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## Life after the Carer's Allowance: what do we know about the post-caregiving transition in Ireland?

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**Abstract** There is much discourse around carers but less so around the post-caregiving transition and how carers navigate the pathway from carer to former carer. This article stems from a wider research project, which explored the role of the Carer's Allowance in Ireland and the economic independence of carers in receipt of the Allowance. However, the focus of this article is on the post-caregiving transition, which remains an under-researched area of caring, particularly the implications for recipients of the Carer's Allowance.

The article contextualises the Carer's Allowance policy and discusses some of the findings from the qualitative research noted above. It identifies a number of gaps, which act to constrain carers' ability to fully participate in the workforce, limiting them to part-time precarious employment, or to disengage entirely from the workforce. It also means that carers and former carers have differential access to state pensions due to interrupted employment during their life course. These limitations restrict former carers in their ability to reconstruct life after caring, and ultimately determines the outcomes of the post-caregiving transition.

**Key words:** Carer's Allowance • Post-caring transition • Carers • Former carers • Financial security

### Introduction

There is extensive research and discourse (e.g. Lynch & Lyons, 2008; Daly, 1998; Lynch & McLaughlin, 1995), around carers in general but less so on the experience of those in receipt of the Carer's Allowance (CA) in Ireland and even less attention has been given to the post-caregiving transition (PCT). This is the period when carers transition to life after caring, which encompasses emotional and financial difficulties. While PCT is a relatively new concept, it is nevertheless a neglected research topic, resulting in a paucity of literature on this important aspect of caring. Thus, this article is an important contribution to the wider academic literature as it highlights a research gap and it also provides a greater understanding of the challenges that former carers face in transitioning from the Allowance after their caring role ceases.

The CA is a gendered issue as the majority of recipients are women and this has been the case since its introduction in 1990. The most recent figures show that there were 79,914 recipients of the Allowance in 2018, with 61,107 female and 18,807 male recipients (Department of Employment Affairs and Social Protection [DEASP], 2019a). Moreover, the majority of these are within the working age group of 25-64 and indeed women outnumber men by almost four times as recipients of CA in this age group. As carers have to partially or wholly disengage from the workforce to be eligible for the CA, this has implications for the long-term financial security of carers (primarily women) during their life course. Many are unable to maintain a link to the workforce whilst caring and this has an impact on their ability to re-enter the workforce when their caring role ceases. This also has implications for their social insurance contributions and access to the state pension, with many experiencing unequal access to the State Pension (Contributory) (SPC). Therefore, it is important to explore how the CA policy impacts on the long-term financial security of recipients/former recipients of the Allowance.

This article will draw on qualitative primary data collected as part of a wider research study carried out by the author for a Master's Dissertation on *Carers and Economic Independence: Role of Carer's Allowance Policy in Ireland* (2019). This data was gathered from five key informants and these were selected for their work in the area of advocacy for carers and women, and for their work on social justice. For the purposes of this article, carers are specifically those who are in receipt of the CA in Ireland and former carers are those who are no longer entitled to the payment due to the cessation of their caring role.

In order to identify specific challenges that former carers might face and prior to exploring PCT in more detail, this article will first contextualise the CA. It will draw attention to the eligibility criteria of the policy and examine how these can impact on the long-term financial security of recipients/former recipients of the Allowance. The methodology will describe the research methods undertaken and the epistemological position of the author. Before the article's concluding remarks, the findings and discussion section will identify five key themes from the research, namely: cessation of care, support for former carers, returning to work, the complexities of the pension system and means-testing.

## **Contextualising the Carer's Allowance**

### ***Eligibility criteria***

To qualify for the CA, a person has to satisfy a means-test and not be employed (or study) outside the home for more than 18.5 hours per week (increased from 15 hours in January 2020). While the disregards for the Allowance are generous when compared to other social welfare payments, it takes into consideration the household income and not the income of the individual person (the carer). This aspect of the policy has been widely criticised, and this will be discussed in the *Findings and discussion* section.

