In Australia, as in many industrialised countries, governments are adopting a mixed economy model of welfare which makes assumptions about the nature of family relationships and the obligations family members feel to support one another (Finch and Mason 1991). This model of welfare relies on a partnership between governments, private service providers, the community and families. In the area of aged care, one manifestation of this is the deinstitutionalisation of aged care and the growth of programs such as Home and Community Care (HACC).

The HACC program is funded by both Commonwealth and state governments to provide services to the elderly and those with disabilities. The program provides services such as home help, home nursing, home paramedical care, centre based paramedical care, day care, home maintenance and modification home meals, centre meals, and transport. The goal of these services is to enable older people to be able to continue to live in the community and minimise the need for institutional care.

While this type of support for deinstitutionalisation is partly a response to the preferences of some older people, it is also driven by the belief in small government and the belief that families ought to look after their own members. Economic imperatives are also fundamental to the policy direction in aged care. Institutional care is expensive. Nursing home care is about 12.4 times more expensive than HACC, while hostel care costs 4.4 times more than HACC (DHSH 1995). Since the aged population will increase sharply over the next 50 years, governments have sought to contain projected costs by relying more on home and community based care.

But the HACC program does not adequately meet the needs of the elderly, and there is considerable unmet demand for the program’s services. The 1993 Australian Bureau of Statistics survey of disability, ageing and carers (ABS 1995), found that 31 per cent of non-disabled people over the age of 60 did not receive assistance in at least one activity for which they indicated they needed help (for example, home maintenance, meal preparation, transport, and home help). Further, among people with a disability, the majority of whom were aged, the current level of unmet demand is such that the HACC program would need to be doubled to meet the demand adequately (DHSH 1995).

The under-funding of HACC, deinstitutionalisation and other changes (such early release from hospital) has increased the demand for the limited HACC services and is changing HACC from a preventative care system to a crisis care system. One result of this is that there will be an increasing reliance on friends and family to provide the care and support for older people that HACC and other aged care services cannot meet.

Some theorists describe our society as postmodern – a society that is fragmented, in which self-interested individualism reigns supreme, and where the ethic of responsibility and obligation to others has given way to unbounded narcissism and the pursuit of instant gratification.

Others characterise contemporary society as one in which there is a growing ethic of competition rather than support between the generations.

If these characterisations are accurate, can governments rely on families accepting a responsibility to provide care for ageing family members? Do adult Australians accept that families have a responsibility to care and support ageing family members?

Reliance on Families to Provide Care

The ABS survey demonstrated the extent to which care of older people depends on family members. For most areas of care, between 80 to 90 per cent of elderly people living in their own households who needed care received that care from a family member (ABS 1995; de Vaus and Wolcott, forthcoming).

This reliance on families assumes that...
family members are available and willing to provide care. But demographic and social changes mean that the pool of suitable carers is limited. Daughters are widely considered to be the appropriate people to care for elderly parents (Evans 1996), and (after spouses) have been the main source of elder care. However, changes affecting women will affect their capacity to provide care.

Increasingly, women in their fifties (the age at which many women may be called on to care for their elderly parents) are in the workforce. By 2011 it is projected that 46 per cent of women in their fifties will be in the workforce compared with 29 per cent in 1980. Brody (1990) has described women in the paid workforce who are caught between the demands of caring for the older generation as well as the younger generation as ‘women in the middle’: as well as maintaining their own job, they take on responsibilities for caring for their partner; their adult children, who are staying at home longer; their grandchildren, as their daughters work; and their elderly parents.

Other demographic facts will also limit the extent to which the provision of elder care and support can be left up to families. The increased divorce rate means that more older people (particularly men) will have lost contact with their kin networks or will have such complex kin networks that they may be unable to receive care from their adult children. Further, a significant proportion of older people are childless – a pattern that is projected to increase. Rowland (1996) has estimated that about 20 per cent of older women in Australia are childless, and that for women over the age of 75 the proportion is at an historical peak.

As well as there being family members available to provide elder care, family members must also be willing both to provide and accept care. Policies must be grounded in a firm value basis – if care policies assume that families will care for their elderly when, in fact, they are not willing to do so, or the elderly will not accept their help, then it is unlikely that the caring will be effective. In other words, if policies assume one set of values while the people to whom the policies refer hold a different set of values and expectations then the policies will not work well and we can only expect poor care, resistance to care, and elder abuse and neglect.

Individualism versus Responsibility

At the same time as government policies increasingly rely on family members to support and care for the elderly many of the analyses of modern society suggest that people will not see elderly family members as their responsibility.

