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How does Carer’s Allowance in the UK construct family carers? History and recent developments

Jackie Gulland, Jackie.Gulland@ed.ac.uk
University of Edinburgh, UK

This article explores the historical development of Carer’s Allowance in the UK, alongside legal challenges and recent proposals for changes to it in Scotland. Eligibility criteria for receipt of this allowance construct carers as people of ‘working age’ who provide care within dyadic relationships and exclude people whose unpaid caring work is more complex and/or interdependent. Disabled people are simultaneously constructed as dependent recipients of this care. Carer’s Allowance provides symbolic but conditional recognition of unpaid caring, while doing little to meet the financial or support needs of carers. This symbolism reinforces the role of gendered families as the main providers of care and of disabled people as dependent.

Keywords: unpaid carers • Carer’s Allowance • care dyads • gender

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Introduction

There are estimated to be between 8 and 13 million unpaid carers in the UK, of whom, more than a third provide care for more than 20 hours a week (Carers UK, 2020a; 2022). Only around a third of those providing substantial hours of care are entitled to Carer’s Allowance, a non-means-tested, non-contributory social security benefit paid to those who meet strict eligibility criteria. In this article, I consider how the eligibility rules for Carer’s Allowance construct carers in particularly narrow ways, excluding many carers from entitlement and conceptualising carers and disabled people in dependency dyads. The article uses a socio-legal approach, looking at the historical development of legislation and case law for Carer’s Allowance, as well as recent policy developments in Scotland. These changes in Scotland slightly expand the definition of a carer, while maintaining the concept of the dyad at the heart of the benefit.

The definition of carers in social security law matters for its symbolic effect. As Levitsky (2014: 12) has argued, symbolic categories in law ‘not only legitimise
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particular norms and values but actually mask any alternatives’. Carer’s Allowance is only one way in which carers are recognised in law. Other legislative areas in which carers are defined or recognised in the UK include employment law, property law and wider social care legislation (Stewart, 2017: 148). Social care legislation currently applicable in the UK’s four nations – the Care Act 2014 (England), the Social Services and Well-being (Wales) Act 2014, the Carers (Scotland) Act 2016 and the Carers and Direct Payments Act 2002 (Northern Ireland) – recognises carers and defines them in wider ways than in the rules for Carer’s Allowance. This legislation has cast carers as ‘rights bearers’, entitled to an assessment of their own needs and, potentially, to publicly funded services – though, in practice, financial pressures on local authorities have meant that carers have often found that little support is available (see, for example, Feeley, 2021; O’Rourke et al, 2021).

An example of the precarity of these rights arose during the early stages of the COVID-19 pandemic, when emergency legislation amended carers’ rights across the UK, relaxing the duties of local authorities to assess needs, provide social care services and support carers in order to enable them to focus on areas of urgent need (see Sections 15 and 16 of the Coronavirus Act 2020). Across the UK, the work of family carers increased as statutory services were reduced and families were expected to fill the gaps (Gulland, 2020; Carers UK, 2020b; Cheshire-Allen and Calder, 2022; Shakespeare et al, 2022).

This wider legislation relevant to carers entitles them to have their needs assessed but makes no commitment to rights-based financial support. Carer’s Allowance, by contrast, provides a right to financial support through the UK’s social security system in specific, restricted circumstances. The eligibility rules for Carer’s Allowance matter not only for their financial effects, but also for the wider effects they may have in defining who is (and who is not) a carer and what that means for understanding care relationships. Social security categories define not only those who are entitled to a benefit, but also who may be recognised as deserving of public support (Roulstone, 2015).

The structure of the article is as follows. First, the article considers ways in which ‘carers’ have been defined by feminist and disability activist scholars. This section discusses the concept of the ‘care dyad’, in which one person provides care to a recipient of that care, and shows how this limits the extent to which care can be understood as relational. This is followed by a discussion of Carer’s Allowance: its history as a state social security benefit; its conditions and eligibility criteria; applicable case law; and recent developments in the devolved Scottish and Welsh administrations. The article then considers who is excluded by these rules. It concludes with a discussion of how the construction of carers in UK social security legislation restricts understandings of caring.