A further qualifying condition of the CA is that a person must be in a position to provide full-time care and attention, the definition of which is contentious as there is little clarity on what constitutes *full-time* in the Operational Guidelines: Carer's Allowance (DEASP, 2020). This raises questions about the actual number of hours a carer works within the home (reducing their capacity to participate in paid employment), with some arguing that the payment is exploitative as it does not meet the minimum wage (e.g. Penrose, 2018) and a comparison to the minimum wage is illustrated in the next section.

### ***Economic security or economic exploitation?***

As the CA guidelines do not stipulate the number of hours a carer has to provide care, the author assumes that a carer must provide at least 35 hours *full time care and attention* per week to qualify for the CA (this is in line with the CA in the UK). The minimum wage in Ireland is currently €10.10<sup>1</sup>. Therefore, a carer (aged under 66) caring for one person, and on the maximum weekly payment of €219.00 per week, earns approximately €6.25 per hour. This is €3.85 less than the minimum wage. However, a number of studies show that carers are providing care far more than 35 hours per week, for example, in a study carried out by O'Sullivan (2008: 3) ninety per cent of the respondents 'were providing at least 40 hours of care per week, with the majority of these providing more than 59 hours per week'. Lafferty et al., (2016: 45) conducted a study specifically on those in receipt of the CA and found over seventy-two per cent of respondents were providing care 'for more than 100 hours per week'.

As might be expected, the calculation above shows that the CA weekly payment does not meet the minimum wage requirements; however, as the Department of Social, Community and Family Affairs (DSCFA) (1998: vi) points out, one of the objectives of the CA is 'to provide income support to full-time carers on low incomes' and is not a payment for caring. Arguably, the CA is a recognition of the work carers do; however, the weekly payment continues to receive criticism as being demonstrable of the 'lack of value attached to care work in the home...and gives little financial comfort to carers' (Lynch & Lyons, 2008: 176), making it difficult for carers to invest in their financial future (such as contributing to a private pension). While a carer is entitled to receive Child Benefit (if applicable), there may be other social welfare payments they are entitled to if they meet specific criteria; however, they are not entitled to receive Jobseeker's Allowance/Benefit.

### ***Recent improvements to the CA policy***

Despite the above criticisms, there are some aspects of the policy that can be lauded. Over the last number of years there have been some important improvements to the CA. For example, the recent announcement that the number of hours a carer can work outside the home increased from 15 to 18.5 hours in January 2020<sup>2</sup> and the period that the CA is paid following cessation of the caring role increased from six to twelve weeks a number of years ago. While the government recognises the economic uncertainty that carers can experience after their caring role ceases by continuing to pay the CA for 12 weeks, it continues to receive criticism for the lack of practical support available to former carers. After the 12-week period, carers will either transition to another social welfare payment and/or (re)enter the labour market after a period of absence. However, as is discussed below this transitional period can be very difficult, particularly for long term carers who may have little or no participation in the labour market during their life course due to their caring responsibilities.

### **PCT conceptual frameworks**

Larkin (2009), one of the earlier and influential writers on PCT, recognised a gap in the literature and carried out a qualitative study with thirty-seven former carers in the UK. While it is not clear if any of the participants were in receipt of the CA in the UK, her study provides a useful framework for understanding the transition from carer to former carer. Larkin (2009: 1031) identified three phases of PCT: 'post-caring

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<sup>1</sup> See -

[https://www.citizensinformation.ie/en/employment/employment\\_rights\\_and\\_conditions/pay\\_and\\_employment/pay\\_in\\_min\\_wage.html](https://www.citizensinformation.ie/en/employment/employment_rights_and_conditions/pay_and_employment/pay_in_min_wage.html)

<sup>2</sup> See - <https://www.gov.ie/en/publication/2f07a3-budget-2020/>

void', 'closing down the caring time', and the final phase, 'constructing life post-caring'. This led her to coin a new concept, the *post-care trajectory* which conceptualises post care as a gradual transition.

Larkin's framework has been criticised by McCarron et al. (2011: 17) for offering an optimistic view of how former carers experience the transition process; they are particularly critical of the assumption that all carers 'will eventually recover from post-caring'. Their study, which also offers a similar three phase transition, found that for some former carers the transition to a new post care world (the moving on phase) can be difficult as often they 'become stuck' between the first two phases (McCarron et al., 2011: 8). These first two phases involve a deep sense of loss and anger, some of this anger is directed at the State for its failure to provide services to 'enable former carers cope with the challenges' of transitioning (McCarron et al., 2011: 32). Many participants in the study felt they needed to be reintegrated into society after cessation of their caring role.

