Income support for Australian carers since 1983: social justice, social investment and the cloak of gender neutrality

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Abstract

Income support for carers has been available in Australia since the early 1980s. In contrast to most other forms of income support, eligibility for Carer Payment has been progressively expanded in recent years, and increasing numbers of carers are claiming the payment as a result. This article examines the history of income support for carers by reviewing changes in eligibility criteria in the social security legislation and considering how those changes were framed. We argue that reforms to carers’ income support have developed within competing frames of social justice and social investment, with an increasing emphasis on a social investment discourse, which prioritises paid work over care. Neither of the dominant frames addresses gender equality, and in practice, income support policy has reinforced familial (women’s) responsibility for caring. Given the gendered nature of caring in Australia, gender equality issues must be considered in future policy reforms to ensure that the competing pressures on women to care and to engage in paid work do not lead to greater disadvantage and inequality for women and the people for whom they care.

Keywords: carers, family, income support, social justice, social investment
Introduction

A dedicated income support payment for ‘unpaid carers’ – individuals providing unpaid or ‘informal’ care for a child or adult with a disability, illness or age-related frailty – has been available in Australia since the 1980s. This article examines the history of this social security payment by tracing changes to the eligibility criteria in the social security legislation and examining the way those changes have been discursively framed. The analysis reveals changed understandings of the purpose of income support and the basis on which people should receive it. It draws on Fiona Williams’ argument (2010) that European care policies have been framed by policy-makers in terms of two overlapping discourses: social justice and social investment. We argue that these discursive frames have also dominated Australian income support policy for carers. In early iterations of carers’ income support policy, the policy’s stated purposes related mainly to social justice aims, such as the recognition of the value of unpaid care and the provision of social support given the ‘burdensome’ nature of the caring role. However, more recent policy changes have seen a greater emphasis on social investment in carers’ human capital, whereby carers are encouraged to maintain a connection with the paid workforce to facilitate their future workforce participation and financial stability.

Unpaid carers have made significant gains through claims for income support framed by both the social justice and social investment discourses. However, gender equality has been notably absent from both discourses. This is problematic because informal caring continues to be gendered, with women constituting 68 per cent of ‘primary carers’, that is, those who provide ‘the majority of the informal help needed by a person with a disability or aged 60 years or over’ (ABS 2010: 3). The predominance of female carers during the ‘working years’ is particularly striking, and this responsibility for unpaid care can have significant impacts on women’s short and long-term financial security (Bittman et al. 2007; Cass & Yeandle 2009). By encouraging and supporting care by family members in the home in gender-neutral terms, income support policy obscures – or at least does not challenge – this gender inequality.

The gendered impacts of income support policy have been further complicated by the increasing emphasis on social investment in recent years. The policy now simultaneously encourages unpaid caring in the home and promotes (and increasingly requires) carers’ participation in the labour force in order to achieve social inclusion and financial security (Bittman et al. 2007). While the expectation that women will engage in paid work is consistent with feminist claims for equality in that domain, Australian women are still more likely to be unpaid carers despite increasing involvement in paid work (ABS 2010).

There has been a great deal of political interest in disability and aged care issues in recent years, demonstrated by the announcement of a range of policy reforms and reviews, including a National Disability Insurance Scheme and a National Carer Recognition Framework (see for example FAHCSIA 2008a; Cass et al. 2011; Productivity Commission 2011a). This presents an opportunity to
revisit the persistent gender inequality in unpaid caring to ensure that women’s obligations to both care and work do not lead to greater disadvantage and inequality for women, and the people for whom they care.

Claiming and framing of care policies

In an analysis of the interpretation, negotiation and recognition of different care needs in European care policies, Williams identifies two discourses – social justice and social investment – as ‘overlapping but competing ways of interpreting care needs’ (2010: 5). Williams argues that various groups making claims in relation to care, including parents of young children and unpaid carers, have drawn heavily on a social justice discourse. That is, within a human rights framework, they have called for recognition, representation, support and equality in their role as carers. Unpaid carers have placed particular emphasis on the stress and difficulty of the caring role, the financial and personal ‘costs’ of caring, and the social isolation or exclusion that carers experience (Cass & Yeandle 2009: 33; Williams 2010).

This focus on the experiences of individual carers and the burdensome nature of care can lead to the exclusion of other claims, most notably those of the recipients of care, who risk being positioned as silent dependents (Morris 1993: 31-40; Bytheway & Johnson 1998; Kröger 2009; Williams 2010: 8-9). Williams (2010: 3, citing Hobson 2003) notes that the success of carer constituencies depends on their ability to establish collective identities and make claims as a coherent group, and this can contribute to the marginalisation of other claims. The collective identity of ‘carers’ has developed in Australia since the 1970s and 1980s, and Cass and Yeandle (2009: 2) observe that ‘an active, non-partisan and politically astute Carers Association network’ has been key to achieving political attention and policy change for Australian unpaid carers.

