Introduction

CHALLENGES AND TENSIONS IN MEETING CARE AND SUPPORT NEEDS

Incompatible Activities and Competing Constituencies

Policies and laws concerned with meeting a population’s ‘care’ needs, as well as those concerned with maintaining or alleviating the responsibilities of caregivers, encompass a range of activities, interests and actors.¹ This diversity signals disparate views in the political and academic spheres about how care should be addressed and, more fundamentally, how the concept should be defined. The term ‘care’ may refer to physical and mental activities, an ethical or moral orientation, or an emotional state or relationship.² Different forms of care are often distinguished on the basis of the social identity of the person receiving or using it (for instance, childcare, aged care or elder care, disability care and support, and adult social care) and on the basis of the employment status of the person giving it (such as paid or unpaid care and formal or informal care).³ Social support for care is variously offered in the form of cash or financial benefits or in the form of services, and this support is sometimes targeted at those who give care and at other times at those who receive or use it.⁴ Care has been characterized as an economic issue, a feminist issue, a disability rights issue and an ethical issue, among others.⁵ Disability rights scholars have gone so far as to reject the entire concept of care, proposing alternatives such as

¹ Michael Fine, ‘The Social Division of Care’ (2007) 42(2) Australian Journal of Social Issues 137 (‘The Social Division of Care’).
⁵ Fine, ‘The Social Division of Care’ (n 1).
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‘support’ and ‘assistance’ that would give more power and control to people with disabilities.6 These debates have intensified in the context of a global ‘crisis of care’ associated with a range of social and political forces, including women’s growing involvement in paid work, demographic ageing, the declining availability of public services and social support associated with neoliberalism and austerity, the deinstitutionalization of people with disabilities and mental health consumers, and growing international disability rights and carer movements.7

Mary Daly and Jane Lewis bemoan the unnecessary fragmentation of contemporary policy responses to care.8 They argue that distinguishing between forms of care such as childcare and care for adults, and between paid or formal care and unpaid or informal care, has ‘put limits on the coherence of the concept and affected its capacity to embrace comprehensively a major form of welfare state activity’.9 Kirsten Rummery and Michael Fine make a related observation that ‘“care” is a source of critical tension in current social theory, policy and practice’,10 with Fine arguing that competing conceptualizations of care and appropriate responses to care needs have come to constitute a ‘battlefield’ in the academic literature.11 Disability


8 Daly and Lewis (n 3).


10 Rummery and Fine (n 2) 121.

Challenges and Tensions

studies scholar Tom Shakespeare similarly notes that it ‘is clear that ideas about care, definitions of care, and even terminology like “care” itself, are inherently political’.12

Some of the most pressing tensions in this regard arise due to the competing perspectives of different ‘care constituencies’, or groups making claims in relation to care, support, assistance and related activities.13 In this book, I offer a set of principles for producing care and support–related policy that encompasses the concerns of multiple constituencies by addressing two persistent sources of such tension. The first is the tension between promoting women’s equality through supporting their unpaid caring roles (particularly maternal care for dependent children) and supporting their paid work participation. This tension has been identified and problematized by feminist social policy scholars and activists.14 The second is the tension between recognizing and advancing the claims of people who provide care and support and recognizing and advancing the claims of people who require and use care and support. This tension has been identified and problematized by activists and scholars in several fields, including feminist social policy, care studies, disability studies and disability rights.15 In contemporary social policy, and associated scholarship, these tensions are often treated as ‘either/or’ choices; measures favor either women’s caring roles or their paid work participation and favor either the interests of those providing care or the interests of those using it.16 In other words, governments tend to support one activity (unpaid care or paid work) over another and to allocate resources to one constituency (carers or people with disabilities) over others.