While Larkin's post-care trajectory may be somewhat optimistic, it nevertheless provides a framework for other studies, such as Dempsey et al., (2018) and Kelleher and O'Riordan (2017), both of which include former carers in Ireland. For example, Dempsey et al., (2018: 18) found that carers were 'forced to reinvent' themselves after their caring role ceases, particularly after the death of the person they cared for. The study recommends assistance is given to carers to facilitate their engagement in the process of 'constructing life post-caring...while still caring' and this involves 'undergoing education and training to develop skills' (Dempsey et al., 2018: 23). The government has recognised this need, and this is examined in more detail later.

The study by Kelleher and O'Riordan (2017) recognises the implications of PCT on those in receipt of the CA. They noted, for example, that 'the relatively abrupt ending of the Carer's Allowance in a very short period at the end of the caring role did not provide family carers with adequate time to think about how to financially support themselves' (Kelleher & O'Riordan, 2017: 32). Their study also found that 'former family carers...received little policy attention' (Kelleher & O'Riordan, 2017: 16) until they were recognised and included in the National Carer's Strategy (NCS).

### ***National Carer's Strategy***

In the NCS, the Department of Health (DoH) (2012: 2) commits the government to recognising and respecting carers as 'key care partners' whereby they 'will be empowered to participate as fully as possible in economic and social life'. However, it has received some criticism, for example Dukelow and Considine (2017: 331) criticise it for not committing 'any extra resources' to support carers. Social Justice Ireland (SJI) (2019: 1) is also critical of the government's 'unwillingness... to allocate sufficient resources to supporting' the care sector. However, perhaps in anticipation of such criticism, the DoH has identified the availability of financial resources as a key challenge to the commitments made in the strategy (DoH, 2012). This is against the backdrop of 'significant demographic changes to the Irish population structure' which 'will have major implications for publicly provided supports and services' (DoH, 2012: 4). Arguably, this lack of services has the potential to increase informal caring within the home, with a subsequent rise in the number of people in receipt of the CA, and it is likely that women will continue to represent the majority of recipients. Moreover, according to Lynch and Lyons (2008: 177) the 'absence of adequate public service supports for carers' negatively impacts 'on women financially'. However, despite the challenges noted above, in their assessment of the progress of the objectives contained within the strategy, Family Carers Ireland (FCI) (2017: 2) (a registered charity providing services and supports to family carers) noted 'an overall improvement in the progress reported for 2017'.

The strategy acknowledges that the 'transition to life after caring...can be difficult for some carers' and the expectation is that the implementation of the strategy 'will assist' in the 'transition process' (DoH, 2012: 6). Thus objective 4.2 of the strategy is to 'enable carers to remain in touch with the labour market to the greatest extent possible' (DoH, 2012: 25), and as the Fourth Progress Report (DoH, 2017: 43) indicates, the main labour market activation measure is to advise 'working age carers...that Intreo [Public Employment Service] case officers are available to support carers in developing a personal progression plan following the end of their full-time caring role'. However, as the findings will show these supports have received criticism.

The economic/instrumental approach to PCT adopted by the DoH is very much focused on working age carers with little or no attention given to support services for carers/former carers who are post-retirement age. Older former carers rely heavily on the state pension, but as will be discussed later, the complexities around eligibility mean that carers often face differential access to the SPC.

## Methodology

This article presents original research, namely a critical policy analysis based on qualitative interviews, with five key themes identified. The qualitative semi-structured interviews were carried out between June and July 2019 with five key informants in Ireland, which as noted was part of a wider research project, and this article will draw on some of the data collected from those interviews. The key informants (listed below) were selected for their work in the area of advocacy for carers, women and older people, and for their work on social justice and social policy.

