

House of Representatives Standing Committee on Social Policy and Legal Affairs
PO Box 6021
Parliament House
Canberra ACT 2600

spla.reps@aph.gov.au

14 October 2023

To the Committee Secretary,

Please find enclosed a message from a welfare recipient relying on the Carer Payment and our October 2022 submission to the Senate Select Committee on Work and Care for consideration as part of the House of Representatives Standing Committee on Social Policy and Legal Affairs inquiry into the recognition of unpaid carers.

We draw your attention to our previous submission because one year on, the Albanese government has done nothing to meaningfully improve the situation of unpaid carers or the people they care for. We are angered by the lack of progress, frustrated with the strain endless and inaccessible consultation places on people whose voices most need to be heard, and would appreciate the opportunity to give more context at a hearing.

We conceive of the current welfare system and the people who enable it as a poverty machine.¹ By addressing the root causes of poverty – a lack of money and a surplus of punishment – the government will not only better support necessary care work, but remove factors that unnecessarily create more need for care work.

Our work as unpaid activists is advocacy, but it is also care. We do this care labour to create a better world and in solidarity with people like ourselves who suffer the harms of state violence and other forms of physical, social and economic violence.

¹ See additional information in the Antipoverty Centre submission to the senate poverty inquiry: bit.ly/PovertyInquirySubAC



In our submission we show that the understanding of unpaid care must be recast, no longer narrowly defined in a familial sense, but encompassing broader communal and individual efforts to fill the gaps left by state failure and violence.

Through our work we receive many harrowing contributions from unpaid carers living in poverty on the Carer Payment or Carer Allowance, as well as those on the JobSeeker payment whose vital care labour goes completely unrecognised while they are subjected to dangerous, humiliating and wasteful “mutual” obligations.² The design of the social security system also means disabled people and their carers are forced into the labour market in ways that deteriorate their mental and physical health.

People on Centrelink payments and others in poverty are providing enormous amounts of care that is not recognised by (un)employment services providers nor by the state. This ranges from caring for friends, family and neighbours, to caring for themselves and others whose disabilities are not recognised under rigid governmental definitions. We see the evidence and value of this every day within our community and in the work of other unpaid activists who spend their time advocating, organising and sharing rights information so people who being abused can fight back against a “human services” system that treats us as nothing more than commodities.

Care is not something we believe should be further commodified – to do so simply creates other social imbalances, breaking down effective and unrecognised forms of care in favour of marketisation.

For too long care economies have been exploited by the non-profit industrial complex as well as for-profit companies who are paid billions in public funds to provide care, but prove unable to pay liveable wages or provide adequate staff training and oversight. We see CEOs paid millions of dollars while millions of disabled people and their carers struggle to survive in poverty. These organisations entrench harm while blaming individuals in receipt of care for their circumstances. This has only intensified under the National Disability Insurance Scheme.

The cycle of care commodification and the residualisation of housing and social security destroys communities, isolates people and perpetuates the myth that certain issues – often cast as “wicked problems” – can only be fixed by more “human services” outsourcing.³ In particular, the community fabric that facilitates invaluable networks of unpaid care and keeps people alive in low income communities is being dismembered with the ongoing destruction of public housing estates in favour of privatised community and affordable housing.⁴ In turn, this allows for vertical integration of “human services”, whereby the same non-profits who build their asset portfolio by leveraging non-

² See additional information in the recent Antipoverty Centre *Punishment for Profit* report: bit.ly/PunishmentForProfitReport

³ See poverty inquiry submission.

⁴ See additional information in the Antipoverty Centre submission to the inquiry into the housing legislative package: bit.ly/HAFFinquiry and related issues paper: bit.ly/HousingIssuesPaper



market housing are also handed responsibility for the service delivery that's supposed to patch up problems caused by disrupting informal care networks. This trend has been most visible in New South Wales and Victoria but is happening across the continent.

Those subjected to harm through the commodification of care industries and people with direct experience as unpaid carers must be given positions of leadership in the process of developing better solutions. We must prioritise community-led responses, supported by rebuilding the social wage.

All forms of care work must be better supported with liveable social security payments that do not leave anyone in poverty, an end to “mutual” obligations and access to high quality, beautiful accessible public homes – because when people are in a position to care for themselves, they can better care for each other.

For enquiries related to this submission please contact team@antipovertycentre.org.

Regards,

A handwritten signature in black ink, appearing to read 'Jay Coonan', with a stylized, cursive script.