These tensions are each of a different character. The ‘unpaid care/paid work’ tension relates to the advantages and disadvantages for gender equality of policies that support women’s participation in one activity or the other. These two options reflect different visions of gender equality – equality through recognition of

13 Fiona Williams, ‘Claiming and Framing’ (n 7) 23. See also Nick Watson et al, ‘(Inter)dependence, Needs and Care: The Potential for Disability and Feminist Theories to Develop an Emanicipatory Model’ (2004) 38(2) Sociology 33.
14 Carole Pateman, ‘The Patriarchal Welfare State’ in Amy Gutmann (ed), Democracy and the Welfare State (Princeton University Press, 1988) 231. Most scholarship on women’s and mothers’ caregiving has focused (implicitly or explicitly) on the circumstances and experiences of cisgender women. Furthermore, the care and support policies discussed in this book have tended to assume and reinforce both the gender binary and the norm of the heterosexual couple family (which I discuss in Chapter 1). My own use of gendered terms such as ‘women’ and ‘mothers’ throughout this book is intended to be inclusive of all people who identify as women or mothers. In Chapter 5, I argue that care and support policy must recognize and support the full diversity of care and support relationships regardless of the legal or social status of those relationships or the gender identities, sexualities or other characteristics of the parties to them.
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differences between women and men in terms of women’s roles in the private sphere and equality through supporting women to participate on an equal basis with men in the public sphere. Each approach has pros and cons. Policies that support women’s unpaid caring can offer recognition of difference between women and men but at the risk of locking women into these roles and perpetuating their economic dependence. Policies that support women’s paid working can enable women to be economically independent but only if they emulate the male norm of paid work participation, which often comes at the expense of support for their caring responsibilities.\(^\text{17}\)

In contrast, the ‘carer/disability rights’ tension is a tension between different interest groups or standpoints, underpinned by competing conceptualizations of care and disability. There are advantages and disadvantages to policies that respond to carers’ claims that caring for people with disabilities or older people is intensive and costly and requires additional resources. Policies based on the claims of people with disabilities for independent living, and choice and control over the kinds of support or care they use, also have pros and cons. Carers have secured political support for their caring roles by conceptualizing care as a burdensome and costly activity, but disability scholars and activists argue that this approach positions people with disabilities as passive dependents and works against their freedom and rights. They propose alternative models of disability that emphasize the role of social barriers in creating disability and call for measures to remove these barriers and facilitate independence and full social participation. In reply, some feminist scholars have claimed that prioritizing choice, control and independence for people with disabilities (mainly through direct payments) creates problems for yet another constituency, because it can lead to low pay and poor conditions for care and support workers.\(^\text{18}\)

Stalled Attempts to Resolve Policy Tensions

Prior efforts to address these tensions have mostly entailed the proposal of alternative ways of conceptualizing gender equality in relation to unpaid care and paid work, and alternative ways of conceptualizing care and disability, that overcome the tendency toward ‘either/or’ approaches and their negative consequences. Feminist social policy scholars have proposed a ‘universal caregiver’ model that promotes gender equality in the form of the equal sharing of part-time unpaid care and


\(^{18}\) Fine, ‘Renewing the Social Vision of Care’ (n 11); Kröger (n 15); Watson et al (n 13).
part-time paid work between women and men in heterosexual couple families.19 Ethics of care and disability scholars have sought common ground between the interests of carers and people with disabilities by rejecting the traditional focus on disability as a form of burdensome dependency in favor of the recognition of the universal need to give and receive care and support.20 Each of these approaches calls for the replacement of prevailing norms about the gender division of labor, care and disability – specifically, those of the independent (unencumbered and nondisabled) male citizen-worker. These norms position people – predominantly women – with caring responsibilities and people with care and support requirements as aberrations or exceptions to normal development, social participation and citizenship.

While previous reconciliation efforts offer pointers for challenging these norms and their dichotomous outcomes, none has provided a resolution capable of weighing and addressing the multiple tensions and complexities associated with care and support. Each perpetuates some of the fragmentation that characterizes ‘either/or’ policy-making and its problematic outcomes. For example, the universal caregiver approach emphasizes the rights and interests of caregivers over those requiring care and support, while attempts to reconcile the ethics of care and disability rights perspectives tend to pay most attention to either the claims of carers or those of people with disabilities.