Name of key informant (used throughout this article)	Role in organisation	Name of organisation	Date Interviewed
NWCI	Officer	National Women's Council of Ireland	4 June 2019
Murphy	Research and Policy Analyst	Social Justice Ireland	18 June 2019
Hughes	Policy and Research Officer	Care Alliance Ireland	18 June 2019
Scully	Senior Information Officer	Worked in a national ageing organisation for 23 years	18 June 2019
Kane	Carer Supports Manager	Family Carers Ireland	15 July 2019

The data collected was analysed using a thematic analysis approach, and it was during the process of familiarisation with the data (and indeed during the interviews) that PCT started to emerge as an unanticipated theme of the overall research project (Nowell et al., 2017). The research drew on a socialist feminist framework and a life-course perspective to analyse and interpret the data. Socialist feminism, as Blackmore and Lauder (2005: 99) contend, seeks to 'identify the gendered silences and gaps in policy texts' and aims to 'unpack the...assumptions underpinning policy and consider the effects of policies on marginalized groups'. It is the author's argument that the underpinning assumption of the CA policy is that women are the primary caregivers, which serves to reinforce the already entrenched gender norms in Irish society, and this is consistent with the literature (Duvvury et al., 2012). By assuming that caring is a female role, the policy influences the social construction and maintenance of the gendered division of labour into productive and reproductive work. This partially explains why women 'take care of their sick relatives and

ageing parents' (Tong, 2016: 118) and ultimately leads to poorer economic outcomes for carers and former carers.

### ***Epistemological position***

At the time of carrying out the original piece of research, I was a recipient of the CA, and thus was aware of researcher positionality and the need for transparency, awareness and scrutiny throughout the process (Srivastava and Hopwood, 2009; Charmaz, 2006). The epistemological position that underpinned the research was Feminist Standpoint theory, which 'tries to construct knowledge from the perspective of women's lives' (Harding, 1991: vii). As Haraway (2004: 92) contends, rather than making universal 'claims on people's lives' Feminist Standpoint theory recognises 'epistemologies of location...of situating'. Haraway (2004: 86) referred to this as 'situated knowledge'. Thus, instead of constructing the lived experience of carers and former carers from the 'outside', my situated knowledge of being a carer allowed for a more meaningful and engaging exploration of the CA. Indeed, it was this knowledge of the topic that I was able to ask more probing questions during the qualitative interviews and as Srivastava and Hopwood (2009: 77) argue 'themes...do not emerge on their own' but 'are driven by what the inquirer wants to know' and it was this inquisitiveness that PCT started to emerge as an unexpected theme, which necessitated a revision of the research aims and objectives of the wider research project. Thus, my research was informed by the experience, challenges and insights as it appeared from my standpoint.

### **Findings and discussion**

This section presents the findings from the key informant interviews (KII) and identifies five main themes: cessation of care, support for former carers, returning to work, the complexities of the pension system, and means-testing.

#### ***Cessation of care - transitioning from carer to former carer***

As already noted, Larkin (2009: 1026) identified three phases of the post caregiving transition, two of which have financial implications for the carer, namely, 'closing down the caring time' and 'constructing life post-caring'. The 'closing down' period occurs the 'first few months of post-caring life' (Larkin, 2009: 1033) where the carer has to deal with financial matters, and this includes loss of the CA. Thus, the cessation of care involves challenges for carers, both emotionally and financially, and due to the demands of caring, many may have 'not considered' (Kane, KII) the future beyond their caring role. Consequently, they are not necessarily fully prepared for the transition, which only serves to highlight the precarity of their situation as it can bring economic insecurity and uncertainty. Indeed, some carers may not be aware of their vulnerability to poor economic outcomes when their caring role ceases or in later life (for example, pension entitlements). As one interviewee stated, PCT can have a 'huge impact [and] the economic insecurity of the carer is obvious' (Hughes, KII). Indeed, the research by McCarron et al., (2011: 8) cites financial difficulties as a barrier to the transitional process (particularly to the final phase) and they associate these difficulties with 'loss of carer allowances' and problems around returning to the workforce.