Although they come from a variety of theoretical perspectives, a number of different theorists point to high levels of individualism in our society which works against the notion of responsibility and obligation to others.

Among these is the postmodernist analysis of society (Baudrillard 1983; Turner 1990) which portrays a society that is highly fragmented, where the individual is supreme and morally sovereign, and the ‘free floating’ individual takes precedence over relationships and obligation to others.
In this postmodern society, duty, obligation and responsibility to others give way to unbounded narcissism, values are abandoned in the pursuit of instant gratification, truth does not exist and there are no absolute rights or wrongs but only a relativistic morality. Confronted with this picture of relativistic, amoral, hedonistic individualism, it is hardly surprising that some people despair about the willingness and capacity of future generations to care for the elderly members of society (Johnston 1995).

Another portrayal of modern society as highly individualistic is provided by the communitarian theorists who call for more stress on the community to counterbalance what they see as unhealthy levels of individualism. Theorists such as Etzioni (1995), Bellah (1985) and Popenoe (1995) argue that ‘the common good of the community should take precedence over self-interested autonomous individuals’ (Sjöberg et al., 1995: 248). They argue that the family, not the individual, is the building block of social order and that too much emphasis is placed on individual rights and not enough on responsibilities. They believe that adults in families have been able to pursue their own interests at the expense of their responsibilities toward dependent family members and call for greater responsibility of adults to dependents. Lasch (1979) also paints a pessimistic picture of society characterised by a loss of community and the rise of asocial individualism. In the late 1970s his best-selling book The Culture of Narcissism portrayed American society as one in which individualism, hedonism and feminism were corroding the social fabric.

Then there is the analysis of modern society that raises questions about whether the policy reliance on families to provide elder care may be misplaced. This is a strand of thinking that sees growing generational conflict and an increasing pattern of generations acting in their own interests and denying any responsibility toward other generations. In the United States especially there has been concern that the generational contract – the general acceptance by the younger generation that the young and active will provide for the needs of the elderly – has broken down (Bengston and Achenbaum 1993).

Those observers who argue that there has been a breakdown of the generational contract envisage increasing age polarisation and age group consciousness, with generations competing for limited resources. They portray the younger generation as being reluctant to support the needs of the older generation. In other words, generational theorists paint a picture of intergenerational competition rather than of intergenerational support. Underlying this is the belief that age groups act in a self-interested rather than an altruistic manner. According to this perspective, attitudes about family responsibilities for the aged will depend on whether one is likely to be the giver or receiver of care (Logan and Spitze 1995).

### Australian Family Values Survey

With these issues in mind, a sample of adult Australians were asked a series of questions about the responsibility of adults to their older parents. Data were collected as part of the Australian Family Values Survey using self-completion postal questionnaires from a national sample of 2129 Australian adults who were randomly selected from the most recent electoral rolls. The survey achieved a response rate of 64.3 per cent.

The survey enables us to address two key questions.

- **To what extent do Australians accept that adult children have responsibilities for care and support of older parents (filial responsibility)?** Is the policy of family care built on a firm value base of filial responsibility to care for elderly parents?
- **To what extent is support for filial responsibility socially distributed?** What difference does age, sex, religion and ethnic background make?

To measure the extent to which adults believed adult children had responsibilities to care and support elderly parents, respondents were asked to indicate how strongly they agreed with 14 statements which were reduced to four scales that measured different elements of filial responsibility.

These scales measured: obligation to help elderly parents; obligation to keep in close contact with older parents; obligation to live near elderly parents; and an overall measure of obligation to parents consisting of the above elements.

The scales were scored so that each scale had a range of 0 to 100, and so that the higher the score the greater the acceptance of obligations to elderly parents.

### Level of Support for Adults’ Responsibility for Older Parents

What do the results reveal about levels of filial obligation among adult Australians?

#### Types of obligations to parents

The figures in Table 1 indicate a hierarchy of obligations towards elderly parents: people place more stress on some types of obligations than others. The strongest acceptance is of the need to keep up contact with older parents and to do things together where possible (scale mean=61.1). This is followed by helping out elderly parents where needed (scale mean=59.0), and a relatively low acceptance of an obligation to live nearby (scale mean=42.4).

The less weight placed on living close to parents may reflect something about the level of support that people think is appropriate – a level of support that could be provided at a distance, a phenomenon that Rosenmayr (1977) has referred to as ‘intimacy at a distance’.