Defining carers: lessons from feminist and disability activist perspectives

The literature on caring includes feminist writing on the gendered effects of unpaid care and writing from a disability rights perspective that focuses on independent living, rather than ‘care’. The term ‘carer’ is complex and has been contested (for further discussion, see later) but has become the dominant term in the UK. It is used by carers’ organisations (both national and local campaigning and charitable bodies) and is reflected in the name of the current Carer’s Allowance.
The term ‘carer’ is often also used to describe paid support staff, which may create confusion in the use of the term for both paid and unpaid care work. Many paid care workers are also unpaid carers for their own family members (Hayes, 2017). While these patterns of paid care are important, this article is concerned with unpaid carers.

Caring is diverse in nature and includes support for disabled children and adult disabled people (Larkin et al, 2019). In using the term ‘disabled people’ here, I follow the social model of disability (Morris, 1993; Oliver, 1996), which distinguishes between the concepts of ‘impairment’ (which may be held by individuals) and ‘disability’ (which is created by a disabling society). The social model of disability emphasises that disabled people are entitled to receive the support they need to fully participate in society, arguing that this support should be disentangled from personal and family relationships.

My use of the term ‘disabled people’ is inclusive of disabled children and older people (who are sometimes described as ‘frail’) to emphasise the social model approach. Although the inequalities of older age and disability intersect, both with each other and with other inequalities, the value of including older people, or including people with dementia, within a social model of disability enables lessons from the social model to be recognised (Mastin and Priestley, 2011; Kattari et al, 2017).

The term ‘carer’ has sometimes been contested by the disability movement. Disability activists have long argued for such terms as ‘personal assistant’ or ‘supporter’ to describe the people who provide their support (Morris, 1993; Watson et al, 2004; Molyneaux et al, 2011). In the UK, the disability movement’s pressure for direct payments (to fund necessary social support) has been partially successful in changing this language. Legislation in all four nations of the UK allows people with assessed care needs to choose to receive direct payments (in the form of a budget within their control) to pay for their support. These payments can be used to employ people directly or to pay an agency to provide support services, though research indicates that such payments remain inadequate, difficult to access and vulnerable to cutbacks, particularly in times of austerity (Slasberg and Beresford, 2020).

Despite these developments, unpaid carers continue to provide the vast majority of care and support received by disabled people. Their role is bound up with complex personal relationships within gendered family structures. Feminist writing has stressed that unpaid care is gendered, being carried out primarily by women within patriarchal family structures and often inseparable from the gendered work of child rearing, socialisation and housework (Barnes, 2012; Levitsky, 2014). Statistics on carers usually point to the higher proportion of women of ‘working age’ compared with men who act as unpaid carers, while the proportions of men who are carers become more equal with women over the age of 65. However, these statistics are complicated by the relationships between carers and those they support: older men are more likely to be supporting their married partners, while older women have a wider range of caring relationships (Del Bono et al, 2009; Robards et al, 2015).

Disability activist writing has sometimes been positioned as in conflict with feminist perspectives on caring (Thomas, 2007). Piepzna-Samarasinha (2018) argues that the whole debate about paid versus unpaid carers distracts from the main point, which is that disabled people should have control of their support systems. Barnes et al (2010: 271) have argued that the ‘oppositional stances between user and carer groups are not helpful’, recognising that disabled people also provide care and that care is often
reciprocal. Others claim that the term ‘carer’ serves neither disabled people nor the people who support them and should be abandoned altogether (Molyneaux et al, 2011), while Watson et al (2004) propose an ‘emancipatory model’ that brings the two movements together.

Other writers have developed the concept of an ‘ethic of care’, which recognises caring as interdependent and as a collective responsibility (Sevenhuijsen, 2003; Barnes, 2012; Chatzidakis et al, 2020). However, these ideas have not found their way into policymaking in the UK. Ironically, Carer’s Allowance, which I discuss in more detail in the following, does recognise relationships as central to caring but does so in a particularly individualistic way in which disabled people and carers exist within dependency dyads.