While the emotional aspect of PCT is acknowledged, Larkin (2009: 1027) found that many former carers lamented lost employment opportunities, which negatively impacted on their 'financial situations'. Thus, constructing or reinventing life after caring can be a difficult phase of PCT, and Larkin (2009, p. 1035) found that 'paid employment' plays a key role in this phase. This re-emphasises the importance of maintaining a link to the labour market while caring. One key informant called for more 'flexible

arrangements...to maintain that link with the workforce so that [carers] are not completely breaking away from it' (NWCI, KII), making the transitional period less problematic. While Murphy (2007: 112) argues that the policy recognises the 'long-term poverty trap associated with caring' by allowing carers 'to maintain attachment to the labour market' arguably, the policy does not necessarily recognise the limited options available to carers in a precarious labour market, where part-time work tends to be insecure, temporary and non-pensionable (Duvvury et al., 2012). At the time of the research, there were no statistics available from the Department of Employment Affairs and Social Protection (DEASP) on the number of carers working part-time. However, the studies carried out by O'Sullivan (2008) and Lafferty et al. (2016) indicate that only a small percentage of carers engage in paid work outside the home. The reality is that many are unable to avail of the 18.5 hours because of the demanding nature of their caring role. Others may make the choice (perhaps reluctantly) not to be employed outside the home to avoid the 'triple burden of childcare, adult care and paid employment' (Murphy, 2007: 113). Further still, any income carers receive from paid employment is assessed as means, and I contend that this may discourage some from participating in the labour market.

After the 12-week period during which the CA continues to be paid, carers either transition to another social welfare payment (such as the Jobseeker's Allowance or the state pension) or (re)enter the labour market. As noted, while both the CA policy and the NCS recognise that PCT is an issue for carers, neither adequately reflect the reality that many carers experience in transitioning from the CA. As a key informant noted, some carers may have little or no work history due to the number of years spent caring, thus re/entering the labour market (particularly in later life), can be 'very difficult' (Kane, KII) and this is discussed later. While the author has been unable to find an official breakdown of the average number of years a person is in receipt of the CA, the *Review of the Carer's Allowance* (DSCFA, 1998) states that the average is three years, however this is disputed by the literature, and was also disputed by key informants for this study. For example, the study carried out by Lafferty et al. (2016: 12) indicates that the respondents to the survey 'had been caring for an average of 15 years', all of which were in receipt of the CA. In KIIs conducted for the current study, a similar duration of caring was estimated (Hughes, KII). A study by Dempsey et al. (2018: 25) indicates that the 'years spent caring ranged from 0 – 19 years', although it does not specify if the participants were in receipt of the CA. Scully (KII) summarised the reality of PCT for many carers:

'There's an awful lot of psychological issues post caring because there is a lot of anger, anger because your life is being put on hold, there's anger because you may never have gotten the support you needed while caring, you may have felt very isolated while you were caring. There's bereavement because you've lost the carer relationship with somebody. So, there are huge issues facing people who stop caring'. (Scully, KII)

### ***Support for former carers***

One of the actions of the *Pathways to Work 2016-2020* (DEASP, 2016: 44) is to 'consider options to allow recipients of Carer's Allowance to access activation services as they cease their caring role'. This is done through Intreo Centres, an employment service run by the DEASP. Intreo (DEASP, 2019b) 'offers practical, tailored employment services and supports for jobseekers and employers alike', and services include developing Personal Progression Plans. However, this service is not without criticism. As Murphy argued, based on their research and advocacy experience with Social Justice Ireland, the service is primarily 'designed for people who have lost jobs [and] are potentially a lot closer to the labour market than somebody who has finished a caring role' (Murphy, KII). Moreover, a basic search on the Intreo webpage makes no mention of former carers who may be looking to return to the labour market. Furthermore, the Citizen's Information Board (CIB) (2018: 3) highlights a number of issues with the service, for example, 'difficulties



making contact with local Intreo offices and insufficient information around safety net payments'. The report further highlights that the 'transition from welfare to work continues to be challenging for many people' (CIB, 2018: 3). Arguably, such a transition would be significantly more challenging for those carers who have little or no work history, or educational qualifications. These shortcomings highlighted by CIB are recognised and reflected by the government in *Pathways to Work 2016-2020* (DEASP, 2016: 16), noting 'the quality of engagement between individual case officers and clients...is not as effective, or as consistent, as it could be'. It is these Case Officers<sup>3</sup> who are responsible for developing the Personal Progressive Plans noted above.