Jay Coonan
Research and policy
Antipoverty Centre



ATTACHMENT A

Message to the committee from an anonymous carer

The below scenario was contributed by a carer in our community to demonstrate the financial benefit he provides to the public by caring for his son in lieu of taking conventional employment.

Getting a job, no carers pension, and the NDIS cost to do this

Warning: involves maths 😊

Notes:

1. To cut down on having too many variables (days, weekends, nights) I'm going to use a standard mon-Friday 9 til 5 working week.
2. Carers pension \$26,000 per year.
3. I'm basing caring rates on half the time as 1:1 care (\$50 per hour) and the other half on 1:3 care (\$16.66 per hour).
4. The job in this scenario pays \$52,000 per year and the income tax on that is \$7,367.
5. This is just based on this household. In other households the needs of a disabled person vary from way more support or way less support.

Carers pensioner here. Single dad for my disabled son. Yearly I get \$26k. hourly rate works out to \$3.17.

I'm sick of seeing people (job seekers) going without food, jumping through hoops for mutual obligations, etc all for a pittance and having people berate them for it. Like they don't feel bad enough within themselves as it is, they don't need the public piling on as well. This only adds to their stress which in turn will add more pressure to the mental health sector. Which of course will need more funding to cope and then people will whinge about money being spent on that. Without raising the rate the money that could be used to raise it will just be used somewhere else to help ease the burden of not raising the rate.

Carers are always over looked when it comes to govt payments . If you like to see this for yourself try and think of all the times you have seen "carer" mentioned compared to old age, jobseeker or even disabled.

Scenario: Got a job and gave up the carers pension saving the govt \$ 26,000 per year.

Now need NDIS to cover the cost of providing care for my son while I work. Need 45 hrs a week to cover working and travel time.



ATTACHMENT A

At current ndis set rates that will cost:

- \$1,125 for 22.5 hrs 1:1 care
- \$375 for 22.5 hrs 1:3 care
- That's \$1500 a week cost to the ndis
- Annual cost is \$78,000

Also needed are therapy lessons: 1 a fortnight at \$290.99 = \$7,565.74

20 days of weekend respite at 1:2 care equals \$26,000 per year

$78,000 + 7565.74 + 26,000$

Equals \$111,565.74 dollars a year in cost to the ndis. Minus the \$26,000 that is saved by the govt from me being off the carers pension brings it down to \$85,565.74 cost per year to the ndis.

Also have to factor in the income tax of \$7,367 I'll be now paying.

$\$85,565.74 - \$7367 = \$78,198.74$

\$78,198.74 is how much it would cost the ndis (govt:taxpayer) per year if I went back to work. That amount is 3 times as much as what the carers pension is a year.

If I was 2 put my son in supported independent living it would add an extra \$200,000 a year to his ndis plan ie taxpayer. So I actually save the govt money. Even with just say 20 people in a similar situation that's a saving of nearly 4 million dollars a year for the govt (taxpayers).

So excuse me if I get a little pissy when I'm told that I am selfish, only thinking about me and I should get a job to help contribute to society when I ask for the rate to be raised.

Thank you for reading my Ted Talk 😊

– *Anonymous*

Care & carelessness in welfare: an unsustainable system

Antipoverty Centre submission to the Senate Select Committee on Work and Care
8 October 2022

CONTENTS

<i>Acknowledgement of Country</i>	B-2
<i>About the Antipoverty Centre</i>	B-2
Introduction	B-3
Resistance as an act of care	B-3
The meaning of care	B-3
Care comes at a cost	B-4
Cruel political choices increase care needs	B-4
Subjects and objects of care	B-5
Exploitation masquerading as “care”	B-5
Producing and reproducing inequity	B-6
Failure of the social wage and unequal access	B-7
Low paid, undervalued caring labour grounded in social discrimination	B-7
Reliance on unpaid community care	B-8
<i>Care in surviving job agency abuse</i>	B-9
<i>Mutual aid as a necessary protection for disabled people</i>	B-10
Barriers to care	B-10
Recommendations	B-11



ATTACHMENT B

Acknowledgement of Country

The Antipoverty Centre acknowledges the original peoples of this unceded continent, who have been custodians of Country for thousands of generations. First Peoples have connections to place, land, water and community that have been unbroken for 120,000 years.¹ We recognise Indigenous sovereignty and the cultural significance inherent in these connections; historical and contemporary.

