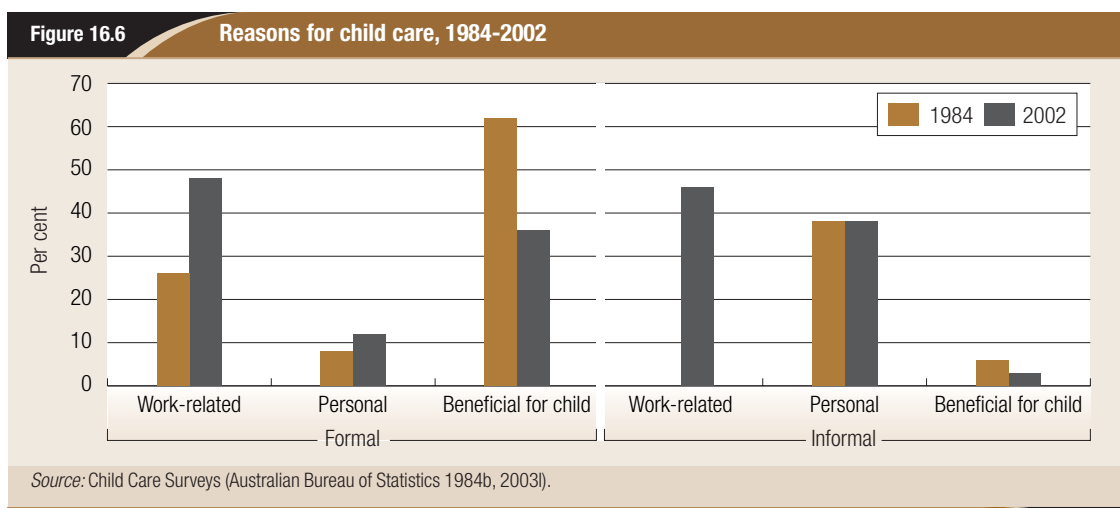
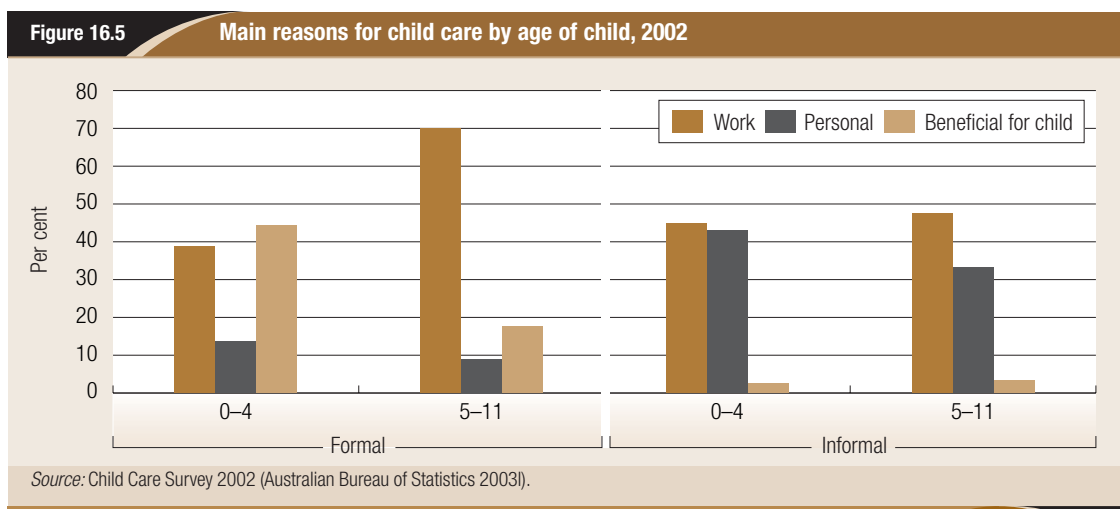
- Forty three per cent of pre-schoolers received informal child care due to these personal reasons.
- A third of school aged children received informal child care for these personal reasons.

The reasons for using child care, especially formal care, have changed significantly between 1984-2002.

Parental work commitments have become a much more important reason (Figure 16.6). In 1984, work factors accounted for just a quarter of formal child care. By 2002, half of all formal child care was work-related. This change reflects the larger proportion of mothers in the workforce and the increasing emphasis by governments on supporting work-related child care over this period.

Benefits for children have become a less prominent main reason for child care (Figure 16.6). In 1984, 62 per cent of formal child care was primarily because it was thought the child would benefit. By 2002 this percentage had dropped to 36 per cent.

The reasons for using informal child care have barely changed from 1984-2002, with work-related



and personal reasons remaining of equal importance throughout the period.

How much has the use of formal child care grown?

In the 1990s, there was enormous growth in the number of child care places provided for children, mostly provided by private and for-profit child care centres (Figure 16.7).