A NEW FRAMEWORK FOR RIGHTS-BASED CARE AND SUPPORT POLICY

Care and Support as Matters of Social Citizenship

This book offers a set of principles for evaluating and formulating care and support policies that avoid ‘either/or’ approaches to unpaid care and paid work and to the interests and claims of carers and people with disabilities. Six ‘care and support rights principles’ provide guidance for designing policy – defined broadly to mean the ‘packages’ of policy statements, legislation, resources and other measures required to put government intention into action21 – that breaks down the problematic dichotomies that produce policies prioritizing some activities, and some constituencies, over others. The principles are designed to be practical, providing a detailed framework

20 Jenny Morris, ‘Impairment and Disability: Constructing an Ethics of Care That Promotes Human Rights’ (2001) 16(4) Hypatia 1 (‘Impairment and Disability’); Beckett (n 16); Kröger (n 15).
to assist claims-makers, policy-makers and legislators concerned with gender- and disability-related inequality to assess existing measures and design new, more inclusive care and support policies. They draw on and extend prior efforts to resolve policy tensions in the feminist social policy, disability rights and ethics of care literatures described above (which I collectively term ‘the reconciliation literatures’).

I take a social constructionist approach to this exercise, meaning I treat each literature as demonstrating an alternative, and socially and historically bounded, way of viewing the world. More specifically, the different perspectives offer alternative ‘discourses’ or ways of conceptualizing and addressing the gender division of labor and gender equality, care and disability. The principles are not meant to prioritize any one care or disability perspective as ‘better’ or ‘more accurate’ than any other, but this does not mean that I restrict myself to neutrally describing the different perspectives. I identify certain conceptualizations that should be preferred not because they are more ‘true’ but because scholars and activists have argued that they ‘can actually intervene in real struggles’, namely, feminist, carer, and disability rights struggles for recognition and material assistance in relation to care, support and paid work. The principles emphasize points of commonality and overlap between these alternatives, integrate key reconceptualizations of care, work and disability proposed, and arrive at an approach that can place diverse claims and rights on an even playing field when policy is being designed and evaluated.

Each of the six principles deals with an element of policy that has been identified in the reconciliation literatures as being essential to securing the rights of one or more care constituencies. A common feature across all the perspectives is the advancement of the social citizenship rights of one or more parties to care and support relationships, such as mothers, carers and people with disabilities. For this reason, I characterize the six principles as principles for formulating and evaluating policies that afford equal citizenship rights to provide and obtain care and support. This approach also emphasizes the role of the state and the community in recognizing and facilitating care and support as an exercise of citizenship and as an inherently valuable contribution to society.

Principles one and two identify policy elements that are described as important in all of the reconciliation literatures. The first is access to financial resources, specifically direct payments to equip people with the means to decide what care and support they provide and obtain. The second is access to alternative sources of care and support that offer a diversity of choice, including ‘exit’ or opting out. These principles incorporate the key themes of choice and control from the disability rights

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A Framework for Rights-Based Policy

perspective, as well as a recognition of the universality of care and support as elements of citizenship drawn from the ethics of care literature. Access to financial resources and services is also identified in the universal caregiver literature as being key to increasing the value of care and the more equitable sharing of unpaid care and paid work between women and men.

The other four principles draw together similar concepts from different literatures and extend the application of concepts from one perspective to all people in care and support relationships. For example, the third principle is the flexibility for carers to choose different combinations of unpaid care and paid work and for all parties to select a variety of combinations of care and support. Flexibility of paid work is identified as a key way of promoting the redistribution of labor consistent with a universal caregiver model, while flexibility of care and support addresses calls for choice in the disability literature. The fourth principle is drawn from ethics of care and universal caregiver scholarship. It provides for access to time to provide care and support and to exercise one’s right to obtain care and support, including choice about how time is split between care and support of others, self-care and paid work.