Looking at the individual items more closely (Table 2), people gave most weight to the broad and unspecific obligations of helping and caring. However, when caring for parents might interfere with responsibilities for younger children, the differences are less clear. For example, to what extent should adults stay near their parents in order to help them? (scale mean=75.3). The highest support for helping comes from the least specific obligation to stay near parents in order to help them (scale mean=75.3). The second highest degree of support comes from the least specific obligation to stay near parents in order to help them (scale mean=74.6). This is followed by the obligation to stay near parents in order to help them (scale mean=65.5).

### Table 1

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean (0-100)</th>
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<tbody>
<tr>
<td>Obligation to help parents</td>
<td>59.0</td>
</tr>
<tr>
<td>Obligation to contact parents</td>
<td>61.1</td>
</tr>
<tr>
<td>Obligation to live in close proximity</td>
<td>42.4</td>
</tr>
<tr>
<td>Overall obligation to parents</td>
<td>53.1</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Highly ranked obligations</th>
<th>Agree %</th>
<th>Mean (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults should stay in close contact with their parents</td>
<td>87</td>
<td>75.3</td>
</tr>
<tr>
<td>Should help parents if asked even if have own family</td>
<td>89</td>
<td>74.6</td>
</tr>
<tr>
<td>It is the responsibility of adults to care for elderly parents</td>
<td>69</td>
<td>65.5</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Medium ranked obligations</th>
<th>Agree %</th>
<th>Mean (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Should ensure good care for elderly parents even if it causes financial hardship</td>
<td>53</td>
<td>57.6</td>
</tr>
<tr>
<td>Adults should be prepared to help parents financially even if its difficult</td>
<td>51</td>
<td>57.6</td>
</tr>
<tr>
<td>Adults have as much responsibility for their elderly parents as for own children</td>
<td>41</td>
<td>49.4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low ranked obligations</th>
<th>Agree %</th>
<th>Mean (0-100)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult children should be prepared to have elderly parents live with them if desired by parent</td>
<td>31</td>
<td>43.6</td>
</tr>
<tr>
<td>Adults should live near parents so they can help parents out.</td>
<td>18</td>
<td>36.2</td>
</tr>
<tr>
<td>Daughter should give up job to care.</td>
<td>10</td>
<td>31.0</td>
</tr>
</tbody>
</table>
respondents had greater reservations about the obligations of adults towards older parents. For major obligations such as sharing a home, daughters giving up work, or living nearby, there was less inclination to agree that adults should take on this level of responsibility for elderly parents.

**Level of obligations**

Given that a score of 100 represented the highest level of kin obligations, it is clear that, while many people accept a degree of adult responsibility for their elderly parents, this support is by no means universal, unequivocal or without qualification.

On two of the three filial obligation scales the average score was in the top half of the index, but in both cases they were not overwhelmingly in the top half. On each of the scales one-third or more of respondents scored in the bottom half of the index (that is, below a score of 50). For the Help scale, 31 per cent scored 50 or lower; for the Contact scale, 33 per cent scored 50 or lower; for the Proximity scale, 77 per cent scored 50 or lower; for the overall filial obligations scale, 45 per cent scored in the bottom half.

Taken overall, there is considerable variation in the extent to which people accept the values of filial obligation. Clearly some respondents adhered to these views more than others. There is considerable variation as to the type of obligations for which there is widespread acceptance. There appears to be a hierarchy of obligations. The more the obligation has a direct impact on people’s lives the more reluctant they are to accept that responsibility.

There is widespread acceptance of the generic ideal of help, care and contact, but this is likely to be constrained and conditional. People seem willing to accept that adult children should keep in touch with their elderly parents and visit if they live nearby, but there is little acceptance of the view that children ought to live nearby. Respondents accept that adults should be prepared to help their parents financially, but not if it causes hardship or involves giving up a job. They are saying that adults should be prepared to care for their parents, but not to live together, and these obligations to care are qualified if they impact on the rest of the family.

**Age and attitudes to filial obligation**

If the breakdown of the generational contract thesis is correct we would expect that younger people would reject filial obligations while older people would expect to receive care. What evidence is there for this type of aged-based altruism or self-interest?

Although there were some small age differences in attitudes about the responsibility of adults to their older parents, these were not the differences that would be predicted by the generational self-interest model. Three main patterns emerge in Table 3.

Older people placed more emphasis than younger people on the importance of their children being around and maintaining contact than on them being obligated to do things for them. These older parents seem to want to be with their children, but not to be a burden to them.

The older groups were the least likely to believe that it was the duty of younger family members to provide help to elderly parents.

The older groups were very similar to other age groups on the overall filial obligations scale.

