Mapping the role of gender in caring networks of older people receiving services from Third Sector organisations

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Eldercare is often associated with a reduced ability to engage in the community both for the older people and often for their carers. Old people homes are seen as sad places to be avoided whether as a worker, a visitor or as a client. Caring at home may only be marginally better for the client as they still may not be able to leave the house and may not have many visitors. Unpaid caring work within the home can be a barrier to community participation for many people, mainly women. (eg Leonard & Burns, 2003; Ahmed and Jones, 2008; Leonard & Johansson, 2008)

There is growing evidence of the individual and collective benefits of participation in the local community or society in general. Social capital is the most commonly used term to reflect the collective benefits of community engagement. Although there are differing definitions of social capital (eg Putnam, 1993; Bourdieu, 1986) social networks are the key element in all approaches. Groups and communities with high levels of social capital have numerous strong interconnections between members.

When caring is linked to social capital it is generally assumed that the nature of the relationship is that social capital is a resource that can be used to support care work (eg Beaudoin & Tao, 2008; Jeppsson-Grassman & Whittaker, 2008). However, Leonard, Johansson and Noonan (2009 under review) identified two examples, that show that caring does not need to be a drain on social capital nor does it need to be an isolating experience for either the carer or the person being cared for. Rather, caring can contribute to social capital.

The present research aims to identify and explore ways in which caring can contribute to the growth of social capital or the barriers to growth. Given that the majority of this caring work is done by women, it also highlights the value or potential value of “women’s work” for the public as well as the private sphere. More specifically the research questions are:

- In what ways, do current day activity centres for the aged in NSW contribute to the social capital of their wider communities? If it does not, what are the barriers?
- In what ways, does supporting people in their own homes, via home care and Home Hospice, contribute to the social capital of their wider communities? If it does not, what are the barriers?
- Are there differences in the extent or nature of the networks depending on the gender of the client or carer?

Participants come from 3 groups; Aged care activity centres, (staff, volunteers and clients); Home care clients and their carers both paid and unpaid and Home Hospice carers, mentors and caring networks.

Procedure. Step 1 involves visits to each of the participating centres or individuals to explain the project and encouraging them to collect photographs or other materials that can be used in Step 2 and to identify other people in their network who also help with care. Step 2 is the focus groups with the caring networks which involve a network mapping exercise to identify the relationships that existed before caring began and a second network mapping to identify current networks. The photographs are used to inform the discussion of the nature of the networks; including how each person became involved, who they came to know as a result and the nature and strength of that relationship.

Analysis: The analysis identifies, the size of networks, changes in the networks as a result of caring (in both size and nature of the relationships), degree of engagement in the community,
barriers to the growth of networks, and any differences in the size or nature of the networks depending on the gender of the home care client or Home Hospice carer.

The analysis is not yet complete but given the direction of information to date it is anticipated that the caring networks continue to follow gender stereotyped patterns and also that the role of a mediator to engage with the community makes a crucial difference to the size and strength of the caring network.

References