We pay respect to Elders past and present and stand with all First Peoples in the quest for self-determination, justice and truth-telling in the face of ongoing colonial violence, including that inflicted through racism in the welfare system.

About the Antipoverty Centre

The Antipoverty Centre was established to counter problems with academics, think tanks and others in the political class making harmful decisions on behalf of people they purport to represent. We are activists, advocates and researchers with lived experience of poverty and disadvantage.

We defend and fight for the rights of people like ourselves who experience violence at the hands of an economic system designed to oppress us. It is our mission to shift how people speak about and respond to poverty in this country. We work closely with peer support groups, activists and grassroots civil society organisations to complement their work. Our goal is to help ensure the voices and rights of people living in poverty are at the centre of social policy development and discourse. We believe there should be no decision made about us without us.

The Antipoverty Centre is not politically aligned and does not accept funding that places political constraints on our work.

Prepared for the Antipoverty Centre by

Jay Coonan and Kristin O'Connell

We extend our thanks to El Gibbs for conversations that made a significant contribution to this submission.

¹ Bowler J, Price D, Sherwood J and Carey S (2019) 'The Moyjil Site, South-West Victoria, Australia: Fire and Environment in a 120,000-Year Coastal Midden — Nature or People?', *Proceedings of the Royal Society of Victoria*, 130(2):71–93, publish.csiro.au/rs/rs18007, accessed 8 October 2022.

Introduction

This submission will focus on a small number of the many areas in which the social security system and public welfare programs fail to provide or support adequate care in the community. The recommendations are high level and relevant across a range of social security, employment and related policy areas.

Resistance as an act of care

The Antipoverty Centre is part of a broad collective of grassroots networks that have formed in response to the brutality inflicted by the state upon poor, disabled, Black, trans, incarcerated and other marginalised people.

People in poverty are the most resilient and resourceful in the country. We rally and look after each other emotionally. We provide crisis support when the system pushes people to feel they have no better option than suicide. We share information and advice for navigating complex systems designed to make it harder for us to access government programs and payments. We provide material support, ensuring to the greatest extent we can that those around us are fed, housed, receive healthcare, and have other needs met. But it is never enough.

The work many people who rely on income support do to care for community and keep each other alive is difficult, incalculable, mundane, traumatising and unending. And it should not be necessary. We are forced to fight for our survival because a system that is purportedly there to help instead makes it seem that the government would prefer us dead. Poor people living and helping each other to live is a significant form of resistance in the face of social murder.

The meaning of care

The committee must take a more expansive and sophisticated view of care and caring labour, well beyond the narrow scope of services provided through the labour market or conventional notions of parenting. It should not view care as something that must be commodified and remunerated in all its forms, but supported in all its diversity.

Caring is not a transactional activity reserved for disabled people and the aged. Caring is a communal act of reciprocity that develops and maintains bonds for a healthy community. Everyone does acts of care in one form or another, small or large in scale.

We need more care jobs, but we must not attempt to commodify all forms of care.



Care comes at a cost

The government depends on people in poverty being willing and able to deliver vital care for our families and communities. It depends on us out of pure self interest, neglecting its responsibilities for the sake of budget savings and at great human cost.

Our welfare system places immense strain on people who receive and provide care. It not only fails to meet material needs, but creates the conditions that can lead to violence through low payment rates and restrictive eligibility rules that trap people in dependent relationships.

A robust social safety net would support care labour that's already happening, better equip people to care for each other, and reduce the need for care work by preventing and reducing harms caused by our punitive welfare system to people who rely on Centrelink payments to live.

Cruel political choices increase care needs

The government and its commitment to economic rationalism is the greatest barrier to care for the poorest people in the community.

You are creating systems and structures that get in our way, act as a form of punishment and cause us harm. The choices made by people in power make our lives harder, increase our care needs and reduce our capacity to support others.

The role the home plays as a fundamental site of care is undermined or denied altogether by the erosion of access to secure housing that has come from extreme marketisation and ruthless cuts to public housing.²

Refusing to ensure that everyone has enough to afford the basics creates a need for formal and informal supports that otherwise wouldn't exist, placing extra strain on those of us who already struggle the most.

The cumulative effect of these choices means the greatest impacts are felt by disabled people in poverty and others with high support requirements.

