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Home Care Allowances For the Frail Elderly: For and Against

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Arguments that have been presented for and against HCAs are considered below. The focus is on debates around traditionalist and feminist standpoints. Another central concern is to draw attention to the contextual boundaries of these debates; therefore we shall consider arguments both from the U.S. and Europe. Finland is presented as a special case, because this Scandinavian welfare state has an exceptionally extensive HCA programme.

In the 1950's a new policy was introduced in the State of California and Sweden for taking care of frail elderly people (Horowitz & Shindelman, 1983; Sundström & Löfstrand, 1990). To motivate and help relatives in their caregiving work, the governments started to grant cash benefits for caregivers. Here they are called home care allowances (HCAs). Since these early applications, the model of home care allowances has later spread to several countries in Europe and in one form or another to 35 States in the U.S. (Linsk, Keigher & Osterbusch, 1988).

The HCAs are used as a pragmatic medium to solve several problems in the care of the elderly. If it were possible to match together different interests, the frail elderly, the caregiving relatives and the government would perhaps all be satisfied with the outcome. It would be an exemplar of a service system which fruitfully combines different actors (a "welfare mix", see Anttonen, 1989; Evers & Wintersberger, 1988).

Home Care Allowances as a Result of Modernizing Social Norms

In western countries the traditional social norm is that good, decent people should take care of their neighbors, be they

children, handicapped or frail elderly people. This has applied most particularly to relatives and women. In exceptionally difficult circumstances where relatives have been unable to meet their caregiving responsibilities, the church and later the government have provided institutional care. In this setting HCAs would only be possible as part of poor relief.

Modernization, however, has made the normative duty of caregiving more ambiguous (Bracker, 1988). Individualism has gathered momentum, and social norms now recognize that everyone has a right to a life of his or her own. Feminists have been insisting that this right also belongs to women, and that the duty of caregiving also concerns men.

Responsibilities of caring have also become more reciprocal. It is felt that people deserve their fate: if a parent mistreats her child, for instance, the child will not be blamed for ignoring or forgetting her or him later in life. The caregiving responsibility is no longer unconditional as it used to be; nowadays it is more like a private contract. This is also reflected in legislation. For example, since 1970 children in Finland have no longer been obliged to provide care for their parents.

The Statements of Traditionalism

In western societies there is a set of traditional assumptions which continues to direct the discussion about HCAs. According to this set of ideas:

- elder care is primarily the responsibility of families and informal social networks; and

- elder care is especially an obligation for women.

Traditionalism also contains, at least implicitly, some views on the duty of the state:

- the state should not intervene in the home care of the elderly, for this would obscure the social tasks of families and therefore be counterproductive ("the familist critique"); also

- the administration of an intervention would be difficult and unnecessarily increase the expenses of care ("the public economy critique").

However, deviation from these principles is tolerated if the relatives or social networks simply do not have the resources to cope with the task.

Traditionalism is an ideology of the past that has much in common with classical liberalism. It is no surprise that traditionalism fits well with the description by Osterbusch, et al., (1987) of the prevailing community care ideology in the U.S.. This ideology fears state intrusion on family life and individual liberties far more than it fears collective abandonment of individual members of the society and polity.

The Moral Critique: Do HCAs Erode Family Responsibilities?

The traditionalist critique often looks at HCAs from an historical perspective and sees the introduction of these allowances as a sign of eroding family responsibility. This line of argument occurs frequently in evaluations of U.S. home care support systems, for instance. The policy is that any reduction in the amount of care provided by families to the severely disabled is highly undesirable and should be carefully avoided (see e.g. Arling & McAuley, 1983; Gruenberg & Pillemer, 1981; Stephens & Christianson, 1986; Youket, 1981).

In a few words this critique may be summarized in two suppositions which undergird popular thinking about caregiving: 1) that attaching money to caring relationships is a modern phenomenon and is only characteristic of money conscious capitalist societies; and 2) that earlier generations have carried the responsibility of filial caregiving without any external help.

