Gender Dimensions of Care - An Irish Perspective

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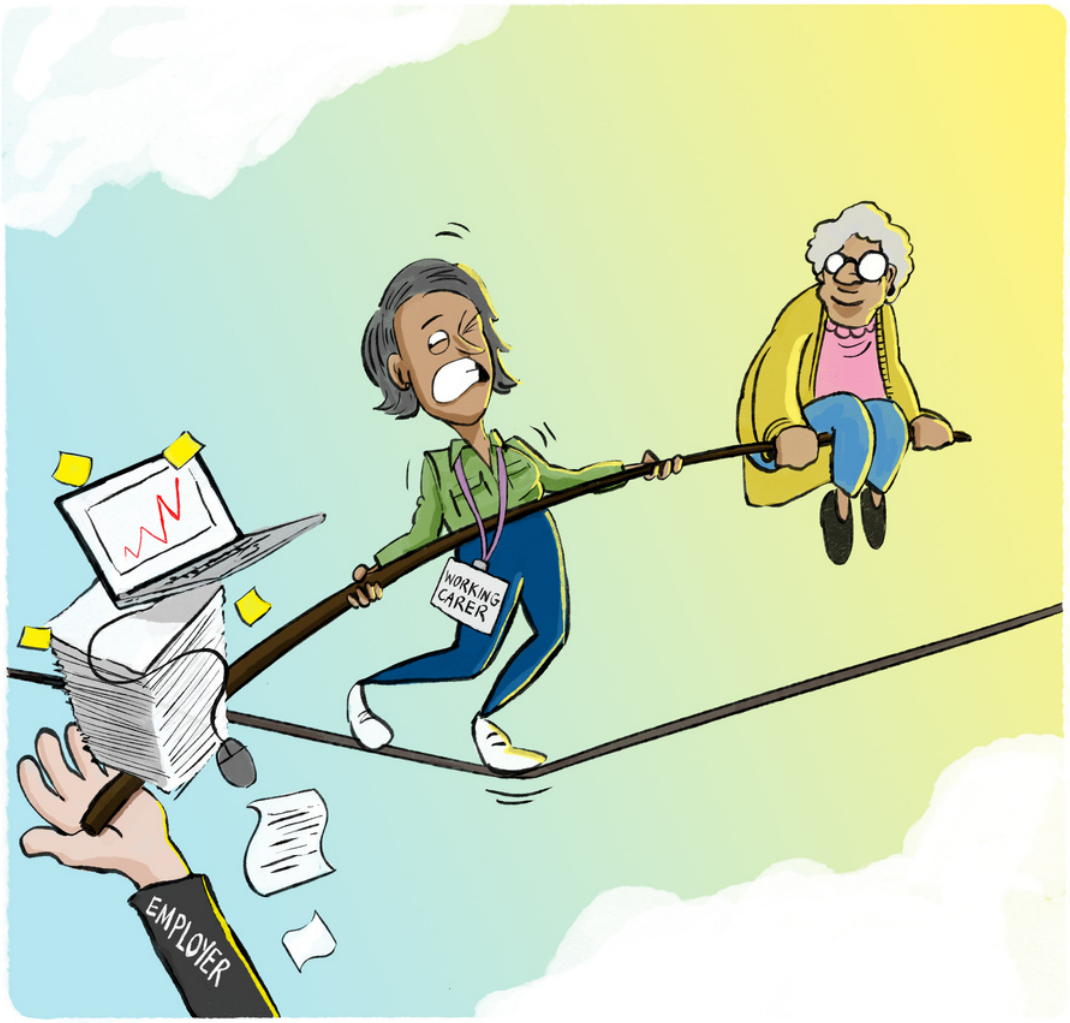

Family Carers Ireland

No one should have to care alone

Introduction

Gender equality is achieved when women and men enjoy the same rights and opportunities across all sectors of society, including economic participation and decision-making, and when the different behaviours, aspirations and needs of women and men are equally valued (Gov.ie). The European Institute for Gender Equality defines and explains gender equality as:

> *"the equal rights, responsibilities and opportunities of women and men and girls and boys. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. Gender equality implies that the interests, needs and priorities of both women and men are taken into consideration, recognizing the diversity of different groups of women and men. Gender equality is not a women's issue but should concern and fully engage men as well as women. Equality between women and men is seen both as a human rights issue and as a precondition for, and indicator of, sustainable people-centred development"* (European Institute for Gender Equality n.d.).