**Care dyads**

The eligibility rules for Carer’s Allowance assume that carers exist in dyads: one disabled person and one carer. This assumption fails to take account of the complexity of people’s lives. In their systematic review of literature on caring, Larkin et al (2019) claim that most care relationships are dyadic, though dyads are complex and reciprocal, rather than one-way dependency relationships. Feminist writers on care ethics remind us that we live within networks of care: ‘all persons exist within a network of relationships’, and ‘this network is governed and shaped by the state’ (Gordon-Bouvier, 2020: 23). Research on networks of care have shown how complex relationships of care move beyond the dyad (Bowlby and McKie, 2019; Bowes et al, 2020). Dyads are important for understanding some care relationships, but an exclusive focus on them is limiting and implies that care relationships exist only in this form. Forbat (2005: 12) shows that even when care relationships are dyadic, they are not ‘unidirectional or static’. Her analysis of how each partner in the dyad talked (or did not talk) about care shows that these relationships are complex and not just about a ‘carer’ supporting a person cared for. Although ‘caring’ is a positive concept, it is important to note that some relationships may not be. As with other family relationships, caring dyads can be embedded in histories of family violence and abuse (Molyneaux et al, 2011; Isham et al, 2020). Other research, such as Mackay’s (2017) exploration of social workers’ roles in dealing with safeguarding concerns for an older couple where another relative is also involved, show a more complex understanding of care relationships.

Statistical data on carers show that many carers are disabled or have long-term health conditions themselves (Carers UK, 2022). While research suggests that some health problems are brought on, or exacerbated, by caring responsibilities, the high number of carers with long-term health conditions implies that the relationship between the carer and the person cared for is more complex than a dyadic, one-way process. Damianidou’s (2021) analysis of the relationship between a disabled young person who had ‘switched roles’ with her mother when her mother had become disabled after a stroke shows how a simple dyadic explanation of the carer and the person cared for can mask complex interdependencies in relationships that are also defined by wider gendered assumptions about family structures. This work builds on the work of Jenny Morris (1993), who argued forcefully in the 1990s that disabled people can themselves be carers (for children or adults) and that the conceptualisation of the ‘carer’ as ‘not disabled’ serves to reinforce disabled people as dependent. The dyadic assumption built into the design of Carer’s Allowance also tends to reinforce a narrative of ‘carer as hero(ine)’ and disabled person as vulnerable, which the disability movement has long argued against (Molyneaux et al, 2011; Guest and Corrigan, 2018).
In this section, I have summarised some of the origins of, and current debates about, the use of ‘care’ and ‘disability’ language from feminist and disability activist perspectives, and the concept of the care dyad. In the next section, I discuss the history of, and eligibility rules for, Carer’s Allowance.

**Carer’s Allowance**

Carer’s Allowance is a non-means-tested social security benefit. In April 2022, it was payable at a weekly rate of £69.70. Claimants must provide at least 35 hours of care per week and must meet other complex eligibility conditions (discussed later). As such, this care work is currently rewarded at the rate of less than £2 per hour (while the UK National Minimum Wage for labour market work by adults is £9.50).

Carers UK estimated that there were nearly 10.6 million unpaid carers in 2022 ([Carers UK, 2022](#)), of whom, the vast majority provide care for at least 20 hours a week, while around a quarter provide care for over 50 hours a week ([Carer’s UK, 2022](#)). In the autumn of 2021, just under 1 million people were claiming Carer’s Allowance ([DWP, 2021b](#)), suggesting that only around a third of people who provide at least 20 hours of care claim Carer’s Allowance. This low recipient rate can be explained by the stringent eligibility rules (discussed later), which define carers in particularly narrow ways, and by the relationship between Carer’s Allowance and other social security benefits.

Past research has estimated that Carer’s Allowance has a low take-up rate (about 65 per cent), meaning that many people eligible to claim do not do so ([Berthoud, 2010](#)). For those entitled to Carer’s Allowance, the very low rate of payment means that they often also rely on means-tested benefits to top up their household income. The main means-tested benefit in the UK since 2013 is Universal Credit. As a means-tested benefit, Universal Credit takes account of any household income in assessing entitlement. Carer’s Allowance is counted in full as income. However, it is still worthwhile for carers to establish their eligibility for Carer’s Allowance because this will then entitle them to a ‘carer element’ in their means-tested assessment. Establishing status as a carer (by meeting the eligibility criteria for Carer’s Allowance) also enables a Universal Credit claimant to be recognised as having a reason for being outside the labour market or to work part-time, and to thereby avoid the stringent work-seeking conditions (and possible sanctions) that apply to other Universal Credit claimants ([Dwyer and Wright, 2014](#); [Watts and Fitzpatrick, 2018](#)). Following a legal case in 2015, decided in carers’ favour ([2015] EWHC 3382 [Admin]), carers are also exempt from the ‘benefit cap’ (the limit on the total amount of means-tested social security benefits a claimant can receive). The relationship between Carer’s Allowance and means-tested benefits is complicated. However, establishing status as a ‘carer’ by meeting the eligibility rules for Carer’s Allowance brings a number of advantages if the carer also needs to claim Universal Credit.