These popularizations (which were very common in family sociology during the 1960s) have met with a critical response in historical research. Treas (1977), for instance, has emphasized that earlier generations living in agrarian society were not free of calculative attitudes towards caregiving. Father retained the property deed until his death. Last will and testament bound the heir to his filial responsibilities.

Waerness (1990) and several other researchers have commented that in prior centuries, long-term caring for elderly relatives with disabilities was a far lighter burden for families since relatively few people survived serious illnesses and the aging process to reach their seventh, eighth, or ninth decade, especially if they were poor. During the past few decades the need for care has increased quite dramatically. And even earlier,

Brody (1981) and Shanas (1979) showed that in modern society home care was much more common than previously assumed.

Schorr (1960), a historian, has noted that under medieval church law, children were held responsible for their aged parents, but this charge was shared with the church and prosperous members of the community. It is only in the twentieth century that social norms have expected adults voluntarily to sacrifice the resources of their own, their spouses, and their children to assist parents before the community will assume any responsibility.

Despite formal demands, enforcement of regulations that children or spouses pay for the care of the elderly have been weak historically (Callahan, et al., 1980; Gratton & Wilson, 1988; Thomson, 1984). Of course, governments also began to search for more positive ways to help and motivate relatives for caregiving. In the United States, mothers' pensions were the first example of a home care allowance system. Poor mothers (especially widows) were paid for caring for their own children in order to save the costs of institutional care (Abramovitz, 1988).

Money has been involved in the complex relationship between homes and old-age welfare long before the introduction of the system of home care allowances. Grandparents have been locked up in their bedrooms with minimal care for the sake of their pensions. Rich elders have been looked after with extra special care; caregivers have been disinherited. In comparison with these situations, home care allowances provide a better opportunity to control the relationship between money and care.

The familist current of the traditionalist critique: Do monetary relations destroy the autonomy of the family or the relations of family members?

Abramovitz (1988) notes that many theoretical and policy discussions about the family have presupposed that women would lose part of their moral virtues if they were paid for the work they do for relatives. In the words of Finch and Groves' (1983), monetary relationships have been viewed as contaminants of caregiving for children, the old, and the sick, that ultimate "labour of love". Arling and McAuley worry that "payment for care formalizes the family's obligations and

its role in caregiving. Does this change the nature of care? (1983, 306)."

Many classics of sociology have shared this concern and preferred clear distinctions between family, state and market. Simmel (1981), for example, pointed out that human relationships based on economy and reason are alike in the businesslike manner in which people and things are treated. He noted that the formal justice which is a necessary element of such relationships is often accompanied by emotional distance and indifference, two qualities particularly dreaded in the home.

In the realm of sociological theory, a form of psychic splitting has occurred. Money has been understood to be a necessary and constructive force in the complex world of work and in commercial and technological exchange beyond the family and household. At the same time, it is recognized that money has a destructive effect on family relationships. This view of Simmel's is shared by among others, Weber, Durkheim, Tönnies, and Habermas. The suspicion of money's influence on human relations, the dread of the connection between dirty money and holy family, leaves western societies deeply ambivalent about introducing government payments into familial affairs.

Altruism in the family has been compelled economically and normatively. Women as the less powerful partners have based their relationships on financial considerations. These two bits of historical data are not taken into account (or even into consciousness) for they spoil the nostalgic conception of the safe hearth in an otherwise hostile world.

There is a commonly expressed fear that quality will suffer if caring is done for money. However, as Dalley (1988) points out, this argument is never heard when speaking of the work of physicians. In the medical institutions, the operant assumption is that the most valuable, responsible, and demanding work must be the best rewarded labor.

Like physicians, caregivers need rewards, both symbolic and material, for the arduous jobs they perform, often over long periods of time. Love and money are not mutually exclusive elements that ruin each other. Instead for many centuries they have been cohabitants of both public and private domains,

domains in which personal relationships and commercial value have been juxtaposed closely and complexly.

Several home care researchers emphasize that economic aid actually changes the caring relationship in a positive way. From the elderly patients' point of view, external support is also a psychological relief: it makes it easier for them to ask for help. As the caregiver is paid for the work he or she is doing, the patient sees the caring relationship as a more balanced one (Kotakari, 1989; Keigher & Murphy, 1990).