Williams argues that care policy in Europe has shifted away from a social justice frame and is now dominated by a social investment frame, which has arisen mainly from formal state policy rather than social movements’ claims (2010: 5). As many scholars have observed, social investment is an increasingly popular approach to social policy (see Carney 2006; Jenson 2008). Social investment policies are underpinned by the view that investment in human ‘capital’ or ‘capabilities’ (Sen 1999: 295), particularly those relating to labour market participation, will lead to increased productivity, economic growth, personal wellbeing and individual financial stability.

Caring in its various forms has ‘re-emerged as a central focus of the social investment state’ (Simon-Kumar 2011: 447). In particular, the care of children has been reframed as an investment in children’s future ability to contribute to society (mainly through entering the paid workforce) (Lister 2006). Women’s role as carers for children is simultaneously valued and devalued, as caring is seen as key to the development of children’s human capital, but is also regarded as a disruption to women’s own ability to engage in the paid workforce (Simon-Kumar 2011). The focus on future value means unpaid caring for people
with a disability, illness or age-related frailty is less likely to be seen as an ‘investment’. Instead, these groups may be cast as ‘mere objects of care’ with no potential productive capacity in which to invest (Williams 2010: 11).

In the European context, Williams (2010: 22) notes that the social investment frame has ‘imbued women’s right to work with a sense of obligation to earn’. Others have observed a shift towards an ‘adult-worker model’ of the family in European social policy generally, which treats women as gender-neutral earners first, and may not make provision for caring responsibilities (Giullari & Lewis 2005). Australian researchers have observed that Australian care policy produces contradictory expectations about women’s roles as paid workers and as carers for children or family members with a disability or age-related frailty (Cass 2006; Bittman et al. 2007). While there has not been a notable shift to an adult-worker model, there has been a move away from the strict male-breadwinner model of the heterosexual family that long underpinned Australian social policy, whereby men were expected to be full-time earners, while women remained in the home and provided full-time care for children and others (Lake 1986; Cass 1995). This model has been partly replaced by a ‘modified’ or ‘one-and-a-half’ breadwinner model (Craig & Mullan 2009). In this model, men are still more likely to be the primary earners, but increasing numbers of women are entering paid work (often on a part-time basis) in addition to their roles as primary carers. The increasing expectation that women will be ‘earners’ as well as primary carers is also evident in more recent social policy changes, including the activation policies introduced in the 1990s and 2000s in response to the notion of ‘passive dependence’ on welfare. These policies sought to increase workforce participation by obliging different categories of support recipients to search for and undertake a certain number of hours of paid work per week in order to retain their entitlements (Bittman et al. 2007). In 2006, these ‘welfare-to-work’ requirements were extended to recipients of Parenting Payment, the female-dominated, care-based income support payment for low-income single or partnered parents of dependent children (Commonwealth of Australia 2005).

**Gender, unpaid care and income support policy**

The past fifty years have seen an increase in women’s labour force participation, changed expectations of family life (such as higher divorce rates and a perceived erosion of familial obligations), a move towards community care for people with a disability and older people, and an increase in the proportion of the population who are mature age (ABS 2011; Kimberley & Bowman 2011; Productivity Commission 2011a: 56). These changes, coupled with successful campaigning by carers’ organisations, have fuelled policy concern about the provision of care for people with a disability, illness or age-related frailty in the face of a possible shortage of carers (Cass & Yeandle 2009; Productivity Commission 2011a: 56–9; Productivity Commission 2011b: 49). Yet there has been scant policy or structural change to the actual organisation of unpaid
care and paid work, and Australian care policies are mainly concerned with encouraging the private provision of unpaid care in the home and community (Bittman et al. 2007; Cass & Yeandle 2009; Charlesworth 2011).

Unpaid caring continues to be gendered, and women disproportionately bear the impact of caring on their short- and long-term financial security and well-being (Bittman et al. 2007; Cass & Yeandle 2009: 16-7). Sixty-eight per cent of primary carers are women, and during the majority of the ‘working years’ (ages 25 to 64), women account for almost 73 per cent of primary carers (ABS 2012: Table 31). Men only exceed women in the role of primary carer in the 75+ age group. Women and men are equally likely to be ‘primary carers’ for their partners or spouses, but women constitute over 90 per cent of primary carers for a child under the age of 16 with a disability (ABS 2012: Table 34).

In 2009, primary carers between the ages of 15 and 64 had lower workforce participation rates than the general working-age population (54 per cent compared with 79 per cent), and government pensions or allowances were the main source of income for 45 per cent of primary carers in this age group (AIHW 2011: 65, 221-2). Women were far more likely than men to claim carer-specific income support (known as Carer Payment), particularly during the working years; in June 2009, they constituted 68.7 per cent of recipients of this payment type overall (FAHCSIA 2010a: 28).