The fifth principle is the inclusion of the voices of all parties to care and support relationships in the policy-making process. This incorporates calls in the disability and ethics of care literatures to tailor policy to the needs and wishes of all those in care and support relationships. It also highlights the necessity, discussed by some ethics of care scholars, of adopting an intersectional approach that recognizes that people’s perspectives and needs can differ according to multiple intersecting dimensions of difference including, but not limited to, disability and gender. The sixth and final principle is that policies should positively recognize ‘difference’. This means they should address the specific needs arising from disability and impairment and the constraints on women’s choices and options arising from the unequal gender division of labor. It also means addressing the limitations on access to social support and employment rights that often apply to people who do not hold formal

56 Fraser (n 10); Rubery (n 10).
57 Keith (n 6); Fraser (n 10); Rummery, ‘A Comparative Analysis of Personalisation’ (n 25).
59 Keith (n 6); Williams, ‘In and Beyond New Labour’ (n 25); Marian Barnes, Caring and Social Justice (Palgrave Macmillan, 2006).
citizenship status, including migrant care and support workers who provide valuable, but undervalued, services to citizens and other residents.\textsuperscript{35} However, policies should recognize and address difference without requiring people with disabilities, women, migrant workers, or others to be measured against, and strive to meet, a norm of the nondisabled, independent and unencumbered (male) citizen-worker. This requires the incorporation of a human rights model of disability from the disability literature, which emphasizes the provision of resources necessary to realize a person’s dignity and rights,\textsuperscript{32} as well as the alternative universal caregiver norm of the equal gender distribution of labor.\textsuperscript{33}

SCOPE: CARE, SUPPORT AND CITIZENSHIP IN LIBERAL WELFARE STATES

While this book seeks to capture and contribute to international conversations about care and support, its primary focus is on care and support policy in two broadly ‘liberal’ welfare states in common law systems – the United Kingdom (the UK) and Australia.\textsuperscript{24} It examines a range of policies that address care and support


\textsuperscript{32} Morris, ‘Impairment and Disability’ (n 20); Bill Hughes et al, ‘Love’s Labours Lost? Feminism, the Disabled People’s Movement and an Ethic of Care’ (2005) 39(2) Sociology 259.

\textsuperscript{33} Fraser (n 19).

\textsuperscript{34} Emanuele Ferragina and Martin Seeleib-Kaiser, ‘Thematic Review: Welfare Regime Debate: Past, Present, Futures?’ (2011) 39(4) Policy and Politics 583. Ferragina and Seeleib-Kaiser offer a reminder that welfare state typologies such as Esping-Andersen’s highly influential ‘three worlds of welfare capitalism’ refer to ‘ideal types’ and ‘heuristic devices’ rather than ‘real types’ and that the liberal regime type is the ‘least cohesive’ of those proposed: at 584–5, 595. While Ferragina and Seeleib-Kaiser’s analysis of the ‘regime literature’ confirmed that Australia and the UK are most commonly characterized as liberal welfare states, the lack of conformity to the ‘ideal’ liberal type has led some scholars, most influentially Francis Castles and Deborah Mitchell, to argue that both countries (along with New Zealand) were, at least for a time, more appropriately located in a fourth ‘family of nations’ because they exhibited a ‘radical’ postwar approach to welfare, setting them apart from more purely liberal states like the US. These states emphasized means-tested (rather than universal) social protection and hence entailed low social spending in contrast to social democratic systems like those found in the Nordic states, but they were nevertheless highly effective in addressing inequality through redistributive (tax and transfer) measures, with Australia having an added dimension of social protection through the regulation of the labor market: Francis G Castles and Deborah Mitchell, Worlds of Welfare and Families of Nations, in Francis G Castles (ed), Families of Nations: Patterns of Public Policy in Western Democracies (Dartmouth Publishing, 1993) 93; see also Francis Castles, The Working Class and Welfare (Allen & Unwin, 1985); Christopher Deeming, The Working Class and Welfare: Francis G Castles on the Political Development of the Welfare State in Australia and New Zealand Thirty Years On’ (2013) 47(6) Social Policy and Administration 668. More recent commentary by Castles and others suggests that this distinctiveness was overstated and has declined in recent decades for the reasons discussed later in this section: Francis G Castles, ‘A Farewell to Australia’s Welfare State’ (2001) 31(3) International Journal of Health Services 537; Francis G Castles and Herbert Obinger,
responsibilities and needs, including social assistance payments for mothers, parents and carers and policies providing for services and payments to meet the care and support requirements of children, people with disabilities and older people. The book is also intended to be of use for claims-makers, policy-makers and legislators in other members of this ‘heterogeneous group of nations’;\textsuperscript{35} the United States of America (the US), Canada and Aotearoa New Zealand. I draw examples from these states and emphasize common trends across them where they exist. All of these countries are often grouped together on the basis that their approaches to social provision following World War II – when ‘there emerged new forms of social protection for citizens against a range of different problems of income interruption and economic dependency’\textsuperscript{36} – shared key features associated with liberal ideology.\textsuperscript{37} Liberal welfare states are relatively small, with the private spheres of the market and the family playing the most significant roles in the welfare mix, including in relation to the provision of social assistance and care and support services.\textsuperscript{38} In these systems, there are few universal benefits, and taxation and public expenditure are relatively low. The state does intervene where necessary, primarily through provision of residual ‘safety net’ benefits and services that are only available to those who are not provided for by the market.\textsuperscript{39} This residual approach has generally made it