² Rogers D (presenter), (4 September 2022) 'Housing pt 1 – care ethics' [radio program], *The Philosopher's Zone*, ABC Radio National, Sydney, [abc.net.au/radionational/programs/philosopherszone/housing-pt-1-care-ethics/14035870](https://www.abc.net.au/radionational/programs/philosopherszone/housing-pt-1-care-ethics/14035870), accessed 8 October 2022.

Subjects and objects of care

Care industries have developed to focus on and provide commodified services to certain groups, such as children, disabled people and the aged. The work of this committee must recognise that people in these groups or those otherwise in need of care supports are also people who care for others, both in family settings and in their wider community – not merely recipients. People viewed as needing or receiving care are also employed in paid care work, and the expertise they have uniquely equips them to understand the inherent responsibilities of others who need support.

Paternalism must be removed from the conception and practice of caring work to allow people traditionally seen as needing or deserving of care to exercise agency and self-determination. People who need higher levels of care should not be pitied or infantilised, but have their value and expertise recognised.

To ensure people who receive care are treated with dignity, those who provide that care must also be given the resources and support to themselves live a dignified life.

Disabled people must be seen as part of the solution to expanding the care workforce, and improvements made to provide safe, supportive and accommodating work environments.

Exploitation masquerading as “care”

Australian Disability Enterprises, which are more accurately described as sheltered workshops, are disguised as a form of care provided to the families of people with high support needs, providing them with respite from their caring duties.

Segregated workplaces are premised on ableist beliefs that employment is the sole pathway to meaningfully contribute to society, and a way of “managing” or “improving” a person’s impairment.

Maintaining closed work environments through ADEs exposes disabled people to harm while paying them as little as \$3 an hour for their labour. This violates multiple rights codified in the UN Convention on the Rights of Persons with Disabilities, to which Australia is a signatory.

The effect of ADEs is that thousands of disabled people are having their wellbeing put at risk in sheltered workshops in lieu of open employment opportunities and adequate respite for their supporters.

ADEs should not be used as an alternative to appropriate care.

Producing and reproducing inequity

Governments place a significant and unequal burden on some people who carry out vital care for their families and community.

The majority of caring labour is unpaid. This labour is often carried by people who are underemployed or unemployed. It is done with or without financial support by people who feel a shared responsibility for the wellbeing of those around them, particularly within communities of people who are marginalised and discriminated against.

There are three main classes of carer:

- Paid workers employed in care industries and receiving a liveable income;
- Unpaid carers who have flexible careers and financial resources that better position them and the people they care for to access government-funded as well as other paid supports; and
- Unpaid and underpaid carers who have few resources themselves, are less able to participate in the labour market because of their unpaid caring responsibilities, and are less equipped to help the people they care for to access even the government-funded supports that in theory are equally available to all (for example the Disability Support Pension, Carer Payment and National Disability Insurance Scheme).

Unpaid caring responsibilities are locking people out of employment and reducing household income and wellbeing. In 2020, with unemployment payments above the poverty line and “mutual” obligations penalties suspended, people reported feeling healthier and being better able to perform caring duties.³

People on low incomes including those who rely on social security largely fall into the third group, usually supporting other people who are in poverty and therefore less able to access fairly paid care. They are more likely to fall into poverty as a result of their unpaid caring duties, and less likely to escape it for the same reason. They may also receive some income from low paid or insecure caring work.

These dynamics create and perpetuate poverty. They entrench social exclusion. They remove options that might relieve strain for both parties in a caring relationship. And this is a political choice.

Governments say they can't afford to be more supportive because the system must be sustainable, but sustainable for who? Welfare policies are killing and harming people for the sake of fiddling with abstract figures on a balance sheet. They are not sustainable for us.

³ Klein E, Cook K, Maury S and Bowey K (2021) *Social security and time use during COVID-19*, Swinburne University of Technology Centre for Excellence in Child and Family Welfare, Melbourne, cfecfw.asn.au/treating-families-fairly, accessed 8 October 2022.

Failure of the social wage and unequal access

Politicians in both major political parties boast of the social safety net's highly targeted nature as if that is a strength. In reality, many people who need income support are increasingly unable to access it, or receive deeply inadequate assistance.

The erosion of social security and the degradation of the social wage across health, education, housing and other sectors is creating unequal access to supports and services, meaning people who need it but have limited financial resources are less able to get help that is available.

The shift towards privatisation and the financialisation of services has seen disabled people miss out on the Disability Support Pension, NDIS and other assistance unless they have the significant funds needed to find appropriate specialists and pay for diagnosis. And even for those who succeed, the supports made available are rarely adequate.