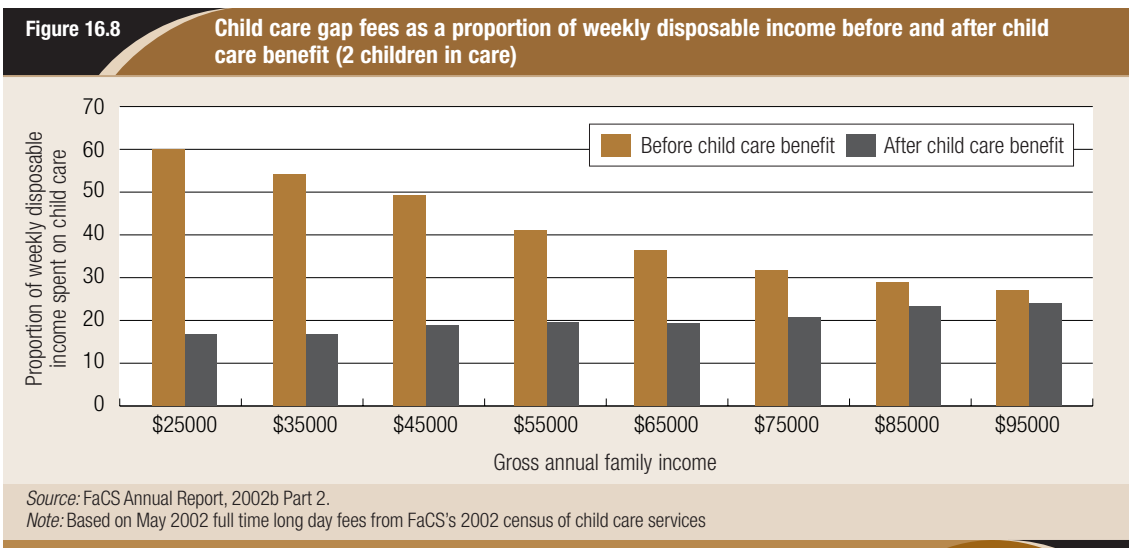
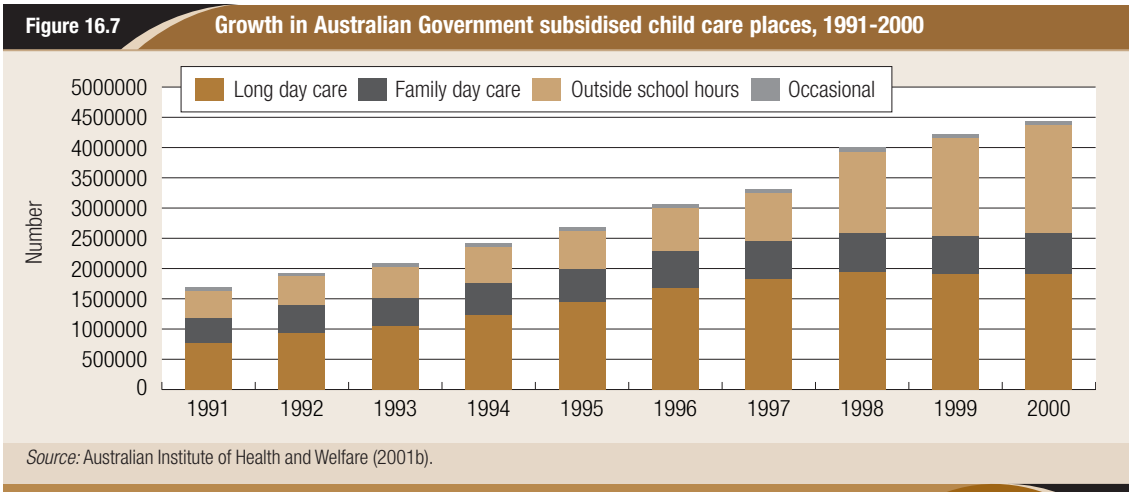
- Long day care has recorded substantial and steady growth between 1991-2001, from 76,267 to 193,809 places.
- Outside school hours care places have recorded the most dramatic growth – especially from 1997 onwards, increasing from 44,549 places in 1991 to 230,511 places in 2001.
- Family day care also recorded growth but at a slower rate increasing from 42,509 places in 1991 to 70,840 places in 2001.

These differential growth rates of the various child care types, has meant that the profile of child care places has changed substantially over the period

(Figure 16.7). Long day care has declined in relative importance. In 1991, 45 per cent of government subsidised child care places were long day care places but by 2001 this had declined to 39 per cent. Family day care has also become relatively less important, declining from 25 per cent of all places in 1991 to just over 14 per cent in 2001. The most dramatic change has been the growth in the relative importance of out of school hours care – now the single most common form of government subsidised child care. Between 1991-2001, out of school hours care places have increased from 26 per cent to 46 per cent of all government subsidised child care places (Figure 16.7).

How much does child care cost parents?

The financial cost of child care provided by people other than the child’s parents is met by individual families and by government. The Australian Government provides substantial funds to assist parents with the cost of child care – especially work-related child care. Of government provided child care subsidies, 91 per cent went to providing child care for work-related purposes (FACS 2002b).



The main way in which the Australian Government subsidises the cost of child care is through the Child Care Benefit. The value of this subsidy depends on the financial situation of the parents. In 2002, for a family with two children in full time centre based care, government support would cover:

- 72 per cent of the cost of long day care and 82 per cent of the cost of family day care for a low income family.
- 60 per cent of the cost of long day care and 69 per cent of the cost of family day care for a middle income family (FACS 2002b).

Between 1991 and 1998 increases in government assistance did not keep pace with rising child care costs which in turn made child care less accessible, especially for low income families. However, when the Child Care Benefit replaced the existing Child Care Assistance and Child Care Rebate payments in July 2000, the affordability of child care for families – especially low income families improved (AIHW 2001a).

Evidence of the extent to which the Child Care Benefit brings child care within the reach of low income families is provided in Figure 16.8. This figure shows that without government subsidies, long day care fees for a very low income family with two children would take about 60 per cent of the family's disposable income. The Child Care Benefit reduces this to about 17 per cent of the family's disposable income.

The cost of child care to a family depends on the mix of child care that the family uses. Many families manage their child care for relatively modest amounts per week – although for some families even these amounts will place a strain on tight family budgets. Many families clearly manage the cost of child care by relying on free or minimal cost, informal care (Table 16.5).

- Almost half (47.2 per cent) of families using child care paid nothing. Most of these families relied on informal care from friends and relatives.
- Of those relying exclusively on informal care, 90 per cent paid nothing for this care.
- Of those that paid for child care, almost two thirds paid less than \$40 per week.
- Of those who relied solely on formal child care 50 per cent paid less than \$20 per week and 70 per cent paid less than \$40 per week.

What do Australians think about child care?

The use of child care continues to be a matter that arouses vigorous debate. There are those who believe that child care is bad for young children and that parents should be the principal providers of child care. Others believe that child care is

Table 16.15 Weekly cost of child care of those using child care, 2002

	Formal care only %	Informal care only %	Formal and informal care %	All types %
no cost	8.5	90.2	6.3	47.2
\$1 to 9	19.2	1.1	16.3	10.0
\$10 to 19	19.3	1.9	18.0	10.7
\$20 to 39	22.8	2.8	22.0	13.1
\$40 to 59	11.4	1.8	12.5	7.1
\$60 to 79	6.4	*0.4	8.0	3.8
\$80 to 99	4.3	*0.3	4.9	2.5
\$100+	7.7	1.3	12.0	5.5
Median	\$20	\$0	\$25	\$3
	100	100	100	100

Source: Australian Bureau of Statistics (2003) using data from the 2002 Child Care Survey.
*estimates are unreliable because of too few cases

beneficial for both children and parents and is necessary for families to manage in today's society.