Further doubt is cast on the generational self-interest model when people are asked about the obligations of older parents to their grown children. Table 4 shows that the older respondents were the more likely they were to say that it is the responsibility of older parents to help ensure that their adult children were financially secure. This pattern is in the opposite direction from that which would be predicted by the generational self-interest thesis.

**Gender and filial obligation**

It is often argued that the ‘burden’ of care for the elderly falls more heavily on women (daughters) than men. Women are the most active members of kinship networks and play a ‘kinkeeping’ role (Rosenthal 1985). Daughters are regarded as more appropriate than sons as carers (Evans 1966) and, it is argued, are brought up with an ethic of responsibility (Gilligan 1982; Tronto 1987) and develop greater relational capacities than sons (Choderow 1974, 1978).

Accordingly, women might be expected to be more likely than men to stress the responsibility of families to care for older parents. On the other hand, precisely because women carry more of the responsibility of care they may be more reluctant to see elder care as a family responsibility.

The survey results were clear regarding gender differences in attitudes about filial responsibility (Table 5). On each scale and on virtually every individual measure of filial obligation there were no differences between men and women: men and women held identical attitudes regarding the responsibility of adults to their older parents. Analysis of individual items showed that there was a sex difference in attitudes on only one item – men placed more weight than women on the obligation of adults to help their parents financially if needed (eta=0.09; p<.0000).

Further analysis showed that this absence of sex differences is not just a phenomenon found among younger people. There were no sex differences in filial obligation attitudes within all age groups. That is, young men and young women shared similar views towards filial responsibility, and, similarly, older men and older women shared similar views towards filial responsibility.

**Ethnic background and filial obligation**

Table 6 indicates that those Australians who come from Asia, Southern Europe and the Middle East placed more weight on all forms of responsibility and obligation than...
those who came from Western Europe and from Anglo backgrounds. This is consistent with other research about the reliance on extended families for aged care in these cultures. A recent survey of the Asia Pacific region showed that, compared with Asian nations, Australians were less likely to see care of elderly parents as a family responsibility as opposed to a government responsibility. In Australia, 72 per cent said that care of elderly parents was a family responsibility compared with well over 90 per cent in all the Asian nations for which data were reported (Thomas 1996).

Within Australia, Southern European, Asian and Middle Eastern households are far more likely than those from Anglo or Western European headed households to have elderly parents living with them (de Vaus and Wolcott, forthcoming).

There are several likely reasons for these patterns. Typically the welfare state is less developed in Asian, Middle Eastern and Southern European countries than in Australia, Western Europe or the United Kingdom. Consequently in the cultures where the welfare state is weaker, families will be more inclined to assume responsibility for the care of the elderly since they have not been accustomed to relying on the resources of the state for these matters.

Within Australia, the poorer economic situation of some migrant groups will require greater support from families and this can promote a belief in the responsibility of families to care for elderly family members. Furthermore, the marginalisation of some migrant groups within the dominant culture can bind the group and families within it more tightly and thus promote an ethic of ‘looking after your own’. It has also been widely argued that advanced industrial capitalism with its emphasis on individualism and the need for a mobile, educated and adaptable workforce is antithetical to familialistic values (Goode 1965). Accordingly we would expect that those from advanced capitalist countries would score lower on the family obligation measures than those from countries where industrial individualism is less advanced.

**Religion and filial obligation**

Given the stress that churches place on the family and on the notion of family care we would expect that people who are more involved in churches would stress the responsibilities of families to care for needy members. One way of testing this is to compare the level of support for filial responsibility among regular and irregular church attenders.

Analysis shows that, on each of the measures of filial obligation and kin obligation, the frequent church attendance stressed filial obligation a little more than irregular attenders.

Perhaps more important than frequency of church attendance is the type of religious group to which a person belongs. A prominent Catholic sociologist has argued that Catholic theology inclines Catholics towards a communitarian set of values while Protestantantism promotes an individualistic orientation (Greeley 1980). If he is right, Catholics should place more stress than Protestants on responsibility to their family group.

Table 7 partly supports Greeley’s predictions, with clear differences evident in filial and kin obligations among those from different religious groups. On every measure of filial and kin obligation Catholics scored higher than those from mainline Protestant denominations; those with no religious affiliation placed the least stress on filial obligation.

However, the results are not entirely consistent with Greeley’s model. Those from the smaller, more fundamentalist Protestant denominations – denominations that often have very individualistic theologies – were indistinguishable from Catholics. Further, Catholics were not the religious group that placed most weight on filial obligation – those from orthodox denominations and Jews placed the greatest emphasis on the responsibility of adults to take responsibility for their older parents.