This paper will explore the gender inequality in unpaid care work undertaken by family carers[1] in Ireland and how the evolving family unit is changing the gender dynamics of care provision. The paper will consider the factors contributing to the gender care gap and its impact on women's employment participation, health, pay, and pension entitlements. The paper concludes by setting out solutions to help address gender inequality in informal care provision, ensuring that there is a more equal division of care among women and men.

This paper relates specifically to the unpaid care provided by family carers who are providing a significant level of care to a person who is in need of that care in the home due to illness, disability or frailty (Department of Health 2012)***.***

The gender care gap

Across the EU, it is estimated that 80 per cent of all long-term care is provided by informal carers i.e. family members, friends and neighbours. The vast majority of these carers are women. According to a recent report by Eurofound, at least 44 million people across Europe (12 per cent of the adult population) provide informal care[2] on a regular basis (Eurofound 2021). On average in the EU, 59 per cent of all family carers (age 18 or over) are women. In the 18-74 age group, 18 per cent of women provide informal care compared with 12 per cent of men. The difference between men and women is greatest in the 45- 64 age group, where in most Member States 10-30 per cent of men and 20-40 per cent of women provide informal care. Most family carers are middle-aged, with 48 per cent aged 45-64 (Eurocarers 2021).

These figures are consistent with carer data in Ireland, where 60.5 per cent of the 500,000 family carers are female (Central Statistics Office 2020a). This imbalance reflects deeply-entrenched cultural perceptions in Irish society that women are the primary caregivers, reinforced through public policies and the Irish Constitution, specifically Article 41.2. Of the total number of care hours provided, women provide almost two-thirds (65.9 per cent). However, whilst, almost 39 per cent of carers are men according to Census 2016 (Central Statistics Office 2020a), this is not reflected in social protection statistics. Across the three care-related social protection schemes the vast majority of recipients are women, ranging from 77 per cent of claimants receiving Carer's Allowance to 83 per cent of those on Carer's Benefit[3]. Nearly 60 per cent of family carers also juggle their caring responsibilities with paid employment (Central Statistics Office 2020a).

[1] Please note studies cited in this paper use different measures and definitions of unpaid care which can influence their findings.

[2] People aged 18 or over who provide care for one or more person with a disability or infirm family member, neighbour, or friend, of any age, more than twice a week.

[3] In order to qualify for any care-related social protection scheme, the carer must provide at least 35 hours of care per week.

Men and women experience and are impacted by care in different ways. According to *Family Carer Ireland's* State of Caring 2022 survey, care is also provided in gendered ways. The survey shows that women are significantly more likely to provide more demanding and intensive forms of daily caring than men, such as personal care which includes bathing, dressing and toileting (80 per cent women, 71 per cent men) (Family Carers Ireland 2022). Men's contribution, on the other hand, is more likely to be concentrated in practical support such as help with mobility (57 per cent men, 45 per cent women) (Family Carers Ireland 2022). Whilst high proportions of men provide personal care, the data shows that women are significantly more likely to undertake these tasks.

The State of Caring survey 2022[4] also shows that women are more likely to report their employment status as caring/looking after the home (66 per cent women, 56 per cent men) and are more likely to experience loneliness since the onset of the COVID-19 pandemic (52 per cent women, 45 per cent men). Whilst similar proportions of men and women report financial distress, a larger proportion of men reported only being able to make ends meet with great difficulty (42 per cent of men compared to 33 per cent of women). This is at odds with broader research which shows that female carers typically experience greater financial strain than male carers since they are more likely to leave the workforce and suffer a loss of earnings and pension entitlements which put them at risk of living in poverty now and in later life (Lee et al. 2015). One interpretation of this finding is that households where a man is the primary carer are likely to have taken a greater financial hit by losing the typically higher male income if the man has had to give up work in order to provide care. Future analysis of State of Caring waves will explore the factors that may contribute to these variations such as age, employment status, household composition, care relationships and environmental factors such as COVID-19.

A 2019 study '*Caring and Unpaid Work in Ireland*' undertaken by the Economic and Social Research Institute (ERSI) and the Irish Human Rights and Equality Commission (IHREC) using data from the European Quality of Life Survey also found evidence of the highly gendered nature of caring for children, older adults and adults with a disability. The study found that(Russell et al. 2019):

- There is a significant and persistent imbalance between men and women with regard to caring – 45 per cent of women and 29 per cent of men provide care for others on a daily basis (including childcare and/or adult care) and on average women spend double the time of men providing care. This substantial gender gap persists even among men and women doing the same amount of paid work.
- The majority (55 per cent) of those providing unpaid care juggle their caring responsibilities with paid employment.
- Between 2007 and 2011 the time spent caring by men rose in Ireland, but this returned to 2007 levels in 2016, suggesting this was a response to the economic shock of the recession rather than an underlying shift in behaviour.
- Ireland has the third highest weekly hours of unpaid work for both men and women across the EU, reflecting the relatively low state involvement in support for caring. This places Ireland more in line with southern and eastern European countries, rather than Scandinavian and western EU states.