**Carer’s Allowance: history**

The first UK social security benefit for carers, Invalid Care Allowance (ICA), was introduced in the 1970s in response to demands from the emerging disability and carer’s movements for recognition of the value of unpaid care in the home. The white paper that proposed introducing the benefit stated that it was intended to
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help ‘those of working age who would be breadwinners in paid employment but for the need to stay at home and act as unpaid attendants’ (DHSS, 1974: 19). Its initial purpose was to compensate unpaid carers for their lack of earning power in the labour market and to recognise the societal contribution they made in caring for disabled relatives. While providing this recognition, it had serious limitations. It was paid at 60 per cent of the rate of equivalent contributory benefits, was payable only to people who were relatives of those they cared for and was not payable to married or cohabiting women (see the Social Security Act 1975). This exclusion of married and cohabiting women seems curious today given that this group is now the most likely to claim Carer’s Allowance. However, even as late as the mid-1970s, policymaking on social security operated on the assumption that married and cohabiting women were typically outside the labour market, were supported by men’s earnings and were therefore available to provide caring services without any financial compensation (Gulland, 2019a). Social security policies since the birth of the welfare state have followed these heteronormative and gendered assumptions about family life and caring, which have framed subsequent policies on social security (Gulland, 2019b; Chanfreau, 2022). The white paper that proposed ICA argued that all married and cohabiting women should be excluded because ‘they might be at home in any event’ (DHSS, 1974: 20). The idea that they would be ‘at home’ assumed that these women were supported by male earnings and that unpaid caring was part of their natural role. This inherent sex discrimination was recognised at the time, and campaigns to expand eligibility to include married and cohabiting women began as soon as the benefit was proposed. It took a key legal case in 1986 to force the government to change the rules. Jacqueline Drake, a married woman who had given up paid work in order to provide support for her mother who had dementia, made a claim for ICA and, when refused, challenged her exclusion through a legal case at the European Court of Justice. The court ruled that the exclusion of married women from ICA was contrary to the principle of equality in the social security provisions of the European Economic Community Equalities Directive (see Drake v Chief Adjudication Officer [case150/85] 1986). In anticipation of this judgment, the UK government amended the rules so that married and cohabiting women became eligible for ICA (see the Social Security Act 1986). Mrs Drake’s challenge was part of a concentrated campaign by carers’ and welfare rights organisations, and according to Luckhaus (1987: 526), it kept pressure on the government to extend the benefit, rather than to abolish it. Once the benefit was extended to married women, the numbers of claims multiplied fivefold, from around 20,000 to around 110,000 a year, as a result of the publicity around the case (McLaughlin and Department of Health and Social Security, 1991). Since then, women have been the main claimants of the benefit and its successor, Carer’s Allowance (73 per cent today [DWP, 2021b]).

It is important to understand this history of the benefit, as it helps to explain some of the ways in which it works today. In its original form, carers were excluded from the benefit if they were in paid work, in full-time education, over pension age or in situations where caring was considered to be an extension of what was their ‘normal role’, that is, they were married or cohabiting women. Despite its low rate of payment, ICA was seen as a wage replacement benefit for those with a socially acceptable reason for being outside the labour market. However, it also had other purposes. From a study in 1991, McLaughlin and Department of Health and Social Security (1991: 3) argued that the purpose of ICA was fourfold: ‘To provide an income replacement for those unable to
take up paid employment because of caring responsibilities, to recognise the direct cost of caring, to provide an income separate from the cared for person, and to provide symbolic recognition of carers’ status.’ McLaughlin’s research showed that recipients valued this recognition of their caring role, as well as a small amount of independent income. The symbolic purpose of the benefit was important, but it was inadequate. For those not entitled, this symbolism was not available. More recent research with recipients of Carer’s Allowance (Fry et al., 2011; Singleton and Fry, 2015) continues to show that carers value the allowance not only for its small contribution of cash value, but also for the status that it gave recipients as citizens. This research also revealed frustration at the low value of the benefit, the complexity of the eligibility criteria and the strict earnings rules.