Attitudes about child care and about mothers of young children working are inextricably tied up. Chapter 19 discusses some of the views that Australians hold toward mothers with young children taking paid employment. This section deals only with attitudes explicitly about institutional day care for children

Results from the 1996-97 International Social Science Survey in Australia (Evans and Kelley, 2002a), indicate a fair degree of acceptance and approval of half day care for toddlers (Table 16.16). Forty-four per cent of respondents to this national survey agreed with half day care with a further third being ambivalent. Just a quarter disapproved.

However, a very different set of views was evident about full day care (Table 16.16). Less than one in five approved of full day care (18 per cent), a quarter were ambivalent and over half (56 per cent) disagreed with the use of full day care for toddlers.

The most important reasons for which people disapproved of day care was the belief that the lack of one-to-one caring means that children receive

Table 16.16 Attitudes to toddlers in day care

Attitude to type of care	Half day %	Full day %
Strongly agree	3	2
Agree	41	16
Mixed feelings, neutral	32	27
Disagree	20	38
Strongly disagree	4	18
N=2,068		

Source: Evans and Kelley (2002a) using International Social Science Survey (Australia) 1996-97.

insufficient attention and nurturing. The survey also found that:

- Women were more supportive than men of half day care for toddlers – 50 per cent of women approved compared with 39 per cent of men.
- Women were also more approving of full day care than were men – 23 per cent of women approved of full day care compared with just 13 per cent of men.
- The gender gap in approval of child care was consistent across all age groups. There was no evidence that the views of younger men and women were any closer to one another than they were among older men and women. Across all age groups men consistently disapproved of child care more than did women.
- Younger people were more approving than older people of half day care. For example, around 50 per cent of those in their twenties approved of half day care compared with 38 per cent of those in their sixties.
- The age gap in approval of child care was more pronounced in relation to full day care. Of people in their twenties, 27 per cent approved of full day care compared with just 11 per cent of those in their sixties.

However, a more recent survey (HILDA 2001) asked an even more demanding question about child care. There was relatively little support for the statement “As long as the care is good, children under three can be placed in child care all day for five days a week”.

- 64 per cent disapproved of full day, all week child care for children under three years of age.
- Just 21 per cent gave any approval at all to the statement.
- Women were just as likely as men to reject this level of child care for young children.
- The disapproval of this level of care was uniform across age groups.

Caring for older people and people with disabilities

How much caring takes place?

In 1998, 19 per cent of Australians (3.6 million) had a disability or long term health condition (ABS 1999i). Of those people who had a disability that affects a core function:

- 19 per cent (537,700) had a profound disability.
- 21 per cent (598,200) had a severe disability.
- 23 per cent (660,300) had a moderate disability.
- 37 per cent (1,031,800) had a mild disability.

Most (94.7 per cent) of those with profound or severe disabilities received some informal and

unpaid care from the “household sector” – other members of their household, relatives, friends and neighbours. Further care was provided by the non government and government sectors to assist people with disabilities, but fewer (51.5 per cent) of those with profound or severe disabilities received care from these formal providers.

The Australian Institute of Health and Welfare has estimated that the household sector (as opposed to government, community and non government organisations) provided 1,789 million hours of welfare services – largely in the form of providing unpaid care for people with disabilities. This caring is the equivalent of almost a million people working full time for a year (AIHW 2003c).

In 2001 the Australian Institute of Health and Welfare (AIHW 2001b) estimated that of the total hours provided by household carers:

- 66 per cent was spent caring for relatives, friends and neighbours (adults) with an estimated dollar value in 1999-00 dollars of over \$18 billion.
- 29 per cent was spent on child care and related activities for other people’s children and for their own sick child.
- 5 per cent was spent on voluntary work through community service organisations.

Carers are classified by the Australian Bureau of Statistics as *Primary Carers* or *Other Carers*. A primary carer is any person who provides the most informal help or supervision to a person with a disability. The assistance is ongoing or likely to be ongoing, for at least six months and is provided for one or more of the core activities of self care, mobility or communication (ABS 2000i).

In 1998, 2.4 per cent of Australians (450,900) were classified as primary carers and a further 10.2 per cent as “other” carers – that is, as people who provided some informal assistance but were not the main carer. This means that 2.3 million Australians provided some level of informal care for people with disabilities.

Primary carers provided care for people with a variety of different types of disabilities. These included:

- Physical disabilities (62 per cent of cases).
- Sensory disabilities of sight and hearing (11.6 per cent).
- Intellectual disabilities (12 per cent).
- Psychological disabilities (7 per cent).

Who does the caring?

In Australia, about 2.3 million people provide care and about 460,000 people provide care for people at home with a severe or profound disability (Department of Health and Ageing 2003a).

Is care provided by younger or older people?

The likelihood of people caring for older people or those with a disability increases steadily as they grow older themselves (Figure 16.9). Caring peaks among those aged 55-64 where almost a quarter of those in this age group are providing some care. Thereafter, the rate of providing care declines somewhat.

The main reason for caring peaking among those in their late fifties and early sixties is that this is the age at which people have elderly parents who require some help. The effect of this is especially noticeable for women where 26 per cent of women aged 55-64 are caring for an older person or a person with a disability. Thereafter, the level of caring by women drops to 20 per cent for those aged 65-74 and 11 per cent for those aged over 75 and over.

Do women do more caring?

Overall, women are more likely than men to provide care for older people and for people with disabilities. According to the 1998 Survey of Disability, Ageing and Carers (ABS 1999i):

- 14 per cent of women and 11 per cent of men provided some care to older people and people with a disability.