\textsuperscript{38} A notable criticism of Esping-Andersen’s welfare state typology is that it did not incorporate an analysis of social care or ‘personal social services’ in the comparator welfare states. Attempts to rectify this have been hindered by a lack of comparative data: Anneli Anttonen and Jorma Sipilä, ‘European Social Care Services: Is It Possible to Identify Models’ (1996) 6(2) Journal of European Social Policy 87; Brian Munday, European Social Services: A Map of Characteristics and Trends (Report for Council of Europe, 2003) 4. Scholars have proposed alternative frameworks for understanding and comparing care and support policies: see, e.g., Birgit Pfau-Effinger, ‘Analyses of Welfare-State Reform Policies towards Long-Term Senior Care in a Cross-European Perspective’ (2012) 9(2) European Journal of Ageing 151.
difficult for citizens to maintain a livelihood without participating in the labor market, and recipients of social assistance have been highly stigmatized.40

In many of these countries (with the notable exception of Australia), contributory social insurance systems developed alongside residual social assistance schemes, with the former providing greater security – with less stigma – for those who had ‘contributed’ via paid work participation.41 This reflects the close association of social citizenship with (men’s) involvement in the labor force.42 Women and children were assumed to be dependents of working men in the design of these schemes. As Ann Orloff explains, ‘all modern systems of social provision and regulation were built upon a gendered division of labor’ commonly termed the ‘male breadwinner model’, whereby women had primary responsibility for care and other reproductive activities while men had primary responsibility for paid work and the family’s economic security.43 Women’s citizenship entitlements, although partial and contingent, were mainly associated with their roles as wives and mothers.44 Entitlements for people with disabilities depended on the origin and extent of their disability with, for example, more generous entitlements accruing to people whose disability arose from military service or a work accident, and these entitlements were provided on the assumption that the person’s disability (by definition) precluded their paid work participation.45

Since the 1970s, economic, social and political changes have precipitated major transformations to the nature and extent of social support across the liberal welfare states, among others.46 Against a backdrop of rising unemployment and inflation, the welfare state came to be characterized as a source of social and economic problems rather than a solution to them.47 The provision of ‘passive’ social assistance was recast as a disincentive to paid employment and a source of undesirable

43 See, e.g., McKeever (n 41) 469.
46 Robert F Drake, ‘Welfare States and Disabled People’ in Gary L Albrecht, Katherine Seelman and Michael Bury (eds), Handbook of Disability Studies (Sage, 2001) 412.
47 O’Connor, Orloff and Shaver (n 37) 1–9; Shaver (n 35); Mitchell Dean, ‘Rethinking Neoliberalism’ (2014) 50(2) Journal of Sociology 150; Deeming and Smyth (n 34).
47 See, e.g., Charles Murray, Underclass: The Crisis Deepens (IEA, 1994).