It is often suspected that HCAs put extra strain on the relations of caregiving relatives. "If a primary caregiver were given a financial payment, other caregivers might be reluctant to share responsibilities" (Arling & McAuley, 1983, 305). This result may not be uncommon, but one wonders why Arling and McAuley forget that money is also a medium which is used to foster the sharing of work. HCAs are a resource that can be used for buying services and for rewarding informal helpers. As Ungerson (1990) observes, the allowances may be used to find new caregivers whose motive may be money instead of duty. This is not necessarily detrimental to the quality of care.

Our conclusion, in short, is that the traditionalist familist critique is founded on a masculinist point of view. It also ignores many of the counterarguments raised in empirical research.

The Economic-administrative Critique: Are HCAs a Waste of the Taxpayers' Money?

The traditionalist critique tends to take a negative attitude towards new governmental interventions in elder care. However, new forms of intervention might be accepted if they relieved the government of some of its burdens. Thus, for some commentators, home care allowances are a waste of tax dollars devoted to purchasing services that would have been provided at no expense to the public purse" (Stephens & Christianson, 1986, 4). Some others, however, see HCAs as an opportunity to reduce the costs of institutional care.

The chief stated reason for the government's interest in home care allowances is the delay or avoidance of institutional

care for the frail elderly (Arling & McAuley, 1983). Kane and Kane (1987) say it remains unproven that home care programs decrease hospitalization or prevent or postpone the use of nursing homes. Another team of researchers disagrees and argues that home care does reduce the amount of nursing home care (Rivlin & Wiener, 1988). There is probably no definite answer, because the results are likely to vary in different caring systems.

One common objection, especially in the U.S. debate, concerns the abuse of allowances. Recipients might abuse the allowances by exaggerating disabilities or giving insufficient care (cf. Callahan, et al., 1980; Linsk, et al., 1988). There are two relevant counterarguments: First, the competence of the medical profession sets a definite limit to how far exaggeration is possible; and second, given the level of the benefits, cheating is not very much worth the effort. Nevertheless it is clear that it is more difficult to control the quality of caregiving at homes than in institutional care.

A Feminist Critique:

Do HCAs Imply Suppression of Women?

The main challenge to traditionalist ideas has come from feminism. There is a broad consensus of opinion among feminists that:

- elder care is a central responsibility for society, and to make the situation of caregivers at homes bearable, caregiving must be supported with public resources;
- women of working age have the right to opt for gainful employment outside the home;
- home care of the elderly is hard work which should be shared by both women and men.

Many feminist researchers—especially in the U.S.—are in favor of HCAs. Although they are not seen as the only possible or even the most desired way of supporting home care of the elderly, HCAs nevertheless help women to cope with this extremely heavy task and at the same time make one part of housework visible (e.g. Horowitz & Shindelman, 1983; Keigher, 1990; Nissel, 1980; Osterbusch, et.al., 1987; Treas, 1977). This position does not mean that feminists have no reservations or

suspicions about the underlying motives for introducing HCAS: "Although some form of compensation to carers is certainly fairer than no compensation at all, the basic intent of these policies remains reducing government costs" (Osterbusch et al., 1989, 228).

A more negative tone is found in the British feminist discussion, where critical attitudes are largely connected to critical evaluations of British community care policy in general. Finch says that the critique can be crystallized in a viewpoint which she calls a "crude feminist account": "Women are forced out of the labour market and back into the home, thus accomplishing the following: costs of caring on the public purse are reduced; jobs are released for male workers and the unemployment totals go down; the home is confirmed as women's rightful place and therefore men's dominant position is maintained" (1990, 43–44).

HCAs can indeed be seen as one way of excluding women from paid labor—but not from work. Rather, they are tied to work which gives fewer benefits and rights than paid labor. This line of criticism has been largely influenced by the analyses of the Kent Community Care Scheme.