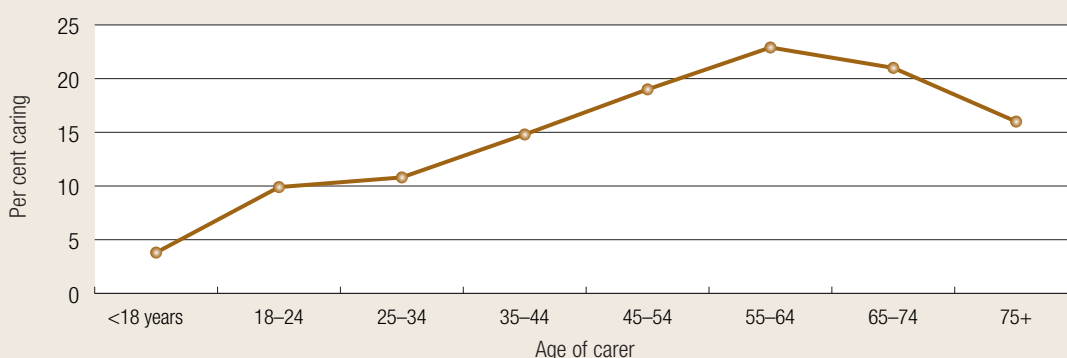
- However, women were almost three times more likely than men to be the primary carer⁴ of an older person or a person with a disability (3.4 per cent compared with 1.4 per cent).

The role of women in providing primary care is especially pronounced among women aged 45 to 74 where 7 per cent were the primary carers. Caring responsibilities for men also increased after the age of 45 but remain at about half the level of women (Figure 16.10).

Among the oldest age groups the normal gender pattern reverses. A greater percentage of older men than older women were primary carers (5 per cent compared with 3 per cent). The sharp decline in primary caring among the oldest women partly reflects the fact that much primary care is for a spouse. The level of primary care by older women declined because of their partner's death or the use of institutional care as she becomes less able to provide the care herself (Figure 16.10).

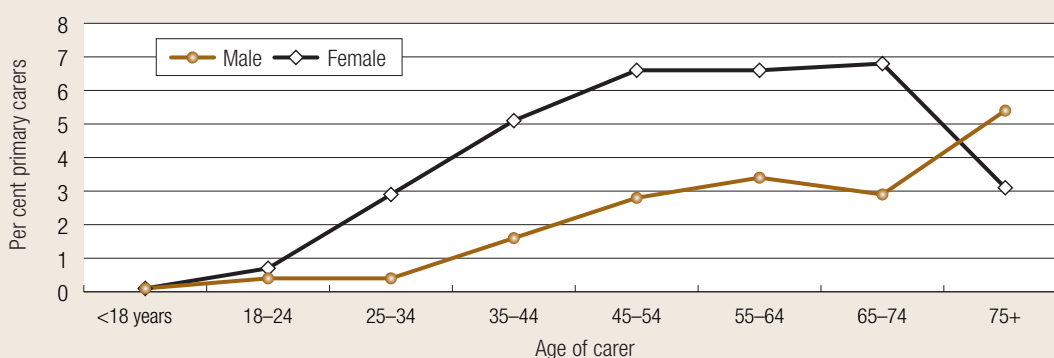
Men who are primary carers largely care for partners – relatively few were primary carers of parents or children with disabilities. Female carers are much more likely than male carers to care for a child or a parent (Figure 16.11).

Figure 16.9 Per cent caring by age group, 1998

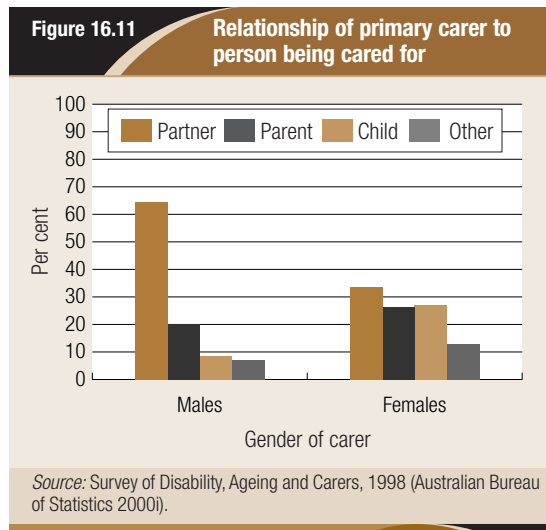


Source: Survey of Disability, Ageing and Carers, 1998 (Australian Bureau of Statistics 2000i).

Figure 16.10 Per cent who are primary carers by age group, 1998



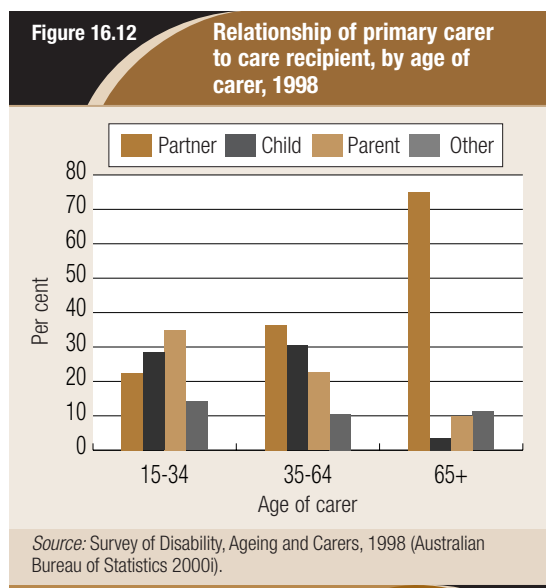
Source: Survey of Disability, Ageing and Carers, 1998 (Australian Bureau of Statistics 2000i).



- Of male primary carers, two thirds (65 per cent) were caring for their partner compared with just a third of female carers who were caring for their partner.
- Of male primary carers, 8 per cent were caring for their parent (that is, were the child of the person receiving care) compared with 27 per cent of female carers who were primary carers of their parent.
- Of male primary carers, 20 per cent were caring for their child (that is, were the parent of the person receiving care) compared with 26 per cent of female carers who were primary carers of their child.