Furthermore, the NCS (DoH, 2012: 25) also encourages carers and former carers to avail of 'opportunities to reskill and upskill' through programmes delivered by training centres and colleges. For example, in 2018 the Dormant Accounts Fund Action Plan initiative allocated funding to organisations to run structured training for delivery in 2019/20. However, while FCI (2017: 25) draws attention to the 15 hours per week rule as one of the 'greatest barriers' to carers engaging with these training programmes, it remains to be seen if the increase to 18.5 hours will facilitate increased participation. Non-participation in these courses can negatively impact on carers' ability to prepare for life after caring. Furthermore, the lack of practical support, such as home help and respite care, were identified as barriers to carers participating in activities outside the home. Moreover, the study by Dempsey et al., (2018: 8) highlights the 'difficulty and effort attributed to leaving the home', restricting the carer to choose activities outside the home that are 'worthwhile to entice them to go'. Moreover, as Key Informant Scully argues, the full-time care and attention criteria means that carers have to be 'in the house most of the time', which puts enormous 'strain...psychologically and physically' on them. This has implications for the health and wellbeing of carers, and while it is beyond the scope of this article to explore these implications, the studies cited provide some details.

### ***Returning to work – “double whammy”***

While the government's recognition of the financial impact of PCT is demonstrated by the fact that the carer continues to receive the CA for 12 weeks after care ceases, the transitional period is more complex than recognised by the policy and the NCS. These policies make the assumption that carers will be able to find part-time employment while caring and also that the carer will wish to return to work after caring ceases (DSCFA, 1998). However, as the majority of carers are women, many will experience a 'double whammy' in their efforts to return to work. For example, Ní Léime and Street (2017: 477-478) point out that 'the intersection of sexism and ageism means that women are often regarded as 'older' earlier than men...and this may adversely affect their later life employment prospects'. This issue arose frequently in interviews. As Key Informant Hughes pointed out:

'If someone who cared maybe for 15 years, and all of a sudden their caring role ends but they have been out of the workforce for 15 years and they are 60 so they are automatically less employable...that is how it is for a lot of carers'. (Hughes, KII)

Moreover, it is likely that many carers will have 'to retrain in order to get back into the workforce' (Scully, KII) as often the only job opportunities open to them are caring roles. Indeed, many former carers do in fact 'often go into care work' because of the skills 'they developed as a family carer' (Hughes, KII). However, this brings its own difficulties due to the physicality of caring with many carers already physically (and emotionally) exhausted and may not be capable of returning to the workforce, or at least not capable of

<sup>3</sup> The role of case officers is outlined in detail here: <http://www.welfare.ie/en/Pages/Intreo---Frequently-Asked-Questions.aspx#q9>

another physically demanding role (O'Sullivan, 2008). Furthermore, in order to return to the workforce (either through desire or necessity), carers may be “pushed” into care work despite the fact that they may have ‘had completely different expectations of themselves and would like to try something completely different’ (Murphy, KII).

As most carers are women, and as women are at a higher risk of poverty in later life, they ‘may be increasingly obliged to work past retirement age in order to secure an adequate income in old age’ (Ní Léime and Ogg, 2019: 2). This means extending their working lives by (re)entering the labour market after their caring role ceases and delay their retirement in order to have better economic outcomes. However, even on retirement, the complexities of the pension system mean that many carers and former carers may not be entitled to a full state pension and this is discussed below.

### ***Complexities of the pension system for carers***

It is well documented (Ní Léime & Street, 2017; Duvvury et al., 2012) that women experience unequal access to pensions, and this is primarily due to the differentiated life-course of men and women, with the latter experiencing interrupted employment patterns due to their caring role. As key informants highlighted, the pension system in Ireland is complex for carers; they identified the lack of social insurance contributions for the SPC and the lack of a life course perspective as major gaps in the policy. For example:

‘In terms of a person who is a long term carer...you still have to have 10 years paid contributions in order to qualify...for a contributory state pension so there may be many carers who have a child who grows into an adult who is going to require care. It doesn't take into account the different life experiences...for carers’. (NWCI, KII)