Income support for carers is unlikely to have a positive impact on this gender inequality in caring (Daly 2001: 50-1). Cash or in-kind benefits arguably meet feminist claims that care should be valued and remunerated (Ungerson 1997: 374). They also ‘politicise’ or ‘denaturalise’ care by recognising that care is not an entirely private matter and acknowledging the state’s role in supporting it (Fraser 1989; Williams 2010: 2-3). But they do not challenge the status quo, namely, that families (and within them, predominantly women) are responsible for providing informal care at home. In this way, income support for carers can be seen as a ‘familialising’ force – it encourages and prioritises unpaid family care over other forms of care provisioning, and it does not facilitate redistribution of responsibility for care from family to other sectors, such as the market, state or voluntary sector (Daly 2001: 50).

An analysis of the development of carers’ income support in Australia

The remainder of this paper examines the major changes to the carers’ income support provisions in the Social Security Act 1991 (Cth) and its predecessors to shed light on how caring is understood by Australian policy-makers. Our analysis spans the history of this payment, drawing on changes to the legislation itself, as well as excerpts from parliamentary debates about the changes, and Explanatory Memoranda accompanying the reform bills. These documents were selected because they demonstrate both the concrete policy reforms that have been implemented, and the manner in which successive governments (and members of other political parties) have framed – that is, explained and legitimised – those reforms. The analysis attempts to identify broad patterns of change, in terms of
who is eligible for income support and on what basis. We argue that there has been a shift in emphasis from a social justice frame to a social investment frame, which is consistent with the changes identified by Williams (2010) in relation to European care policy. Our analysis focuses on the extent to which particular discourses have framed social policy changes, rather than the relationship between those discourses and carers’ claims (cf Williams 2010).

Carers – and the people for whom they care – are subject to a range of social policies, such as those relating to income support, state-subsidised services, and income supplements. Our narrow focus on income support allows a detailed examination of the development of one strand of policy, although we acknowledge that other policies may either temper or exacerbate the impacts of income support policies.

The 1980s: introduction and rapid expansion of the carer pension

Australia’s social security system provides a range of means- and assets-tested income support payments for individuals who cannot support themselves through paid work (FAHCSIA 2009: 121; Davidson & Whiteford 2011). These payments are generally categorised as either pensions or benefits. Pensions entail more generous payment rates and conditions, with less stringent income and assets tests than those applying to benefits. Pensioners are generally not expected to engage in paid work for reasons such as advanced age or disability, whereas benefit recipients, such as the temporarily unemployed, are expected to enter or re-enter the paid workforce. A variety of smaller, supplementary payments or allowances are also available for many claimants either in addition to, or instead of, income support payments (FACSIA 2006a: xxiii; Davidson & Whiteford 2011).

Prior to the introduction of a dedicated income support payment for carers, some unpaid carers relied on the Special Benefit, a benefit for people who were ineligible for other income support payments but were ‘unable to earn a sufficient livelihood for themselves or their dependants’ because of ‘age, physical or mental disability or domestic circumstances, or for any other reason’ (FACSIA 2006a: xxix; FACSIA 2006b: 72). From the mid-1970s, small, non-means-tested income supplements were also payable to some carers. For example, the Domiciliary Nursing Care Benefit was available to those caring for an adult who needed nursing-home levels of care (FAHCSIA 2008b), and the Handicapped Child’s Allowance (which was later replaced by the Child Disability Allowance) was available to people providing ongoing and constant care and attention for a child under 16 with a ‘physical or mental disability’ (FACSIA 2006b: 105; Kingston 2008: 7).

The first carer-specific income support payment, the Spouse Carer’s Pension (SCP), was introduced in December 1983. It was paid at the more generous pension rate (FACSIA 2006a: 5). Despite its gender-neutral name, the SCP was only payable to men who were providing constant, personal care and attention to their ‘severely handicapped’, invalid or age pensioner wives at home.
The government predicted that several thousand men would benefit (Commonwealth of Australia 1983: 1089).

In discussing the proposed reforms, one government senator observed that the payment was intended to encourage ‘care within the family setting’ and that it would ‘redress the inequity between husband and wife care givers’ (Commonwealth of Australia 1983: 1089). This inequity existed because women who were caring for pensioner husbands, but were not themselves eligible for the age or invalid pension, could already claim the Wife Pension (FACSIA 2006a: 32). As the name suggested, the Wife Pension was not available to men. This pension essentially compensated women for the loss of a male breadwinner, on whom they were presumed to depend (see Cass 1995: 43). Unlike men claiming SCP, applicants for the Wife Pension did not need to show that they were providing constant care and attention to their husbands to qualify (Commonwealth of Australia 1993: 255). This reflected different gender norms around care. Men who were unable to act as breadwinner because they were caring for their wives were thought to be going beyond the normal duties of a husband, but providing care and support was considered part of a wife’s regular family duties (see Cass 1995: 38).