The Kent experiment sought to recruit community care helpers to take care of frail elderly. The vast majority of the helpers, 94 percent, were women. The caregivers received small compensations for doing tasks which were regarded as unavoidable. A central problem with this experiment was the contradiction between payment and compensation. It was very difficult for the caregivers to keep the amount of work done within the limits specified in the agreements. The caregivers and their family members took extra responsibility for their patients. The work contract included very few rights for the worker. However, it succeeded in keeping the caregiver outside ordinary wage work (Ungerson 1990).

Ungerson draws attention to the contradictory ideology which was used to legitimate undercompensation: "The assumption is that nominally paid workers will provide better-quality care since they are doing the work for love rather than money, although the payments in themselves mean that the workers will provide a consistent and continuous service based on a binding contract" (Ungerson 1990, 20–21).

The Kent experiment is a case of underpaying caregivers who are not relatives. This may be a more problematic issue than paying HCAs for relative caregivers. However, feminist researchers have also criticized the second alternative, referring particularly to the endangered position of the caregiver. The basic argument is that HCAs can be seen as a policy which will encourage more people to take on caring tasks in extremely difficult circumstances, and to continue them for longer once they have started (Finch 1990). Another argument is that if some one individual is being paid to do the care-giving work, the financing institution may be of the opinion that it is unnecessary to have many—or any—support or substituting services (Ungerson 1990).

Home care allowances may also cause elderly patients to place quite unreasonable demands on their caregivers (Qureshi 1990). Some near relatives may feel that they are fully exempted from all caring responsibility, as the patient is receiving paid help. Chief responsibility may entail sole responsibility. This critique was also mentioned by the traditionalists.

It is important to note that the feminist critique expresses ambivalence about as well hostility toward HCAs. Finch notes that ". . . this same set of policies, which has effectively sought to confine women to the home has at the same time taken some account of women's demands and women's needs" (1990, 44). Ungerson (1990), for her part, says that the payment might provide the basis for two further developments: first the recruitment of many more men into the role of domestic carer, and, secondly, the possible pooling of individual carers' resources such that they can use their pay to organize more collectively based services for groups of dependent people.

As far as the patients are concerned, HCAs are thought to have mostly positive consequences. Community care may offer a more satisfying and independent life to handicapped or infirm people than any of the alternatives previously available; it may also do that at the expense of women whose unpaid labour provides family care (Finch 1990). Another advantage is that a HCA may make the patient less anxious about being a burden.

But there may also be other feelings. First, most elderly people do not want to be a burden for their relatives. Therefore

they do not want to live with their offspring (Sundström 1986) and wish that their helpers were paid (Qureshi 1990). Second, increased dependence on the family may undermine the autonomy of patients (Finch 1990). Qureshi and Walker (1989) conclude that to be a family member can be a unique disadvantage as well as an advantage in dealing with a particular elderly person. Families may engender both the best and the worst of relationships.

In spite of all the criticism the feminist attitude towards HCAs is in practice mostly positive. This is confirmed by the observation of Finch (1990) that the decision by the European Court, which enforced the British government to pay Invalid Care Allowance also for female spouses, has been regarded as a victory—not as a defeat for women. However, as Finch points out, it is important to remember that the support for caregivers does not represent any challenge to the traditional division of labour, which ensures that many more women than men are actually doing caring work. The issue is whether the short-term gains for individual women in having their unpaid work socially recognized and supported would in effect undermine longer-term attempts to produce a society in which housework and caring, are no longer seen as women's work.

The Contradiction Between Finnish and American Points of View

Debates on social policy are mostly waged in the context of a given welfare system. This means that similar basic opinions may in different situations lead to opposite political demands. We shall illustrate this by using Finland as a case in point.

Finland has adopted a very positive position on the use of HCAs. This can be seen, first, in a non-restrictive entitlement to HCA. The caregiver and the patient may be spouses or close relatives, and there are no restrictions on their incomes or properties. The caregiver may be anybody who is over 18 years of age and whom the social authorities regard as capable of doing the job.