These gender differences in who does what type of caring means that of people with a primary carer:

- 75.8 per cent of children being cared for were cared for by their mother.



- 88.5 per cent of parents receiving primary care were cared for by their daughter.
- 81 per cent of other people (other than partner, parent of child) receiving primary care were cared for by a woman (ABS 1999i).

How important are families in providing care?

In 1998, most primary carers were caring for a family member:

- 43 per cent were caring mainly for their partner.
- 24 per cent were caring for parents.
- 22 per cent were caring for one of their children (ABS 2001f).

Figure 16.12 shows that in all age groups of carers the carer was mainly caring for an immediate family member such as a parent, a child or a partner. However, the type of family member providing care depends on the age of the carer:

- Younger carers (15-34) were most likely to be caring for a parent (36 per cent of carers) or a child (28 per cent).
- Older carers aged 65+ were mainly caring for their partner (75 per cent). Very few elderly carers (4 per cent) were caring for a disabled child.

Who receives household and community based care?

Increasingly, priority is being given to promoting “ageing in place” by providing Home and Community Care Services. Of older people (those aged 65 and over) who have a disability, the vast bulk live in a private dwelling rather than in an institution. In 1998, of all people aged 65 and over *who had a disability* just 16.8 per cent were living in institutional care – the rest were living in a private dwelling. Close to 30 per cent of people over the age of 65 with a disability lived on their own and a further 55 per cent lived in a private dwelling with another person. Even among those with a severe or profound disability, only a third (34.1 per cent) lived in an institution. Of those with a severe or profound disability, 20 per cent lived on their own and 45 per cent lived with someone else (AIHW 2002b).

Do carers live with the person they care for?

Primary carers are more likely than not to live with the person for whom they are caring. In 1998:

- 81 per cent of primary carers lived with a person for whom they were caring.
- Men were more likely than women to be caring for a person within their own household (89 per cent compared with 78 per cent). This is because men’s caring is largely focused on caring for their partner rather than parents or adult children (Figure 16.1).

- Of women who were primary carers, 30 per cent⁵ cared for a person in another household compared with 19 per cent of men who did so. This is largely because women care disproportionately for parents and adult children who were likely to live in separate households.

What care is provided by community based services?

As part of their commitments to “Ageing in Place”, the national, state and territory governments fund a range of services to assist older people to continue to live in their own homes. In 2002, over half a million people (583,000) – two thirds of whom were women, received Home and Community Care (HACC) services (Table 16.17).

These services are provided as part of the Home and Community Care program and include community nursing, domestic assistance, personal care, meals on wheels and day-centre based meals, home modification and maintenance, transport and community based respite care. In addition to receiving care from HACC services, over half (52 per cent) of those receiving HACC support also had a carer. In this respect HACC services assist both the person being cared for and help carers manage their caring load (Department of Health and Ageing 2003a).

HACC services are available to people of all ages but are predominantly used by older people:

- 11.6 per cent of services were to people aged 0-49.
- 19.2 per cent of services were to people aged 50-69.
- 48.6 per cent of services were to people aged 70-84.
- 20.7 per cent of services were to people aged 85+ (Department of Health and Ageing 2003b).

Of people aged 85 and over almost half (47 per cent) receive some services through the Home and Community Care program (Department of Health and Ageing 2003b).

Table 16.17 indicates the types of services that are provided to help care for older people and people with disabilities in their own home.

Do older people end up in institutions?

While most care by individuals is provided by family members to people in their own household, some caring is provided in institutions. This is especially so among some older age groups where family members are either unable or unwilling to provide the level of care required by a frail and elderly relative.

How many older people live in institutions?

Institutional living by older people consists mainly of living in homes for the aged and nursing homes. In 2002, there were 144,100 aged care places (Department of Health and Ageing 2003a).

Table 16.18 reports census data that shows that:

- Levels of institutional care are low for men and women younger than 80 years of age.
- It is not until people reach their early eighties that more than 10 per cent live in an institution.
- Of men aged over 85, less than a quarter (22.7 per cent) live in an institution.
- Of women aged over 85 about a third (34.2 per cent) live in institutions. The greater percentage of women in institutional care is because they live longer than men and are likely to be widowed and therefore have no one else in the home to care for them. Of women aged over 85, just 9 per cent have a partner living with them compared to 43 per cent of similarly aged men who have their partner living with them (ABS 2003a).

Table 16.17 Annual usage of HACC services, 2002-03

Service	Average per client	Number of clients
Allied health	4.7 hours	102,119
Assessment	2.5 hours	202,535
Case management	13.2 hours	26,617
Case planning/review	4.5 hours	142,981
Centre based day care	135.2 hours	70,742
Counselling	5.5 hours	49,083
Domestic assistance	33.0 hours	198,746
Home maintenance	7.5 hours	87,763
Nursing care	13.8 hours	152,236
Other food services	37.7 hours	3,017
Personal care	58.6 hours	58,549
Respite care	94.1 hours	16,154
Social support	42.0 hours	7,908
Formal linen service	24.2 hours	1,464
Goods and equipment	3.7 hours	46,223
Meals	84.7 meals	32,959
Transport	36.4 single trips	3,679
Home modification	\$321.50	22,211

Source: Department of Health and Ageing (2003b).

Table 16.18 Per cent living in institutions (non private dwellings), by age, 1986-2001

	Age				
	65-69 %	70-74 %	75-79 %	80-84 %	85+ %
Male					
1986	4.1	5.0	8.7	15.1	29.6
1996	4.0	5.1	7.2	12.2	26.6
2001	3.2	3.3	5.9	9.9	22.7
Female					
1986	3.6	5.7	11.2	23.1	46.1
1996	3.2	4.6	8.3	17.7	41.3
2001	2.6	3.5	7.1	14.9	34.2

Source: 1986, 1996 figures from McDonald and Kippen (1999) using 1986 and 1996 Census; 2001 figures from Australian Bureau of Statistics (2001c) 1 per cent sample file of 2001 Census.