The SCP was replaced by the Carer Pension in 1985. The Carer Pension retained the same payment rate and criteria as the SCP but extended eligibility to close relatives who lived in the same home as the care recipient (FACSIA 2006a: 38). This change had been urged by the Carers Association of New South Wales (Carers NSW 2003) and was introduced to benefit women caring for older relatives in light of the fact that they constituted ‘the largest group of people who care[d] for aged relations’ (Commonwealth of Australia 1985a: 2050; Commonwealth of Australia 1985b). Carer Pension replaced Special Benefit for many family carers, bringing support for unpaid carers out of the shadows of the income support system and clearly recognising (some) carers’ entitlement to state support. As a pension, it entailed a higher rate of payment than Special Benefit, as well as pensioner concessions for medical expenses and other costs (Commonwealth of Australia 1987a: 3430). By June 1986, there were just over 3,000 Carer Pension recipients around Australia (Commonwealth of Australia 1986: 4088).

The Carer Pension both ‘denaturalised’ and ‘familialised’ care. The recognition that family care was a policy concern (rather than an entirely private matter) politicised or denaturalised it (Williams 2010: 3), yet the restriction of the payment to co-resident relatives reinforced caring as a familial responsibility (see Daly 2001: 50; Leitner 2003). In 1988, Carer Pension was further expanded to remove the requirement that the carer be a relative of the care recipient, increasing the range of people who could provide unpaid care in the home (FACSIA 2006a: 91). This change was introduced in recognition of the increasing number of people with AIDS-related illnesses or disabilities who were often cared for by friends or same-sex partners (Commonwealth of Australia 1987b: 2304). The change was justified within a social justice frame, with the
government characterising the reforms as a ‘humane’ and ‘compassionate’ move that enabled pensioners to stay in their own homes for as long as they could, being cared for by a family member or friend (Commonwealth of Australia 1987b: 2304; Commonwealth of Australia 1987c: 2014). Interestingly, economic arguments were raised during parliamentary debates, with the Australian Democrats noting that the cost of extending Carer Pension to a broader range of carers would be far lower than the cost of institutional care (Commonwealth of Australia 1987a: 3431).

In order to ensure that this expansion did not ‘substantially extend’ the pension’s scope, a more stringent test of the care recipient’s needs was introduced (Commonwealth of Australia 1987d: 34). Carer Pension was now only available to those caring for a pensioner whose ‘physical, intellectual or psychiatric’ disability meant they required either frequent attention in relation to their bodily functions, or constant supervision to prevent them from injuring themselves or others (FACSIA 2006a: 91). This significantly narrowed the kinds of ‘constant care and attention’ for which a carer could claim income support. Thus began a process of carving out the specific kinds of caring that were denaturalised via state support, which at the same time indirectly reinforced the understanding that all other forms of caring were the responsibility of the family.

The 1990s: simultaneous expansion and contraction of carer payments

The 1990s saw Carer Pension eligibility liberalised on several fronts, to the point that one parliamentarian proclaimed it ‘the decade of awakening to the problems and personal sacrifices made by carers’ (Commonwealth of Australia 1999a: 4301). In 1991, the Carer Pension was made available to those who were living adjacent to (but not with) the care recipient, and in 1996 this was further extended to those living anywhere (FACSIA 2006a: 193; FACSIA 2006c: 377). This measure was intended to give more people ‘access to a carer’, and was thus justified in terms of the advantages it would provide to older people and people with a disability (Commonwealth of Australia 1995a: 3225). In addition to acknowledging and valuing the work of existing carers, this change could also be viewed as familialising. It encouraged more people to take on caring roles, and the vast majority of primary carers around this time were (and to the present day are) the partner, child or parent of the care recipient (ABS 1998: 47; ABS 2012: Table 34).

The number of days per year that a pension recipient could stop providing care was also extended several times during the 1990s. Initially, those receiving SCP or Carer Pension would stop qualifying for the payment if they ‘temporarily ceased’ caring for more than four weeks (or 28 days) each year (FACSIA 2006a: 5, 38, 48). Allowable cessation of care rose to 42 days, 52 days, and finally 63 days in 1993, 1997 and 1999 respectively (FACSIA 2006a: 263; FACSIA 2006c: 405, 500). Growing awareness of the desirability of breaks for carers – a key social justice claim of carers’ advocates – provided the rationale for these increased ‘respite’ days, along with increased funding for respite
care (Commonwealth of Australia 1992: 941; Commonwealth of Australia 1996a: 3587). This emphasis on short breaks from caring did not challenge the assumption that unpaid carers should bear the main responsibility for caring.