Second, the popularity of HCAs is seen in their acceptance

as a system for supporting childrens' day care. Since 1985, HCAs have constituted an alternative to communal day care. The state will pay a HCA for parents who waive their right to communal day care for all their children under 3 years of age. In addition many cities pay an extra allowance to avoid establishing new day care places. HCAs for parents can be as high as 3900 Fmk (about \$900 a month); the lowest state allowance is about 1500 Fmk (Sipilä 1992).

Within the confines of this paper it is impossible for us to go into a detailed discussion of the reasons for the popularity of HCAs in Finland, but these are some of the most important ones:

— The participation of women in the full-time labor force is higher than in any other western country.

— Children are no longer responsible for their parents' livelihood.

— Institutional care is economically an easy option in Finland because hospital care is strongly subsidized, and residents of nursing homes pay a fee that is based on their income.

— The Finnish government must calculate the total costs of hospitals and nursing homes, not just the costs of special programs. The overall responsibility for organizing and financing old-age welfare lies with the public sector.

— Finns trust their government and do not see the misuse of social allowances as a serious problem.

— In the 1980s there has been a tendency to bestow new rights for social services on citizens.

— The probability that women might become caregivers against their will is clearly lower in Finland than in most other countries.

These factors make it understandable why in Finland the HCA-system is not regarded as an expansion of the social security system but as an attempt to abandon the governmental commitments that were made during the Golden Age of social democracy (from the 1960s to 1980s). Some of those commitments were legal (such as the subjective right to day care), others more implicit (such as the expectation that one would always have a place at a nursing home if necessary).

The main difference to the American political atmosphere is that in Finland, the strongest support for HCAs comes from political parties which advocate traditional values. The major advocates of home care in Finland have been the powerful agrarian and the small Christian party (Haapaniemi, 1990). Leftist parties, in general, have favored professional and institutional care and paid labor for women (Vpk 1984).

The reasons why agrarians and Christians have preferred home care are not only the costs, or convenience in the case of isolated countryside farms. These parties have in general pursued a pro-family policy, struggling against both individualism and professionalist institutional care. Among them HCAs have been seen as a possibility to revitalize the family's and relatives' caring responsibility.

From this perspective the system of home care allowances is an attempt to uphold and strengthen that responsibility in a situation where the family could hardly cope without it. As Waerness (1990) observes, the public care provided is often the minimum which is needed to enable the family to take the main responsibility for its old members.

In Finland, HCAs are not seen as a threat to family ethics because they rarely exempt relatives from their caregiving work. Allowances are granted under such conditions that hardly anyone is willing to look after any other patient except their own relatives. And as Keigher (1990) points out, the system clearly fails the market test: the relationship between the money and the work is far from reasonable.

The negative attitude of Finnish feminists against HCAs has been most forcefully voiced by leftist female politicians, who have drawn special attention to the threat they represent to women's participation in the labor force. This is thought to be the cornerstone of women's autonomy in general. On the one hand, social services create employment opportunities and, on the other hand, qualified services offer the opportunity for other women to work without having to worry about caring duties.

However, this line of feminist critique has not proved strong enough to prevent the development of HCAs in Finland.

Discussion

The discussion of home care allowances consists largely of arguments that are either in favor of or against the welfare state. Depending on the perspective, HCAs may be understood as an extension or a reduction of the welfare state, or as a strengthening or a weakening of family members' or women's caring responsibilities. It all depends on the observer's viewpoint.

Since the 1960s the amount of welfare services has risen very sharply in many societies, thus reducing the relative amount of caregiving required of the family in those societies. Home care allowances are one pragmatic medium for cutting the growth of social services. For some families it has provided a useful alternative, but others would have preferred to see investments in public services.

In the U.S., traditionalists have been pleased to see that HCAs have had great difficulty in getting off the ground. Feminist advocates of HCAs have failed to get a very enthusiastic response. In Finland, HCAs have enjoyed for broader acceptance largely because of the pressure by traditionalist parties. HCA policies have developed along very different lines in the U.S. and Finland, but both cases clearly highlight the importance of the traditionalist arguments in the political discussion of the 1980s and amidst the challenges to Finnish welfare state tradition and the "family values" debate in the U.S. of the 1990s.

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