Changes to the social security system over the past decade have restricted access to the DSP, in turn making it harder to access Carer Payment. This has forced hundreds of thousands of disabled people and their carers to rely on unemployment payments (JobSeeker and Youth Allowance Other). These are the lowest payments available to anyone on income support – about half the poverty line.

A simple and easy way to improve the living standards of everyone who needs or performs care is to guarantee access to free and universal healthcare, with no requirement to pay out of pocket at the point of service or resort to relying on private health insurance.

As we have written previously, "...people who are locked out of the property and labour markets and on low incomes are vulnerable to sustained poverty and lifelong housing precarity."⁴

Overreliance on private home ownership and subsidies for property investors have contributed to these inequities, compounded for people pushed into outer suburban and regional areas who have even worse access to affordable and appropriate care where they live. Housing in areas with better access to supports is grossly unaffordable, further distorting the type of care that is needed by and available to groups with specific requirements.

Low paid, undervalued caring labour grounded in social discrimination

The care industry is a heavily feminised, racially organised and low-paid workforce. It is not a coincidence that service industries like care are heavily feminised and undervalued. The industry's

⁴ Coonan J, O'Connell K, Hayden D and de Vera G (2021) 'In Our Own Words: People with Disability Australia's submission to the Senate Community Affairs References Committee Inquiry into the purpose, intent and adequacy of the Disability Support Pension' [submission], *People with Disability Australia*, Sydney, pwd.org.au/in-our-own-words-submission-to-the-senate-community-affairs-references-committee-inquiry, accessed 8 October 2022.



ATTACHMENT B

racialised nature means it depends heavily on migrants who are exploited for cheaper labour under tough visa conditions that mean they themselves are unable to access income support and care services when they need it.

Given their political desire to increase the paid caring workforce, politicians must take responsibility for the wellbeing of carers by guaranteeing a substantial increase in award wages and significantly improved working conditions – not only to draw people into the industry, but to enable workers to practice safely for themselves and the people they care for.

Government dependency on private service delivery incentivises a race to the bottom to lock in the cheapest possible contracts. It not only fails to protect people who need care, it creates the conditions for harm and abuse. Government policy has led to worsening conditions for the people who require the assistance of care workers, but also the care workers themselves.

The focus on tweaking regulatory controls in a private market again misses the depth and diversity of the response required. The current framework fundamentally overburdens care workers and makes it difficult for people to receive adequate care, and allows for service providers to overcharge for the services delivered, often regardless of their quality.

Care workers and people with care needs are being sacrificed for the sake of filling shareholders' pockets.

Reliance on unpaid community care

The Antipoverty Centre is one of many unfunded organisations that runs on unpaid labour and grassroots donations to offer what minimal support we can to people where they are being failed by the social safety net.

In the face of ongoing government failure to maintain quality public sector supports and its abrogation of responsibilities to so-called charities, many of which operate more like businesses and dish out abuse to people they are paid to help, individuals and activists are forced to mobilise in support of each other – often in ways that create unreasonable stress.

The role of unpaid activists and advocates goes unrecognised by government, with praise and financial rewards instead showered on religious groups and organisations that fund themselves through service provision. These groups regularly fail the people they are paid to support, both for institutional reasons and their inability to change the structural conditions that sustain their operations.

Care in surviving job agency abuse

The work of groups like the Australian Unemployed Workers' Union is necessary to fill the void where the state has endorsed structural abuse of people forced into pointless activities as a condition of receiving income support. The AUWU provides direct peer support to people experiencing mistreatment and abuse by employment services providers acting unfairly and breaching their contracts.

Due to complete regulatory failure of private providers and the absence of any meaningful recourse for people harmed through “mutual” obligations, or even the most basic rights advice being readily available and accessible from a government source, the union provides a free hotline where individual activists advise on measures a person can take to protect themselves from bullying and harassment. All their advocates are unpaid and use their own experiences and hard-to-access public information to support people.

The AUWU’s “mutual” obligations strike demonstrates both the government’s role in creating this care need and the work of activists to address that need. During 2020, when “mutual” obligations penalties were suspended to protect people from COVID, the AUWU received persistent reports over many months of job agency caseworkers lying to welfare recipients and coercing them to undertake unnecessary activities. This was to get more outcome payments from the government, despite the fact half a billion dollars in handouts was given to the industry to weather the pandemic.⁵ People were even threatened with payment suspensions at a time when job agencies did not even have the power to apply them.