From 1 July 1993 Carer Pension recipients were also extended the right to cease caring for up to 10 hours per week to engage in paid work, education or training without affecting their eligibility for the pension (FACSIA 2006a: 263). The number of allowable non-caring hours was extended to 20 hours per week in 1997 on the basis that ‘younger carers’ should be able to ‘contribute to their family’s income and their own sense of well being’ by continuing with work or study (Commonwealth of Australia 1996a: 3588; FACSIA 2006c: 405). According to the government, working for up to 20 hours per week would help carers to develop or maintain their skills and make it easier to move back into the workforce when (not if) they were able to do so (Commonwealth of Australia 1996b: 5041).

This was the first time that a change in the legislation was associated with a social investment discourse – paid work was framed as a source of individual well-being, financial security and self-sufficiency, and the importance of maintaining workforce attachment and marketable skills was highlighted. Care was essentially characterised as a temporary disruption to paid work. Nevertheless, social justice remained important in justifying changes to carers’ income support around this time. For example, when introducing and debating reforms in the mid-1990s the new Howard government emphasised the ‘stressful’ and ‘unrelenting’ nature of caring and the difficulties that carers faced. Yet this was tempered with reference to the ‘valuable contribution and service that carers provide to the community’, which characterised care itself as a form of (unpaid) work (Commonwealth of Australia 1996b: 5041).

Another significant change to carers’ income support was implemented in 1996, when Carer Pension was extended to people caring for someone who was not eligible for any pension or benefit but was still of limited means (Commonwealth of Australia 1995a: 3225; FACSIA 2006c: 376). This expanded the number of people who could qualify for income support while providing informal care for a family member or friend, again encouraging familial caring in the home. This change was described as ‘a better deal for people caring for others in the community, as well as for those receiving care’ (Commonwealth of Australia 1995b: 2944). The notion of Carer Pension as a payment for caring was reinforced when the payment was renamed Carer Payment (CP) in 1997. One independent MP argued that this meant that CP was now ‘a payment to the recipient for services rather than a payment for circumstances’ (Commonwealth of Australia 1996b: 5041; Commonwealth of Australia 1996c: 5368; FACSIA 2006c: 405). This is clearly inconsistent with the characterisation of care as a disruption to paid work which accompanied other changes at this time (for example, Commonwealth of Australia 1996d), but links back to the acknowledgement of ‘the valuable contribution and service’ that carers were said to be providing (Commonwealth of Australia 1996b: 5041). To some extent, the name change further denaturalised family caring by defining it as a form
of (low) paid work. Paradoxically, this did not defamilialise care. It was still assumed that care would be provided by informal family carers. As Daly (2001: 50) suggests, paying women for work that they would ordinarily be doing can increase its social value and legitimacy, but it can also reinforce that it is women’s work.

Until this point, only those caring for adults were eligible for carers’ income support. In 1998, eligibility for CP was extended to people providing continuous care to a child under the age of 16 (FACSIA 2006c: 501). Carers in these circumstances had been eligible for a Parenting Allowance or Special Benefit and the new CP (child) provided pensioner concessions and a higher payment with more generous income and assets tests (Commonwealth of Australia 1998a). The payment was available to those providing constant care for a child who was ‘profoundly disabled’, meaning the child had a ‘severe multiple disability’ or ‘severe medical condition’, required continuous personal care for at least six months, and met at least three of seven specified criteria relating to their physical medical needs, such as requiring a ventilator for at least eight hours a day, having faecal incontinence, or being unable to stand without support (FACSIA 2006c: 501). Means and assets tests, which included parents’ or guardians’ incomes, applied. CP (child) was also available for a person caring for two or more children with disabilities who required at least as much as care as one ‘profoundly disabled child’ (FACSIA 2006c: 501). Only around 500 carers were expected to immediately benefit from this measure (Commonwealth of Australia 1998a).

Once again, income support was framed as support for those undertaking burdensome care work; the government emphasised that income support was only intended for carers whose role was ‘intensive and constant’ (Commonwealth of Australia 1998b: 232). There was considerable parliamentary debate over the fact that the eligibility criteria for CP (child) were stricter than those for the adult equivalent, CP (adult). Opposition politicians argued that the restrictive test meant many parents whose children had significant disabilities or illnesses would be ineligible for the payment, while the government emphasised that CP (child) was only intended for situations where unpaid caring went beyond the usual ‘parental responsibility’ for raising a child (Commonwealth of Australia 1998b: 232; Commonwealth of Australia 1998c).

The limitation of CP (child) to people whose roles went beyond the standard ‘parental responsibility’, and the late extension of Carer Payment to those caring for children, reveals the persistence of the expectation that parents, and particularly mothers, should take full and private responsibility for caring for their children. As touched on above, social provisioning in Australia was traditionally based on a male breadwinner model of the family, and it was expected that women should and could depend on a male earner and care for their dependent children full-time (Lake 1986; Cass 1995). The income support system gradually shifted away from an emphasis on breadwinner-replacement to more direct support for care, particularly through legislative reforms in the 1980s and 1990s (many of which were part of the 1994 ‘Working Nation’
The creation of the gender-neutral Carer Pension, the extension of sole parents’ pensions to sole fathers, and the progressive abolition of a number of male-breadwinner replacement payments like the Wife Pension and the Widows’ Pension, were characteristic of this shift (FACSIA 2006a).