Carer’s Allowance eligibility rules today

The benefit was renamed ‘Carer’s Allowance’ in 2003, but most of ICA’s original features were retained (see the Social Security Amendment [Carer’s Allowance] Regulations 2002). The 2002 regulations, alongside the Social Security Contributions and Benefits Act 1992, are still in force today (with minor exceptions) and provide the basis for current eligibility rules.

These rules require that the claimant provides care for at least 35 hours per week for a named person and is over 16 (although there was an upper age limit in the original ICA, this was removed in 2003 [see the Social Security Amendment (Carer’s Allowance) Regulations 2002]). However, because of overlapping benefit rules (which include the state retirement pension, as well as other state social security benefits), there are few recipients over state pension age. Carer’s Allowance also has residence and citizenship requirements which mean that some carers are excluded because of their migration or citizenship status; these have racialised effects, as migrant workers (who often undertake low-paid care work and may have complex international unpaid caring arrangements) are unlikely to qualify for Carer’s Allowance when they need it (Carmel and Sojka, 2018; Tungohan, 2019).

Further conditions require that the person claiming Carer’s Allowance must not be in full-time education or have earnings from paid employment above a small earnings limit. Despite statements by policymakers that carers should have opportunities for a ‘life outside caring’ (see, for example, Department of Health, 2008: 10; Scottish Government, 2019: 1), these rules reinforce the idea of caring as an activity that mostly excludes other claims to citizenship in today’s ‘citizen the worker’ state (Lister, 2003: 167). A recent House of Commons report on Carer’s Allowance noted the inconsistency of the low earnings limit in relation to wider UK government policy of encouraging carers into paid work (Kennedy and Gheera, 2020: 16).

Crucially, Carer’s Allowance depends on a dyadic relationship with one disabled person. The carer must be caring for at least 35 hours a week for one person who is in receipt of a ‘qualifying benefit’. Qualifying benefits include a bewildering (for carers) range of (changing) disability benefits that are paid to the disabled person; at the time of writing, these include Personal Independence Payment, Disability Living Allowance and Attendance Allowance (and in Scotland, they will soon include new disability benefits currently under development). Changes to the disabled person’s benefit or circumstances have an impact on the carer’s entitlement to Carer’s Allowance. Thus, if the disabled person loses entitlement to the qualifying benefit (for example, because of a reassessment), the carer loses their right to Carer’s Allowance. Changes to disability
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benefits in 2012 meant that some disabled people lost their entitlement to qualifying benefits. These changes, which had a particularly negative impact on people with mental health issues (Machin and McCormack, 2021), were beset with problems of assessment and implementation (Gray, 2017), and affected both the incomes of disabled people and perceptions of who is ‘disabled’ (Roulstone, 2015). The dyadic relationship central to eligibility for Carer’s Allowance meant that these changes to (disabled people’s) qualifying benefits also affected carers, lowering both their incomes and public perceptions of who is a ‘carer’. Carers also lose their entitlement to Carer’s Allowance if the person they care for is in hospital or residential care for over 28 days because, at this point, the qualifying benefit stops, whether or not the carer continues to provide support.

The rule requiring the carer to provide care at least 35 hours a week was tested in a legal case in 1991 (see R[G]3/91). The claimant provided support to her teenage step-son who attended a residential school and came home most weekends, sometimes from Friday evening to Sunday and sometimes for the whole week. On average, her caring responsibilities amounted to the required 35 hours most weeks. However, ICA (and Carer’s Allowance today) rules calculate the 35 hours based on individual weeks, which did not match this claimant’s specific experience. Despite evidence that the carer was providing care for, on average, more than 35 hours, she was ineligible for Carer’s Allowance. This is an important example of the complexity of the required dyadic relationship between the carer and the disabled person.