Similar to informal care, the majority of professional care workers in the long-term care sector in Europe are female (80 per cent) (Eurofound 2021). While Ireland does not have a single register or source of data on the profile of professional care workers, an analysis of Healthcare Assistants and

[4] Question asked in this survey 'Are you currently providing help or support to a family member, friend or neighbour (adult or child) who has a disability, mental health difficulty, chronic condition, dementia, terminal or serious illness, drug or alcohol dependency, or who needs care due to ageing?'

Healthcare Support Assistants (formerly called Home Helps) employed across the HSE's Social Care Division, shows the vast majority of staff are female (96.5 per cent), highlighting that the sector is heavily dependent on the female workforce (Walsh and Lyons 2021).

While studies have consistently shown the preferences of older people and those with care needs to remain living and being cared for at home for as long as possible (Donnelly et al. 2016), a person's care preferences can also include a preference to be cared for by a person of a specific gender.

Findings from a small number of studies show a tendency for people to want to be cared for by a person of a certain gender depending on the nature and medicalisation of the care provided. For example, a UK study found that both male and female patients showed a preference for female social care workers and home helps (Kerssens, Bensing, and Andela 1997). Some academics argue that women are preferred for this type of work since they are often viewed through a maternal lens (Twigg 2004). Others have found preferences of same-sex caregivers regarding physical care (Arber and Ginn 1995). More recent research on older people and their carers in Austria illustrates the nuance involved in care preferences, finding that whilst there was a preference for women in general to provide care, the gender of the carer was most relevant when it came to formal carers and personal care (Kadi et al. 2022). These preferences are accommodated in the UK, under regulation 9 of the Health and Social Care Act 2008 people who receive care have the right to express a preference as to who cares for them, including the carer's gender. Whilst facilitating people's preferences is welcome, a preference for women as the ideal carer could lead to women providing overall more care than men.

Men in caring roles

The gender analysis of the State of Caring 2022 shows that women are more likely to be carers for a child and care for people with autism and/or an intellectual disability, compared to men who are more likely to care for a spouse. The concentration of men in spousal care might be explained by the gender balance changing with age – as women have longer life expectancy, they may also live a greater proportion of their senior years with serious illness or disability (Willis, Vickery, and Symonds 2020). If their spouse has survived with them, they may end up in a caring role. In the State of Caring survey, men were more concentrated in the 65-74 age group when compared to the women who responded to the survey – 6 per cent of women are between 65-74 compared to 10 per cent of men in this age group[5].

Men's experience of care can be influenced by traditional views of masculinity and negotiating this with their caring role. The care approach of older male spousal carers can be influenced by views on 'traditional' masculinity, for example strength and self-reliance (Fee 2020). A study in Northern Ireland highlighted older male caregivers' tendency to 'masculine' care (Fee 2020), and these views around masculinity have been linked to male carers help-seeking behaviour and attitudes around accessing formal support (Finn and Boland 2020). This could be due to the feminisation of care work, which provides additional challenges for male carers, such as men being less likely to engage with formal supports compared to women and more likely to feel stigmatised (Pierce 2021). Some research in Ireland shows that men are more likely to fear failure and loss of control in their caring relationship, which are key factors in men's lack of trust and dissatisfaction with services (Pierce 2021).

As the majority of unpaid care is delivered by women, there is a risk of male family carers becoming invisible and stigmatised. The gendered nature of care highlights a need to move towards a gender and sexuality-sensitive approach in order to support and promote equality (Maria Pierce 2021).

[5] Men in the 75 plus group were underrepresented in sample, with only one person aged 75+. This is likely a result of sampling bias.

Caring during COVID-19

As Ireland entered the first COVID-19 lockdown in March 2020, the closure of schools, childcare and residential facilities alongside reductions in homecare and day service led many women to provide even more care than they were before, with evidence showing that women were disproportionately affected by the pandemic. Findings from the Central Statistics Office (CSO) found that women were more likely to be caring for a family member or friend due to the pandemic, with 21 per cent of females and 15 per cent of men providing care, with persons in the 45-54 age group reporting the highest rates for caring (31 per cent) (Central Statistics Office 2020b). Additionally, a survey by Ibec found that organisations reported that COVID-19 restrictions had a significant impact on women in paid employment. Nearly 50 per cent of respondents said that working women had requested changes to their working hours to facilitate their caring responsibilities compared to only 3 per cent of men (Ibec 2021). The CSO however also reports that among those in employment, more men than women had to take both unpaid and paid leave (Central Statistics Office 2020b).