In addition to showing that institutional care for older people is concentrated among those aged 80 and over, Table 16.18 also shows that the proportion of older people in institutional care has declined substantially since 1986. For example, among women aged in their early eighties, 23.1 per cent were in living in an institution in 1986. By 2001, this had declined to 14.9 per cent. Among women aged 85 and over the percentage living in an institution declined from 46.1 per cent in 1986 to 34.2 per cent in 2001. This decline partly reflects access to HACC programs and the effect of carer supports in assisting older people to remain in the community.

What are the chances of going into a nursing home?

For many people the thought of moving into institutional care is hardly a welcome prospect both because of its financial implications and because of its restrictions on independence.

Table 16.19 indicates the chances of a person ever entering into permanent aged care. The probability depends on a person’s age. A person who has survived until they are 90 years old faces a much higher probability of ever being in an aged care home than a person who is just 65 years old. The 65 year old faces a lower probability of institutional care because many will not live long enough to require such care.

Table 16.19 Probability of ever entering into permanent care in an aged care home, age by sex, Australia 1999-2000

	Current age (years)							
	60	65	70	75	80	85	90	95
Males	0.24	0.29	0.31	0.34	0.39	0.46	0.54	0.54
Females	0.42	0.46	0.48	0.51	0.56	0.62	0.69	0.75

Source: Mason, Liu and Braun (2001).
Note: Probabilities can be expressed as percentages to indicate the percentage chance of entering permanent care. This probability of 0.24 indicates a 24 per cent chance of entering permanent care at some point in the future

Table 16.20 Expected length of stay (years) for permanent care in nursing homes or hostels at the older ages by sex, Australia 1996-97

Age (years)	Expected length of stay (years)	
	Females (years)	Males (years)
65	1.87	0.71
70	1.94	0.76
75	2.05	0.83
80	2.16	0.92
85	2.20	1.03
90	2.05	1.09
95	1.53	0.81

Source: Liu, Z. (1999).

The figures in Table 16.19 mean that a 65 year old woman has a 46 per cent chance of entering an aged care home for permanent care during her remaining lifetime. For a 65 year old man the corresponding figure is 29 per cent. The lower figure for men is due largely to dying at a younger age and to having a partner to help care for them at home.

An 85 year old woman has a 62 per cent chance of eventually entering permanent aged care while an 85 year old man has a 46 per cent chance of entering permanent aged care.

How long do older people stay in nursing homes?

Table 16.20 indicates the average length of time that an average man or woman will spend in a nursing home or hostel. A woman aged 65 can expect, on average, to spend 1.87 years in permanent care in an aged care facility. A similarly aged man will spend 0.71 of a year. A 75 year old woman can expect to spend 2.05 years in permanent care compared with a 75 year old man who, on average will spend 0.83 years in permanent institutional care.

These averages include people who never enter a nursing home or aged care hostel. Therefore the predicted duration spent in such a facility is higher for those who actually go into care⁶.

Is caring bad for the carer?

While caring can generally be assumed to be of benefit to the person receiving care it can also be of benefit to the person providing it. Caring can also have its costs – especially if the person providing care is not given sufficient support in what can sometimes be a demanding task.

Does caring damage or improve relationships?

A person who has heavy caring responsibilities can find it difficult to spend sufficient time with other people such as friends, one’s partner and other family members. Caring can bring people closer together or it can strain relationships.

When asked about how caring affects friendships, marital relationships, relationships with other people in the household and with the person being cared for, the single most common response was that caring had no effect one way or the other (Table 16.21):

- 56 per cent said friendships were unaffected.
- 40 per cent said the relationship with the recipient of care was unaffected.
- 52 per cent of those with other people in the household said that relationships with other household members were unaffected.
- 40 per cent of those with a partner (not being cared for) said that caring for someone else did not affect their relationship with their partner.

However, when caring did affect relationships, the effect was generally more likely to be negative than positive (Table 16.21). For example:

- 24 per cent said that they had lost touch with friends while only 3 per cent said they had developed more friends.
- 34 per cent of those with a partner (who were not caring for their partner) said that caring for someone else had either strained the relationship with their partner or led to less time together, while only 10 per cent said that caring had drawn them closer to their partner.
- 38 per cent of those with others in the household said that these relationships were more strained or that they had less time together, while only 10 per cent said that caring had brought other members of the household closer together.

However, when caring affected relationships with the recipient of care, these relationships tended to improve rather than deteriorate: a third of all carers said that their relationship with the person they cared for improved while 22 per cent said that caring had strained the relationship (Table 16.21).

Does caring affect personal wellbeing?

The effect of caring on relationships cannot be separated from the effect of caring on personal wellbeing. But personal wellbeing is not just a matter of relationship quality. It includes matters such as physical wellbeing, tiredness and emotional wellbeing.

Evidence from the 1998 Survey of Disability, Ageing and Carers (ABS 2000i) shows that for many people their primary caring role had neither physical nor emotional ill effects:

- More than a quarter (28.4 per cent) of primary carers said they felt satisfied with their physical and emotional wellbeing.
- A quarter did not report any negative effects of caring on physical or emotional wellbeing.
- Half of all carers indicated that being a primary carer had not interrupted their sleep.
- 54 per cent of primary carers felt that they were coping sufficiently well as to not require any additional support.

However, there were plenty of carers who did experience some negative physical and emotional effects from caring:

- A third (34.7 per cent) reported feeling weary or lacking energy.
- Almost a third (31.4 per cent) were often worried or depressed.
- One in six (17.2 per cent) indicated that they often felt angry or resentful.
- 10 per cent reported suffering from a stress related illness.
- One in five (22 per cent) said that their sleep was frequently interrupted because of their caring responsibilities.

- 41 per cent of these carers indicated that they needed additional support to cope adequately with their caring responsibilities.

Does caring affect finances and employment?