There is no further detail in the legislation or case law as to what is meant by ‘caring’. The claim form does not ask for details of how the 35 hours are made up, requiring only a declaration that these hours are spent providing care for the disabled person. As Department for Work and Pensions (DWP, 2021a: para 60040) guidance states: ‘The claimant’s statement that the required number of hours are spent in caring should be accepted without further enquiry unless there is good reason to doubt it.’ It seems that the 35-hours rule is treated relatively humanely, so long as the carer is not in paid work (beyond the maximum earnings limit), is not in full-time education or, as in the case described earlier, has a pattern of care that does not fit the weekly calculation. In practice, many full-time carers provide care for considerably more than 35 hours a week (Larkin et al, 2019). However, it is possible that some eligible carers will fail to claim if they are concerned that what they do does not sufficiently count as caring for the required hours (Berthoud, 2010), or if they do not identify as ‘carers’ (Molyneaux et al, 2011; Guest and Corrigan, 2018). Research by Bowes et al (2020) shows that assessing time spent on caring is a complex issue. Many carers may underestimate the time they spend and may not recognise as ‘care’ the many responsibilities involved in caring, such as ‘being permanently on call’, multitasking, everyday household tasks, travel and administrative negotiation with complex health and social care bureaucracies (Bowes et al, 2020: 1754). Carer’s Allowance is unique in the UK benefits system in being closely tied to the benefits of another person, reinforcing the concept of a dyadic relationship that is assumed to be one-way, with the carer providing support to a ‘dependent’ disabled person.

Recent developments: Carer’s Allowance in Scotland and carers’ payments in Wales

Recent developments in Carer’s Allowance provide new ways of defining carers in relation to state financial support. Currently, Carer’s Allowance is available in England, Wales, Scotland and Northern Ireland. Under the Scotland Act 2016, however, some
social security benefits became the responsibility of the Scottish Parliament, enabling Carer’s Allowance to be reconsidered in this devolved administration. In Wales, the Welsh Parliament lacks similar powers, though through social care legislation, it has powers to make some discretionary payments to carers, which have recently been used to make one-off payments in light of the pressures during the COVID-19 pandemic (discussed in more detail later). Social security in Northern Ireland is separate from social security in the rest of the UK but, in practice, mostly follows the same rules, and the rules for Carer’s Allowance there are identical to those for England and Wales, despite a proposal in the late 1990s (not implemented) to pay Carer’s Allowance in addition to state retirement pension, that is, without applying the overlapping benefits rule (Birrell and Heenan, 2010). The evolving powers available in Scotland and Northern Ireland thus show that the eligibility rules for Carer’s Allowance continue to construct carers in particular ways, while showing some signs of possible future change.

The new provisions for Carer’s Allowance in Scotland were outlined in the Social Security (Scotland) Act 2018, which included a commitment to dignity and respect in social security provision, and to consultation with current and potential social security claimants. Recognising that the transfer of benefits from the UK (Westminster) government to Scotland would be expensive and potentially disruptive for claimants, the Scottish Government (2016) has adopted a ‘safe and secure transition’ approach, which means that there will be little change in eligibility requirements and payment rates for most benefits.

The Social Security (Scotland) Act 2018 gave the Scottish ministers powers to define the regulations for the new ‘Carer’s Assistance’, including whether (or not) it would be a cash payment, who would qualify, whether that would be dependent on a dyadic relationship with other benefits and whether it would be means-tested, plus other conditions, such as residence and presence, age, employment status, or participation in education (see Schedule 2 of the Social Security [Scotland] Act 2018).

At an early stage, the Scottish Government committed to raising the rate of payment. Some respondents to a consultation on the proposals noted that although the proposed increase would make only a small difference to recipients’ incomes, the symbolic importance of paying the benefit at the same rate as other ‘wage replacement benefits’ was important (Scottish Government, 2017). Independent analysis of proposed changes to the level of Carer’s Allowance found that raising it by a small amount would make little difference to carers’ poverty because benefit levels are already so low that for most claimants, an increase would still leave their income below the poverty line. For carers reliant on Carer’s Allowance and not claiming means-tested benefits, however, small changes to their income can help lift them out of poverty (Cantillon and Kirk, 2020). In practice, under Scotland’s ‘safe and secure transition’ principles, the promised increase in payment has been achieved by making two ‘lump sum’ payments a year (Carer’s Allowance Supplement). The Scottish Government also used its devolved social security powers to make additional payments to recipients of Carer’s Allowance in Scotland during the COVID-19 pandemic: a one-off payment of £230 in June 2020 and again in December 2021 (Scottish Government, 2022a).