As Connolly (2015: 24) reminds us, the SPC is the ‘most important source of income among older people in Ireland’, keeping many of them ‘out of poverty’. In order to qualify for the basic SPC a person must have a minimum of 520 paid social insurance contributions (i.e. 10 years of contributions) paid through employment. Carers may be awarded credited contributions for the number of years caring; however, if there is ‘a gap of two years in the claimant's insurance record, credits are not valid until at least 26 PRSI contributions have been paid’ (DEASP, 2015: 13), this means a person must work for a further 26 weeks before qualifying for credits. For example, if a carer left the workforce to take on caring responsibilities but was not eligible for the CA until after two years, they will not qualify for credits. In this instance, they ‘may benefit from the Homemaker's Scheme’ where ‘the years spent caring may be disregarded’ (DEASP, 2015: 13) when calculating their entitlement to the SPC. Furthermore, if carers do not qualify for the SPC, they may be entitled to the State Pension (Non-Contributory) (SPNC); however, like the CA, this is means-tested. Thus, carers could be subjected to means-testing throughout much of their adult life course to maintain a degree of financial security.

### ***Means-testing – a question of citizenship***

Interviewees were critical of the means-tested nature of the CA policy, which is described as ‘very problematic’ (NWCI, KII) and negates any economic independence that the CA might bestow on carers as ‘they are not entitled to their own payment independently’ (NWCI, KII). Furthermore, this non-individualisation of social welfare payments is heavily criticised in the literature and the consequences of assessing the income of a carer's spouse, partner or cohabitant means that they are ‘financially dependent upon the resources of husbands, lovers’ (Yeates, 1997: 145), or in the case of male carers, dependent upon their wives/partners. In many cases, the price of caring can often mean economic and social welfare

dependency throughout a carer's life course (Coakley, 1997), with long-term carers (and indeed former carers) particularly vulnerable to dependency and to negative economic outcomes.

Many commentators argue that women (primarily) 'are not treated as individuals' within the Irish welfare system, and that this denies them 'their full citizenship rights' (Byrne and Leonard, 1997: 141). Indeed, Esping-Andersen (1990: 48) makes the same point and posits that means-tested benefits 'do not properly extend citizen rights' unlike benefits with their 'roots in the insurance tradition' - the CA is not rooted in this tradition. Carers can experience this 'marginal version of citizenship' (Carney, 2015: 33) through their life course, for example: (1) as recipients of the Allowance; (2) transitioning from the Allowance to another means-tested social welfare payment (if unable to return to the workforce); and as already noted, (3) lack of access to full pension entitlements (due to interrupted social insurance records).

The means-test assumes that household income is equally distributed within the household and does not recognise the heterogeneity or the complexities of caring. For example, the point was raised during the qualitative interviews that there may be instances where there are relationship breakdowns because of the caring situation, thus jeopardising household income distribution. However, by taking the household income into consideration for the means test, the policy assumes a harmonious household where sharing of resources occurs but as Hughes (KII) highlights 'there is no such thing as a typical situation'.

## Conclusion

The aim of this article was to highlight a research gap on the transition to life after caring for recipients of the CA in Ireland. A relatively new concept, Larkin's framework on PCT outlined three phases of the transition and this article drew attention to the financial difficulties that many carers were likely to experience as a result of the cessation of the Allowance. These financial difficulties highlighted the precariousness of PCT and documented the barriers that many former carers face when re-constructing life after their caring role ceases. The options available to carers were explored and primarily consisted of (re)entering the labour market, transitioning to the Jobseeker's Allowance or, for older carers, transitioning to the state pension.

However, a number of gaps in the CA policy were identified and the complexities of the pension system was exposed as particularly problematic for carers. The lack of social insurance contributions means many carers and former carers are likely to experience differential access to the state pension, resulting in negative economic outcomes. Furthermore, the lack of practical support (such as home help) means many carers are unable to engage with work or study outside of the home while caring, which would be beneficial to them in reconstructing life after care.

The paucity of literature on PCT offers researchers an opportunity for further research in a number of areas. Firstly, due to the criticism of the Intreo service identified in this research, an exploration into the level of support this service provides to former carers in supporting them to (re)engage with the labour market would better inform practice. For example, develop specific market activation measures for former carers to support them during PCT. Secondly, further research is needed to extend our understanding of the economic outcomes of former carers over their life course, and it is this author's opinion that this neglected area would benefit from a longitudinal research study.

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