Extending income support to those caring for children with a disability denaturalised women’s and families’ caring role and directly supported that role for a limited number of carers. However, CP (child) appears to have been intended as a breadwinner replacement – it was aimed mainly at two-parent families where the child’s care needs were so great that neither parent could undertake paid work, suggesting (although it was not explicitly stated) that both parents in this situation were expected to claim the payment (Commonwealth of Australia 1997; FAHCSIA 2008c). The strict eligibility criteria drew a distinction between ‘ordinary’ family caring and more intensive situations which required state support, and in both cases reinforced the role of the family in providing care.

Soon after the creation of CP (child), the government reviewed and changed the test for CP (adult), introducing the Adult Disability Assessment Tool (ADAT) in 1999. It was billed as a simpler, more objective and standardised test for both CP (adult) and the new income supplement known as Carer Allowance (which combined the Child Disability Allowance and the Domiciliary Nursing Care Benefit) (Kingston 2008: 7). The government reported that almost 30 carer and disability organisations were consulted on the test’s development (Commonwealth of Australia 1999b). Social justice-type concerns regarding fairness and accessibility for carers, given the burden of their responsibilities, were the main explanations for the change (Commonwealth of Australia 1999c; Commonwealth of Australia 1999d).

Under the new test, someone providing constant care for a ‘disabled person’ would only qualify for CP (adult) if the care recipient achieved a particular ADAT score and was likely to experience a ‘physical, intellectual or psychiatric disability’ permanently or for an extended period (FACSIA 2006c: 522). A smaller ADAT score was required if the carer was the only person providing constant care. Eligibility for CP (adult) was also extended to people who were caring full-time for an adult with a disability and that person’s child where the adult care recipient did not meet the necessary ADAT score (Commonwealth of Australia 1999c). In this way, familial responsibility was reinforced for an even broader range of care situations.

**The 2000s: further expansion and contraction**

Carer Payment (child) has been expanded several times to capture a broader range of carers and care recipients since its introduction in 1998. The first major change was an extension of the definition of ‘profoundly disabled child’ to include children between six and 15 years of age with a ‘severe intellectual, psychiatric or behavioural disability’ or medical condition who needed constant
care and attention because their behavioural characteristics (such as ‘dangerous’, ‘aggressive’ or ‘sexually deviant’ behaviour) posed a risk to themselves or others, or resulted in them being excluded from community programs, services or activities (Commonwealth of Australia 2006a: 26-7). The government again emphasised that this test was developed in consultation with peak bodies, educational institutions and professional associations (Commonwealth of Australia 2006a: 25).

This expansion of CP (child) was directly related to the welfare-to-work reforms that were also introduced in 2006 (Commonwealth of Australia 2006b: 5). As mentioned above, these reforms restricted eligibility for Parenting Payment (PP), the income support payment for low-income sole and partnered parents. Under the reforms, new applicants would only be eligible for PP until their youngest child turned six (for coupled parents) or eight (for sole parents) rather than the previous age limit of 16. Recipients would then move onto the lower-rate Newstart Allowance (NSA) for unemployed people. PP and NSA claimants whose youngest child was at least six were also required to undertake 15 hours of paid work per week, or risk losing their entitlements (Commonwealth of Australia 2005). The expansion of CP (child) was an acknowledgment that some PP recipients who were not previously eligible for CP could not engage in part-time work because of the ‘demands’ of their caring responsibilities (Commonwealth of Australia 2006b: 5). Once again, the difficulty and stress (both physical and psychological) of caring was a key feature of the government’s framing of these changes.

While CP (child) recipients were excluded from the part-time work requirements accompanying PP and NSA, the importance of paid work was nevertheless evident in the CP (child) reforms. Carers claiming income support under this new definition were required to meet an additional requirement – that their continuous personal care ‘severely restrict[ed] the person’s capacity to undertake paid employment’ (Commonwealth of Australia 2006a: 7). This continued the tendency to single out particular, intensive types of care for children which warranted income support, and simultaneously prioritised paid work in situations where the caring role did anything less than ‘severely restrict’ it.