Other changes in Scotland include the introduction of a Young Carer Grant (an annual payment from 2019, initially of £305), for which a carer aged 16–19 years qualifies if providing care for 16 hours a week to one or more persons. Here, the
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A recent consultation paper on further changes has also proposed widening the eligibility criteria for Carer’s Assistance (which replaces Carer’s Allowance) (Scottish Government, 2022b) by: removing the education condition; allowing carers to ‘add up’ their hours of caring for different people (to meet the 35 hours requirement); extending the period during which the carer is paid if the cared-for person goes into hospital or residential care (or dies); and increasing the earnings limit. The consultation paper also considers the possibility of paying more than one person carers’ benefits for supporting the same person (which is not permitted under Carer’s Allowance rules) but argues that this would be complex, suggesting that this is unlikely to be implemented. Carer’s Assistance would continue to be tied to qualifying disability benefits (as currently for Carer’s Allowance), but these would be replaced by planned new Scottish Disability Payments with similar eligibility requirements to those in the UK. The Scottish Government (2019: 1) has stated its purpose in developing new carers’ benefits: ‘We want to help carers protect their health and wellbeing, so they can continue to care if they wish, and have a life alongside caring. Carer benefits, while not a payment for care, can help achieve this.’

In developing Carer’s Assistance, the Scottish Government has tried to do two things: retain the main features of Carer’s Allowance, following the ‘safe and secure transition’ principle; and develop new, primarily symbolic, payments that recognise the contributions carers make to society. Its recent consultation suggests that while attention will be paid to the complexity of carers’ lives, the focus on the care dyad will continue. Some of these ideas (for example, adjusting the earnings limit and abolishing the full-time study prohibition) have been proposed in the past by the Work and Pensions Committee at the UK level but have not been implemented (Kennedy and Gheera, 2020).

In Wales, the Welsh Government made a one-off payment (£500) to existing claimants of Carer’s Allowance in recognition of the additional pressures of the COVID-19 pandemic (Welsh Government, 2022). Like the COVID-19 payment in Scotland, this was available only to recipients of Carer’s Allowance, showing how identification as a ‘carer’ through benefit eligibility acts as a passport to other services.

Who is excluded from Carer’s Allowance?

Carer’s Allowance plays a particular role in the social construction of ‘carers’ in UK social policy. I have explained who is entitled to the benefit. Here, I consider who is excluded. Statistics on carers in the UK tell us that people provide care across the life course: approximately 8 per cent of carers are aged under 16 and approximately 25 per cent over 65 (Carers UK, 2022). These carers are excluded from Carer’s Allowance because they are assumed to be outside the labour market. Children under 16 are ineligible for any social security benefits in their own right and thus not recognised for their caring role in the social security system. Carers over 65 can claim Carer’s Allowance, but few receive a payment, as most receive the state retirement pension. The number of carers over state pension age is increasing, with many older carers providing care for people with complex and multiple health issues, while also having
health issues themselves (Carer’s UK, 2022). Others excluded are students in full-time education and people with income from paid work above the threshold (in 2022, £132 per week). This makes logical sense because Carer’s Allowance was originally conceived as an earnings replacement benefit, excluding anyone with income from other sources (their own employment, other social security benefits and, in the early days, support from a husband or partner). The earnings rules particularly affect women, as they are more likely than men to be in part-time work and to be juggling between increasing their part-time earnings or reducing these to retain their Carer’s Allowance entitlement. If they also rely on the means-tested Universal Credit, these considerations are even more complex. Research shows that men are more likely to either work full-time or to give up paid work altogether (Berthoud, 2010; Larkin et al, 2019). Gendered patterns of employment and social pressures mean that it is women who are most likely to give up paid work or to reduce their hours of employment to provide full-time care and qualify for Carer’s Allowance.

People in full-time education are excluded because of a general policy principle that education should not be funded through social security (Mullan, 2003). The effect of this, however, is that carers cannot pursue full-time education even if they are able to juggle it with their caring role, reinforcing the idea that caring should be a mostly exclusive activity and discouraging the sharing of caring responsibilities.