The evolving family unit

The family has been the locus of care provision in Ireland both historically and in contemporary times. Yet Ireland has experienced significant changes in family structure, family formation and family-related attitudes, behaviours and practices over the past 40 years (Gray, Geraghty, and Ralph 2016). The increased participation of women in the labour market, alongside macroeconomic changes such as the rapid expansion of industrialisation and the significant shift to urbanised living, has resulted in a geographical dispersal of traditional family networks (Brennan et al. 2017). Whilst the traditional nuclear family continues to be predominant, alongside it is sizeable numbers of one-parent families, blended families, migrant families, mixed-nationality families, gay and lesbian families, married couples as well as those cohabiting, living-apart-together (LATs) couples, and families split across counties and countries. The evolution of the family unit away from the traditional model of two married, heterosexual parents with children, has obvious implications for the gender dimensions of care and is important in understanding how care is delivered, the expectations around care and gender and the barriers these families face when accessing support.

One parent, marital breakdown and blended families

The increasing number of one-parent families, including those headed by fathers, as well as a marital breakdown can have a major impact on caregiving dynamics as well as family and intergenerational relations. Children of separated/divorced parents typically remain with the mother and therefore the child-mother relationship may be stronger. Studies from various countries suggest that adult children feel less obligated and are less likely to provide support and care to divorced or remarried parents (Wijckmans and Van Bavel 2013). Divorced fathers in particular have a higher risk of losing the future support and care of their children (Haberkern et al. 2012). Similarly, the emergence of blended or 'step families' complicates the norms of family caregiving as step-children or step-siblings may be reluctant or unwilling to provide care, particularly personal care to a step-parent or step-sibling. In the case of one-parent households, there is a dual impact of caring responsibilities - because 86 per cent of one-parent households in Ireland are headed by mothers, primary responsibility for the care of a sick or disabled child will inevitable fall to the mother. It also means that should the mother need care herself, she will be without the spousal support of a partner.

Family of choice

Care is not always provided by family members, but can also be delivered by friends and neighbours. Many LGBTQI+ and older adults, who may be widowed, single or childless have created 'families of choice' to establish non-biological networks of social support. LGBTQI+ older adults often receive care and support from friends, neighbours, ex-partners, and other community members because family rejection and laws that prohibited same-sex marriage have left them with limited biological or legal family ties (Barker 2002). However, relationships among families of choice may go unacknowledged when care need assessments are overly simplistic about relationship networks or questions about the quality of support and care are not sufficiently expansive. A study by The Irish Longitudinal Study on

Ageing (TILDA) highlights that 10 per cent of carers aged 50 – 64 provide care to a friend or neighbour and 18 per cent of carers aged 75+ provided care to a friend or neighbour (McGarrigle and Kenny 2020). The study also shows that there is little difference between men and women who provide care to a friend or neighbour, with 7 per cent of women providing care compared to 5 per cent of men (McGarrigle and Kenny 2020).

LGBTQI+ family carers

Societal attitudes towards individuals who identify as lesbian, gay, bisexual, transgender, queer and /or intersex (LGBTQI+) have changed significantly over recent decades, starting with the decriminalisation of homosexuality in 1993 and the ground-breaking referendum to introduce equal marriage rights for same-sex couples in 2015. Despite this progress, many members of the LGBTQI+ community are at an increased likelihood of mental and physical health problems (Higgins et al. 2016). To date, very little work has been undertaken to explore the experiences and needs of LGBTQI+ carers in an Irish context, however important learnings have emerged from the UK and international research.

- LGBTQ individuals may be unable or unwilling to access healthcare due to fear of discrimination (Albuqerque et al. 2016)
- A study by Carers South Australia identified three main issues facing LGBTI carers (i) barriers to accessing support services due to expected discrimination (ii) conflict with the person being cared for if they are not accepting of their carer's LGBTI identity or conflict with the biological family and (iii) unable to receive support that meets their needs as services are designed on the assumption of heterosexuality and gender binary (Banbury 2017).
- A study by Carers Trust Scotland reported that young LGBTQ carers are three times more likely to experience bullying than young adult carers; are more than three times more likely to have a mental health problem than the general population and twice more likely to feel their health is just 'Ok' or 'Poor' compared to young adult carers. Young LGBTQ carers also reported feeling under-supported in education, employment, health and social care and by support groups and services (Traynor 2016).