**Summary**

Good policy should reflect the social reality within which it operates. The aged care policy direction that encourages home and community based care relies on the availability and willingness of families to accept a certain level of responsibility for the care of elderly family members. Frequently this involves adult children, especially daughters, caring for elderly parents. Such a policy can work well when family members are available and willing to provide such care and elderly people think it is appropriate. However, if family members are not available or willing there is a real danger that some elderly people either will not receive appropriate levels of care or the care will be resentful and resented by either the carer or the person being cared for. In such cases the quality of care is likely to suffer and caring is more likely to have a negative effect on other family members.

The findings reported in this paper show that many people accept that adult children have some responsibilities and obligations for the wellbeing of their elderly parents. The evidence did not support the model of a society in which a sense of responsibility and obligation to older family members had been destroyed by rampant individualism. Nor was there evidence of clear generational self-interest. However, the acceptance of responsibilities and obligations to care and support elderly parents was by no means universal, unequivocal or without qualification. This is consistent with the patterns observed by Finch (1991) in the United Kingdom.

<table>
<thead>
<tr>
<th>Table 6</th>
<th>Filial obligation scales by respondents country of birth</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Respondents’ country of birth</td>
</tr>
<tr>
<td>Scale</td>
<td>English-speaking country</td>
</tr>
<tr>
<td>Contact</td>
<td>60.0</td>
</tr>
<tr>
<td>Help</td>
<td>57.8</td>
</tr>
<tr>
<td>Proximity</td>
<td>40.8</td>
</tr>
<tr>
<td>Overall obligations to older parents</td>
<td>51.8</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Table 7</th>
<th>Filial obligation scales by denomination</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Denomination</td>
</tr>
<tr>
<td>Scale</td>
<td>Catholic</td>
</tr>
<tr>
<td>Contact</td>
<td>63.0</td>
</tr>
<tr>
<td>Help</td>
<td>61.4</td>
</tr>
<tr>
<td>Proximity</td>
<td>44.6</td>
</tr>
<tr>
<td>Overall obligations to older parents</td>
<td>55.3</td>
</tr>
</tbody>
</table>
In promoting an aged care policy that relies on adult children providing support and care for elderly parents due attention must be given to the fact that demographic changes mean that many carers will not necessarily be available and, even if available, they may not see it as their responsibility to provide the level of care required.

The limits to which adults are able and willing to care, and the extent to which older people believe this care and support is appropriate, must be fully understood and factored into policy formulation and the level of service provision.

Further research is required to identify the conditions under which adults and older people believe it is appropriate for families to provide care and support to elderly family members, and to investigate ways in which this type of family support for the elderly can be assisted. We must understand the values people hold about family responsibilities for elder care and support. Without this understanding there is a danger of formulating policies that fail to win over the support and cooperation of those affected by them.

References


DHSS (1995), The Efficiency and Effectiveness Review of the Home and Community Care Program, Department of Human Services and Health, AGPS, Canberra.


David de Vaus is Research Manager at the Australian Institute of Family Studies. He conducted the Australian Family Values Survey in 1995 while at La Trobe University. The Survey was funded by the Australian Research Council.

In the second session information was given on ICSW, the International Union of Family Organisations and its Commission on Marriage and Interpersonal Relations, and the regional body of the UN, the Economic and Social Commission of Asia and the Pacific.

The proposal to establish the Asia Pacific Group on Families and Relationships was put to the meeting and unanimously supported. This means that there is a mandate to move ahead with the establishment of the Regional Group with the following objectives which have been adopted as initial guidelines:

• to promote policy, service and professional development in the families and relationships field;

• to aid development of services for families and relationships within the region;

• to foster an exchange of learning across cultures, share professional practices and expand professional development and training opportunities for mutual benefit;

• to encourage international interest in the specific family and relationship needs of the region;

• to represent the interests of the Asia Pacific region in international conferences and forums; and

• to explore possible appropriate linkages with relevant international bodies.

The Asia Pacific Steering Committee has been established with members from 11 countries including Australia. Helen Disney, National Director of Relationships Australia, is Chair of this Committee and the Australian Group is providing the secretariat.

The task for the Steering Committee is to develop the plans for the establishment of the Asia Pacific Group for Families and Relationships for launching officially in September 1997 at the Regional Conference of the ICSW to be held in Djakarta in September 1997. Discussions are being held with the Indonesian representatives on the possibility of a joint secretariat arrangement between Australia and Indonesia.

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