Carers who support more than one disabled person, who support people unable to qualify for relevant disability benefits, who share the care with wider networks or who support people living in residential settings are also excluded from Carer’s Allowance. Carers often continue to provide considerable support to family members even when they are in hospital or residential care, something known about for some time but that has come into greater prominence during the COVID-19 pandemic, when the loss of visiting rights highlighted family members’ role in supporting people in residential care (White et al, 2022). These exclusions restrict the definition of a carer to those who are able or willing, or who are forced through gendered expectations of family life, to commit to caring as a largely full-time responsibility, making it more difficult to consider more flexible arrangements.

**Discussion**

This article has outlined the history and current conditions for claiming Carer’s Allowance, noting proposals for change in Scotland. I now turn to what this reveals about how carers are conceptualised in social and legal policy. The original policy purpose of ICA was to provide an income for people unable to participate in paid employment because of their caring role. It is clear that Carer’s Allowance today provides only an inadequate income for those who qualify. A second purpose is to recognise the contribution that carers make to society, a recognition that carers have said that they appreciate. A third purpose has been to recognise caring as a reason for being outside the labour market. Carer’s Allowance is not contingent on the stringent work-seeking behaviours that apply to other ‘out of work’ benefits but has a range of other conditions. These lack the ‘headline-hitting’ effects of work-seeking conditionality but may have equally exclusionary effects (O’Brien, 2017; Gulland, 2019b); they not only define who is entitled to the benefit, but also act symbolically in defining people as deserving or not of state support. In the case of Carer’s Allowance, those who qualify can claim the status of ’carer’, with
implications for entitlement to some other means-tested social security benefits. Although carers may be recognised in their role and may be entitled to other types of support through carers’ legislation in each of the four UK nations without receiving Carer’s Allowance, receipt of this benefit does act as an additional form of recognition of their status. Recent additional payments in Scotland and Wales show how entitlement to Carer’s Allowance can also be used as a ‘passport’ to other support in times of crisis, excluding those who are not entitled to the benefit. Developments in the Scottish social security system have permitted a reassessment of the purpose of Carer’s Allowance and include small increases in the level of payment and recognition of young carers but few changes to the basic eligibility conditions, as the current consultation on changes in Scotland proposes only a slight widening of eligibility to include more carers.

Carer’s Allowance acts as a means of recognising the role of unpaid care, while enabling state provision to be reduced or kept to a minimum, so long as family carers are available. The dyadic nature of Carer’s Allowance, where only one person can claim in relation to one person they care for, intertwined with the rules about disabled people’s benefit entitlements, supports a narrative of disabled people’s dependency and of caring as selfless and one-way, excluding recognition of wider networks of care. While the original ICA exclusion of married and cohabiting women was overturned decades ago, threads of the gendered assumptions about caring on which it is based remain. Today, it is mostly women who claim Carer’s Allowance. The rules that exclude most other activities (paid work above a very low level and full-time education) construct caring as an exclusive, or at least predominant, activity that, in practice, falls mainly on women, discouraging more flexible or shared caring roles.

In this article, I do not propose an alternative model of supporting carers that would address these issues. Instead, I have shown how the legal category of ‘carer’ within the social security system defines disabled people and their supporters in particular ways. Following Levitsky’s (2014) argument that legal categories are important for their symbolic effects, I find that Carer’s Allowance acts primarily as a symbolic but conditional recognition of the value of unpaid caring, while doing little to meet the income or support needs of carers. For those who meet the narrow eligibility conditions, the benefit is valuable. However, even the symbolic recognition that it conveys is limited to a small proportion of those who self-identify as carers. This symbolism reinforces the role of gendered families as the main providers of care and of disabled people as dependent.

Notes
1 Estimating the number of unpaid carers in the UK is complex. There are two main sources: the census (of which, the most recent available at the time of writing was from 2011); and survey data. The 2011 census estimated the number of unpaid carers as 6.5 million, while, using other survey data, Carers UK (2020a; 2022) estimated the number as 10.6 million in 2022, rising to 13 million during 2020.
2 While there are other uses of language, such as ‘people-first’ language, where ‘person with disabilities’ is used instead, Grue (2015) has argued that this use of the term ‘disabled people’ may be particular to the ‘UK social model’.
3 The rules relating to qualifying benefits are complex and beyond the scope of this article. For up-to-date information on disability benefits, see Disability Rights UK (2022).
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Conflict of interest
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