Another change to CP around this time also reflected the growing emphasis on paid work. In 2005, the number of hours that CP recipients could engage in paid work, education, training or volunteer work without losing their income support increased from 20 to 25. As with previous increases, this change was framed in terms of social investment – it provided carers with greater flexibility, increasing their opportunities to participate in paid work and develop or maintain their skills for workforce participation (Commonwealth of Australia 2004a: 43; Commonwealth of Australia 2004b: 19). The increase in allowed hours was also justified as a way of giving carers more of a ‘break’ from caring, drawing on and distorting the social justice discourse to define paid work as a form of respite or relief from caring (Commonwealth of Australia 2004b: 19; Commonwealth of Australia 2004c).
Even more radical changes to the eligibility test for CP (child) were implemented in 2009, when the Rudd Labor government implemented several recommendations of the Carer Payment (child) Review Taskforce (FAHCSIA 2008a; Commonwealth of Australia 2009a: 3). Most significantly, a new assessment tool was introduced, and eligibility for CP (child) was now determined partly on the basis of the carer’s ‘total care load’, rather than just the child’s medically-diagnosed disability or illness (FAHCSIA 2010b). The change was expected to extend CP (child) to an additional 19,000 carers (Commonwealth of Australia 2009b), and it was framed as being ‘fairer and more equitable’ (Commonwealth of Australia 2009a: 2). The government reported that advocacy groups such as Carers Australia and National Disability Services supported the changes (Commonwealth of Australia 2009c).

Under the new provisions, carers were eligible for CP (child) if they were personally providing constant care for a child with a ‘severe disability’ or a ‘severe medical condition’ (replacing ‘profoundly disabled child’) and the carer’s care load had been rated as ‘intense’ (Commonwealth of Australia 2009a: 6). The new test could be used for assessing more complex arrangements, for instance, where a carer was caring for two or more children, or an adult and a child. Thus, state support and legitimisation were extended to a greater number of family-based care situations. This further denaturalised parents’ (mothers’) caring role, and did so much more extensively than the first CP (child) provisions introduced in 1998.

As with previous changes which expanded the scope of carers’ income support, eligibility conditions were tightened in other ways. The requirement that the carer’s responsibilities must severely restrict their ability to engage in paid work was extended to all CP (child) claimants (Commonwealth of Australia 2009a); there was an obvious tension between this requirement and carers’ entitlement to work up to 25 hours per week. In announcing and debating these changes, the government emphasised the fact that the payment was only intended for those whose ‘constant and continuous’ caring prevented them from engaging in paid work (Commonwealth of Australia 2009d: 3828). This was consistent with previous changes which defined particular, more intensive kinds of care as deserving of state support. Previously, the intensity of the caring role and the nature of the care recipient’s disability or illness were the main eligibility criteria for claiming income support. However, deservingness was now more directly related to paid work, with a new eligibility distinction being drawn between caring situations that excused carers from the obligation to engage in paid work (by ‘severely’ restricting their ability to do so), and those that did not.

**Changing discourses – social justice and social investment**

Social justice has been a key feature of the discourse surrounding carers’ income support throughout its history. In particular, the burdensome nature of care, its impact on carers, and carers’ subsequent right to social support, have been cited in almost every instance of reform and expansion of CP and its predecessors. This has reflected the claims of carers’ organisations, and successive governments
have often emphasised that carer and disability advocacy groups were consulted before changes were implemented. One notable shift in the social justice discourse is the reduced emphasis on care recipients’ justice concerns over time. For instance, the extension of income support in the 1980s and early 1990s to non-relative carers and to carers who were not living in the care recipient’s home were justified on the basis of the benefits it would bring to care recipients, rather than carers (Commonwealth of Australia 1987b; Commonwealth of Australia 1995a). Later reforms, such as those increasing carers’ allowed respite days, and even those introducing a CP (child) test which takes into account the carer’s ‘care load’, have been framed much more in terms of the rights and needs of carers (Commonwealth of Australia 1996a; Commonwealth of Australia 2009).

This shift in focus is associated with the increased concern with carers’ involvement in paid work, a key feature of the social investment frame. This discourse now significantly overlaps (but has not replaced) the social justice discourse. There was no mention of paid work in the early iterations of SCP and Carer Pension – carers’ ‘constant care and attention’ and the medical status of the person for whom they were caring were the focus. Pensions – as distinct from benefits and supplements – have generally been intended as a longer-term replacement for paid work, and constitute at least a partial acknowledgment of the value and legitimacy of unpaid caring. However, since the early 1990s, carers have been encouraged to engage in paid work, study or training for an increasing number of hours per week, and an attachment to the labour force has been framed as important for carers’ current wellbeing and financial security, and also for their future workforce participation. In this way, carers’ unpaid caring role has been positioned as a temporary disruption to paid work (although eligibility for carers’ income support has always been contingent on their caring role and, implicitly, their inability to engage in full-time work) (see FAHCSIA 2009: 2). Most recently, the inability to work has become an explicit requirement for all CP (child) recipients. The growing emphasis on paid work as the preferable and desirable option for all but the most ‘encumbered’ carers means that CP is perhaps best understood as an increasingly narrow exception to the rule that all working age adults should be in paid work.