For months the AUWU passed on these reports to the minister’s office and the employment department, requesting that they provide clear rights information to everyone in employment services and direct providers to stop lying. They did nothing to solve the problem.

Throughout this period the AUWU was providing individual support to people who then began sharing information online and offline to help others understand and assert their rights. Eventually, in the face of continued inaction by government, the strike was called, with the union publicly advocating for all people in employment services to protest the ongoing abuse by refusing to interact with their provider, other than to communicate their participation in the strike. The rights information published online as part of the strike was accessed at least 15,000 times. People across the country posted screenshots of messages to their caseworker and encouraged others to do the same. Hundreds of people spoke of the sense of power and agency they felt being equipped to advocate for themselves and to support other people in their lives who were being hurt in the welfare system.

⁵ Morton R (29 August 2020) ‘Exclusive: Jobactive virus kickbacks top \$500 million’, *The Saturday Paper*, thesaturdaypaper.com.au/news/politics/2020/08/29/exclusive-jobactive-virus-kickbacks-top-500-million/159862320010323, accessed 8 October 2022.

The “mutual” obligations strike is just one among countless examples of how grassroots groups are forced to fill the gap where the government has actively facilitated unsafe environments for people in poverty.

Mutual aid as a necessary protection for disabled people

Another example is the mutual aid work conducted by Disability Justice Network. DJN was also established in response to the pandemic and raises funds to primarily distribute cash to disabled people who unable to leave their homes due to severe risks presented by COVID or whose needs are going unmet due to other government failure.

DJN actively supports people facing potential death because of the governments' eugenicist COVID policies, which throughout the pandemic have consistently failed to ensure appropriate measures are in place to protect disabled people and others at high risk.

The work of DJN directly has directly saved lives while the government effectively doesn't care about the serious consequences for disabled and chronically ill people who contract COVID.

Barriers to care

Collectively we have decided to value some forms of care more than others, and to restrict access to supports based on financial means. Continuing to do this will not end in better care and support services or improved wellbeing in our society.

A narrow conception of care is used to assign monetary value to a small proportion of caring labour while the government relies upon vast unpaid caring labour to drive productivity.

The policies and economic orthodoxy that have produced our punitive social security system create a barrier for people to provide care, forcing many into unproductive bullshit jobs for their survival and reducing capacity for meaningful unpaid work.

By failing to value the unpaid contributions the community depends on, the government is restricting people's ability to provide them.

Recommendations

We have included high level recommendations due to the limited time available to prepare our submission to this inquiry. We would welcome the opportunity to contribute more detailed and comprehensive recommendations.

6. The expertise and needs of people who receive formal and informal care must be at the centre of all policies that relate to the sector and its regulation, including by:
 - ensuring that government and non-government policymakers prioritise and heavily weight the expertise, views and experiences of people using care services when measuring program quality and outcomes; and
 - establishing advisory panels comprising at least 80 per cent people who do or need to access paid care services to monitor program quality and provider performance on an ongoing basis.
7. Some forms of caring labour must be better recognised by:
 - designing new types of jobs that better support and accommodate carers who themselves are disabled or have limited work capacity to create opportunities for more people who want paid employment to enter the labour market;
 - expanding the number of paid positions available in the care sector; and
 - increasing award wages, improving working conditions and converting casual jobs to ongoing jobs to ensure paid care work is sustainable.
8. Non-commodified care must be valued and supported with a robust safety net by:
 - increasing Centrelink payments to at least the Henderson poverty line immediately then working with people on low incomes to develop a more sophisticated measure of poverty for the 21st century;
 - removing the rule that prevents more than one person accessing Carer Payment in relation to a single person who has been assessed as having high care needs;
 - ensuring everyone who needs income support can get it regardless of visa status, family situation or occupation;
 - abolishing “mutual” obligations and replacing them with high quality voluntary programs run by the public sector to end the abuse and exploitation of unpaid carers in employment services, including those forced to participate in unpaid care work through Work for the Dole and related programs;



ATTACHMENT B

- ending racist cashless welfare that is still infantilising 25,000 people despite removal of the Cashless Debit Card, the vast majority of whom are in Indigenous, and many who need or give care; and
 - improving the availability of quality respite care.
9. Promoting the wellbeing of people employed in Australian Disability Enterprises by working with them and Inclusion Australia to resource and implement a five-year transition plan away from ADEs.