Apart from the effect of caring on relationships and emotional and physical wellbeing, caring can also have significant implications for the financial wellbeing of carers. Not only does caring impose certain direct costs, it also can have opportunity costs through its effects on employment opportunities. However, these costs will depend partly on

Table 16.21 Relationship effects on primary carer 1998

Main effect on relationships with	%
Friends	
Circle of friends has increased	3.1
Circle of friends has changed	12.2
Lost touch with existing friends	24.2
Friendships unaffected	56.2
Partner	
Brought closer together	4.3
Lack time alone together	6.5
Relationship strained	7.7
Relationship unaffected	16.6
Has no partner	15.2
Cares for partner	42.8
Main recipient of care	
Brought closer together	33.1
Relationship strained	22.3
Unaffected	40.0
Other family members in household	
Brought closer together	7.1
Less time to spend with them	16.1
Relationships strained	10.3
Relationships affected in other way(s)	0.9
Relationships unaffected	30.6
No other family members in household	29.9

Source: Australian Bureau of Statistics (1999) using the 1998 Survey of Disability Ageing and Carers.

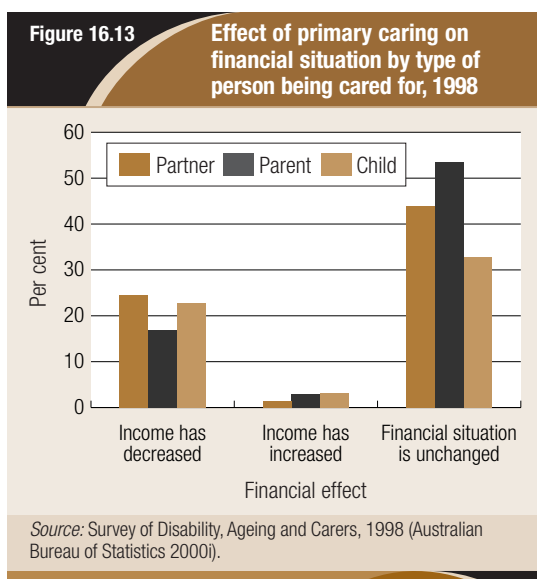


Table 16.22 Effect of caring on employment of primary carers (carers aged 15-64)

	15-34 %	35-64 %	Total %
Employed			
Has had to leave work for 3+ months	3.1	3.0	3.0
Has not left work for 3+ months	44.2	41.5	42.0
Has left work			
To commence care	3.2	6.4	5.8
To increase care	4.2	6.6	6.1
For other reasons	8.8	13.0	12.2
Did not work prior to caring role	36.5	29.5	30.7
<i>Total ('000s)</i>	<i>61.7</i>	<i>289.6</i>	<i>351.3</i>

Source: Australian Bureau of Statistics (2000i) using the 1998 Survey of Disability Ageing and Carers.

the person being cared for. The effects of caring for a child with a disability may be quite different from those of caring for an elderly parent.

The most common situation reported by primary carers was that caring had had no impact on their financial situation (Figure 16.13). Caring for parents was the least likely to have had any impact on the carer's financial situation (54 per cent). However, only a third of carers of children with a disability said that caring had left their financial situation unchanged.

Caring rarely improved a person's financial situation. For up to a quarter of carers, caring had led to a decline in income – this was especially the case when people were caring for their partner.

Being a primary carer appears to have modest direct effects on the carer's employment. Only 12

per cent of primary carers had left work because of the caring and a further 3 per cent had had three months or more off work because of caring (Table 16.22). The impact of work on caring was a little higher among primary carers aged 35-64 than on younger primary carers.

Almost a third of primary carers were not employed before commencing their caring work. However, this does not mean that some of these had not been prevented from returning to the workforce because of caring responsibilities. Of primary carers not in the workforce :

- 28 per cent nominated care related factors as preventing them from joining the workforce.
- Of those who wanted to rejoin the workforce almost half (48 per cent) nominated care related reasons that prevented their joining the workforce.

Who cares for the carers: respite care?

While most carers provide care willingly, the demands of caring can be substantial – especially where the person receiving care has profound disabilities, relationships are strained, there is little help from others and the carer has many other responsibilities to meet in addition to caring. Increasingly, the need to assist carers by providing respite care⁷ has been recognised.

Nevertheless, only a small proportion of carers actually make use of formal respite care. In the 1998 survey, just 13 per cent of carers reported having ever been assisted by formal respite care. However, 22 per cent of primary carers expressed a need for formal respite care which suggests that just over half of those who say they need formal respite care actually use it. The main reasons for which formal respite care was not used by people who felt the need for it were (ABS 2000f):

- Unavailability of suitable formal respite care (40 per cent).
- Main care recipient did not want formal respite care (22.6 per cent).
- Insufficient awareness of formal respite care services (19.1 per cent).

While the rates of use of formal respite care were relatively low, half of all primary carers received assistance with their caring role. This was often in the form of a fallback carer such as other family members or friends or through assistance on a regular or periodic basis.

Attitudes about caring for elderly parents

A considerable amount of care for older people is provided by family members. While older partners are the most common source of care for older people, adult children, especially daughters, are

Table 16.23 Acceptance of obligations towards elderly parents

	% Agree
Highly ranked obligations	
Adults should stay in close contact with their parents	87
Should help parents if asked even if have own family	89
It is the responsibility of adults to care for elderly parents	69
Adults should be prepared to help parents financially even if it's difficult	68
Medium ranked obligations	
Should ensure good care for elderly parents even if it causes financial hardship	53
Adults should be prepared to help parents financially even if it's difficult	51
Adults have as much responsibility for their elderly parents as for own children	41
Low ranked obligations	
Adult children should be prepared to have elderly parents live with them if desired by parent	31
Adults should live near parents so they can help parents out	18
Daughter should give up job to care	10

Source: Source: de Vaus (1996) using Australian Family Values Survey.

also an important source of care and support for elderly and frail parents. By assisting with HACC services and the use of carer payments, and the introduction of the user pays principles for aged care accommodation, government policies encourage families to help look after their elderly parents.

The 1995 Family Values Survey asked adults about the extent to which adult children had an obligation to help out elderly parents. The survey indicated that there was a *hierarchy of obligations*. The more the obligation had a direct impact on the potential carer's life the more reluctant they were to accept that responsibility (Table 16.23).