While the discourses surrounding carers’ income support have shifted, the role of the family in providing care has been emphasised and reinforced throughout the life of the payment. Arguably, familialisation is inherent in income support for carers, because it supports informal care in the home, encouraging and prioritising unpaid family care over other forms of care provisioning (Daly 2001: 50; Leitner 2003). Policies which familialise care are likely to have a disproportionate impact on women, given that women undertake the majority of unpaid caring, particularly during the working years (Leitner 2003: 366; ABS 2010: 3). Thus, while these policies are often expressed in gender-neutral terms, they reinforce and institutionalise social norms about women’s role as family carers (Leitner 2003). Familialising policies can also have negative impacts for care recipients, for whom family care is not necessarily the
preferred arrangement; payments to carers can problematically reinforce power inequalities in the caring relationship, and can limit care recipients’ ability to choose what kind of assistance they obtain (see Morris 1991, 1997).

Reforms to carers’ income support in both the social justice and social investment frames have delivered financial support to an increasing number of carers (Figure 1). However, income support for carers continues to be means and assets tested and has never been equivalent to a living wage, and carers who are not eligible for CP must claim other, often lower-rate, payments such as Newstart Allowance (Cass & Yeandle 2009; FAHCSIA 2009: 33). Carer Allowance (CA) more clearly constitutes a payment for caring, because eligibility is based squarely on the caring role and it is not means tested. However, this small, supplementary payment is much lower than CP.4 Thus, neither CP nor CA are likely to provide sufficient incentive for people to forego full-time paid employment in favour of caring, meaning women (who are more frequently in part-time work) are still more likely to fulfil families’ care responsibilities, while being subject to increasing expectations that they will also be ‘earners’ (see Ungerson 1995: 48).

Figure 1: Number of Carer Payment recipients, 1984-2011


Conclusion

Our examination of the history of income support for people with caring responsibilities reveals a simultaneous expansion and contraction of carers’ eligibility. In the case of the care of children with a disability or illness, state support for caring is now only available for carers who are ‘severely’ restricted from engaging in paid work, and all income support recipients are now
encouraged to engage in paid work in addition to caring. This shift reflects broader policy and social trends to a social investment frame that emphasises participation in paid employment and treats all working age people (regardless of their gender and caring responsibilities) as earners. This is consistent with the shifts in the framing of European care policy identified by Williams (2010). Reforms to other Australian income support policies, such as the 2006 welfare-to-work reforms, which introduced greater work requirements for PP and other income support recipients, also reflect this shift. However, the repeated expansion of comparatively generous pension payments to more carers (which has been accompanied by ongoing growth of recipient numbers), is in stark contrast to the progressive restriction of most other forms of income support over the period under review, including PP and Disability Support Pension (see Davidson & Whiteford 2011 for a review). Possible explanations for this contrary motion include effective lobbying by carers’ advocacy groups and fiscal incentives for the state to support the supply of informal carers (although the latter was rarely explicitly mentioned during reform debates) (see Cass & Yeandle 2009).

Current income support policy for carers is, however, characterised by some unusual policy contradictions. Provisions which allow CP recipients to engage in up to 25 hours of paid work per week and those which restrict access to CP (child) to those whose ability to work is ‘severely’ restricted simultaneously promote informal family care and carers’ (women’s) entry into the paid labour market. Such inconsistencies highlight the tensions between the two discursive frames of social justice and social investment, and clearly demonstrate the potential for women (as the majority of unpaid carers) to be caught between competing roles as carers and earners. The increased political and public interest in care and disability issues, which has produced major policy reforms including a National Carer Recognition Framework and the National Disability Insurance Scheme (NDIS), presents an opportunity to address some of these tensions. However, the gendered implications of these and other policies – including those concerning cash payments and income support – must be attended to if the rights and needs of women and men with care needs and responsibilities are to be adequately addressed.

References

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Income support for Australian carers since 1983: social justice, social investment and the cloak of gender neutrality


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Endnotes

1. The term ‘care recipient’ is used throughout this paper to describe the person for whom a carer is providing care, support or assistance. This terminology has been criticised for positioning individuals as the passive recipients of care and reinforcing power inequalities in care relationships (see Morris 1997; Kröger 2009). It is used here because the legislation under discussion is premised on the binary, one-on-one relationship between carer and care recipient.
2. The quantum of Carer Payment was relatively low, and pension rates have always been substantially lower than the minimum wage (FAHCSIA 2009: 33).

3. More than one carer could qualify for Carer Payment (child) in respect of the same child if they met the eligibility criteria (FAHCSIA 2008c). This was not explicitly mentioned in the legislation. The Carer Payment (child) Review Taskforce established by the Howard government in 2007 speculated that few children had more than one carer in receipt of the payment because of a lack of awareness of this option (FAHCSIA 2008c).

4. As at 20 March 2013, the maximum single rate of Carer Payment (with standard pension supplements) was $808.40 per fortnight, and Carer Allowance was paid at the rate of $115.40 per fortnight (FAHCSIA 2012b: 5.1.5.50, 5.1.8.10).