There was widespread acceptance of the generic ideal of help, care and contact but this was likely to be *constrained and conditional* acceptance. People seemed willing to accept that adult children should keep in touch with their elderly parents and visit if they lived nearby but there was little acceptance of the view that children *ought* to live nearby. Respondents accepted that adults should be prepared to help their parents financially but not if it caused hardship or involved giving up a job. They appeared to be saying that adults should be prepared to care for their parents but not to have their parents live with them and that these obligations to care were qualified if they had too much of an impact on the rest of the family.

Endnotes

- 1 Since the care of mothers and fathers will overlap to some extent, these figures will overstate the total amount of time for which children in couple families receive care. Using a different estimation model for families with a pre-school child, Craig, (2004) concludes that lone mothers match couple parents in the time on child related activities.
- 2 These estimates are based on time-use as measured in the 1997 ABS Time Use Survey. They include both primary and secondary time-use. For details of the methodology of these estimates see de Vaus, Gray and Stanton (2003).
- 3 Informal child care is non regulated child care that includes care from family members (apart from parents), friends, neighbours, nannies and baby sitters. Formal care is regulated care which mostly occurs out of the child's home and includes long day care, family day care, crèches, before and after school care and kindergarten/pre-school.
- 4 Most common in terms of percentage of children receiving this form of care. This does not mean that most care (in terms of hours of care) is provided by grandparents.
- 5 The percentages caring for a person in their own household and another household sum to more than 100 per cent because about 8 per cent of primary carers care for people in both locations.
- 6 An approximation of the amount of time in permanent care of those who actually use the facilities can be obtained by dividing the predicted number of years indicated in Table 16.20 by the probability of entering an aged care home that are provided in Table 16.19. The figures in the tables are not from the same years so estimates are only approximate. Thus the predicted time in permanent aged care facility for a women currently aged 65 is $(1.87/0.46)=4.06$ years. A similarly aged man who goes into permanent aged care can be expected to spend approximately 2.4 years in care $(0.71/0.29)=2.4$ years).
- 7 Respite care takes place where the person being cared for goes into residential care for a short period to give the carer a break.

Highlights

Children

- Mothers spend far more time than fathers caring for children even when both parents are employed full time.
- On average couple mothers of younger children (aged under 15) spent 2.6 times more than couple fathers caring for their children.
- Fathers spent an average of two and a quarter hours per day caring for their children.
- Lone and couple mothers spent similar amounts of time per day caring for their children. However, when the time of fathers in couple families is taken into account, children in couple families have 1.5 times more time devoted to their care.
- The annual financial contribution of the time spent by mothers aged 25-44 was \$26,157. Comparable fathers provided child care to the value of almost \$10,000 annually.
- Older people continue to provide some child care. Women aged 55-65 contributed child care (mainly baby sitting) worth almost \$3,000 per year, and those aged 65-74 contributed \$2,138 worth of child care annually.
- Following relationship breakdown, most children (87 per cent) live with their mother.
- Older children are more likely than younger children to live with their father following relationship breakdown.
- Only a small proportion of children (somewhere between 3 and 10 per cent) are cared for jointly by both parents following relationship breakdown.
- Approximately a third of fathers have no contact with their children following relationship breakdown. Loss of contact with fathers is more likely with older than younger children.
- Overall, fathers are dissatisfied with the amount of contact they have with their children following relationship breakdown. Many mothers would like the father to have more contact with the children.

- Fathers who had been married to the child's mother maintain more contact and are more positive about paying child support than those who were never married to the child's mother.
- Maternal or paternal repartnering reduces the level of contact between children and their non resident fathers.
- Non parental child care is widely used but the level and type varies widely according to the age of the child.
- Approximately half of all children aged 0-11 receive no child care apart from parental child care, about a quarter receive some formal care and a third receive some informal care.
- The use of formal care has doubled since 1984 and the use of informal child care has declined in recent times as formal care has become more widely used.
- The use of out of school hours care has grown by more than 400 per cent since 1991.
- Grandparents are the single most common type of non parental care type used. Nineteen per cent of children receiving non parental child care received some grandparent care. However, this does not mean that 19 per cent of all childcare *time* is provided by grandparents.
- Overall, most parents reported few difficulties with finding appropriate child care. Finding care for a sick child was the most common problem, followed by issues of cost.
- The Child Care Benefit payment has improved the affordability of child care – especially for low income families.
- Of those families that pay for child care, 70 per cent pay less than \$40 per week (after government assistance).
- Few children are cared for in formal child care for the whole working week. Only 13 per cent received child care for more than 30 hours a week. Of those receiving any child care, 45 per cent were in care for less than 10 hours a week.
- Nearly half of adult Australians agree with the use of half day child care for young children, but less than 20 per cent approve of full day care for young children.
- Lone parents make considerably greater use than couple parents of informal child care but use about the same level of formal care.

Older people and people with a disability

- 19 per cent of Australians have a disability or long term health condition. Of these, 40 per cent have a severe or profound disability.
- Nearly all those with a severe or profound disability receive some care from friends, relatives and neighbours. Half receive care from formal service providers.
- 2.4 per cent of Australians are "primary carers" and a further 10.2 per cent assist with care.
- Women provide more care than men and the peak ages for women providing care are between the ages of 45-64 (when their own parents are elderly).
- Men who are primary carers mainly care for their own partner.
- Three quarters of children with a disability are cared for by their mother.
- 85 per cent of parents receiving care are cared for by their daughter.
- 89 per cent of primary carers are caring for a close family member – 43 per cent are caring for a partner.
- Institutional care is not widely used until people are aged 85 or over. Of those aged 85 or over about a quarter of the men and about 40 per cent of women live in an institution.
- A 65 year old man has a 29 per cent chance of entering permanent institutional care at some time in his remaining life.
- A 65 year old woman has a 46 per cent chance of doing so.
- The predicted time in institutional care for a 65 year old man who eventually goes into care is 2.4 years. A 65 year old woman who eventually goes into care will probably be in care for just over four years.
- In the majority of cases family members who provide care for older people or those with a disability report no effects on themselves. However, of those who do report effects, the effects of caring are more likely to be negative than positive.
- Only a small proportion of carers make use of formal respite care to help them manage their caring responsibilities.
- While adults accept that they should be prepared to provide some care for older parents, their acceptance of these obligations is limited and conditional on how it would affect their own lives.