The limited research on the division of domestic tasks and care within same-sex families suggests that there is usually an equal sharing of work and care. In one study, lesbian parents divided household tasks more equally compared to heterosexual parents, with lesbian couples focusing more on tasks in terms of quality or ability (Brewster 2016). A study on gay fathers also found evidence of relatively equal sharing of household tasks amongst partners, including childcare (Tornello, Sonnenberg, and Patterson 2015). Such research suggests that same-sex families challenge traditional caregiving roles.

Ethnic minorities

In the last decade, Irish society has changed with the emergence of new immigrant communities of black and ethnic minorities, which now make up approximately 12 per cent of the Irish population. While no research exists on the experience or gender differences in care provision amongst carers from minority groups in an Irish context, it has been recognised by researchers in the UK that many of the issues they face are similar to those experienced by carers from majority populations, however, these issues are likely to be compounded by the carers' minority status (Carers UK 2011). Separate research from the UK suggests that the types of care provided by carers from minority groups are likely to differ in a number of ways, specifically they are more likely to struggle financially; are more likely to be caring for their child, particularly an adult child and someone with a mental health difficulty; and are more likely to experience restrictions in using services because they lack information, or because services are too expensive, lack flexibility, or are not suitable for their individual needs (Yeandle et al. 2007).

Limited research exists on the gender dimensions of caregiving amongst carers from ethnic minorities, however research by Carers UK shows that black, Asian and minority ethic (BAME) men of working

age are more likely to be a carer compared to men from white ethnic groups. Within the BAME community, however, there continues to be a gender care divide with more women than men providing care and an expectation that care needs will be met within the family and especially by women (Yeandle et al. 2007).

It is well documented that people in the Travelling Community have significantly poorer health, including a higher incidence of long-term health conditions, and shortened life expectancy, compared to the general population. However, there is little research available on the gender dimensions of caregiving within the Irish Travelling Community. Research from the UK shows that in traditional Traveller families, caring and responsibility for the home (including cooking, cleaning and childcare) is seen as work undertaken by women (Casey 2014), however more recent studies have shown that gender roles are changing and an increasing number of Traveller men are now carrying out caring roles including housework and personal care when needed (Lane et al. 2019).

The gender imbalance in care provision has obvious policy implications on how to reconcile care and employment; how to encourage greater male participation in care and address the clear connection between caring responsibilities in the home and gender inequality in the labour market. A redistribution of care responsibilities between men and women, as well as between the family and the State, is therefore critical to achieving gender equality.

Factors contributing to the gender care gap in Ireland

- *Article 41.2*

The traditional male breadwinner/female family carer model of care where men are engaged more in 'productive work' and are the main income earner in the household, while women are expected to be the primary caregiver is deeply engrained in Irish society (Eurocarers 2021). Although more women are now in paid employment and patterns of care are changing, the strength of gendered norms regarding care are evident, with 39 per cent of the Irish population in 2021 believing that the most important role of a man is to earn money, while 52 per cent believe that the most important role of a woman is to take care of her home and family (Department of Children, Equality, Disability, Integration and Youth 2021). Although clearly problematic, this model of care is enshrined in the Irish Constitution, specifically in Article 41.2 which refers to women's life in the home. The replacement of Article 41.2 with wording that is gender neutral and that places an obligation on the State to take reasonable measures to support care in the home and wider community, as recommended by the Citizens' Assembly (The Citizens' Assembly 2021) and subsequently the Joint Oireachtas Committee on Gender Equality (Joint Committee on Gender Equality 2022) is, therefore welcome and is not only an opportunity to remove a discriminatory reference to women but is also a means of introducing long-overdue recognition of the immense contribution and good realised by family carers, both men and women.

- *Employment Gap, the Hours Gap, and the Gender Pay Gap*

The employment, hours and gender pay gaps are drivers well as consequences of the gender care gap. Because women tend to work and get paid less than their male counterparts, they are more likely to assume caregiving roles as the financial hit on the family tends to be less pronounced. Closely aligned to women's under-representation in the workforce, propensity towards part-time work and lower pay are the high costs of childcare, with costs in Ireland amongst the highest in the OECD (OECD 2022). The availability of affordable high-quality childcare is strongly correlated to women's ability to participate in employment (OECD 2018) with research by the ESRI and Pobal finding that the high cost of childcare is directly linked to lower employment among mothers (Russell et al. 2018). In addition, findings from a Work Equal survey in 2021 showed that 45 per cent of women said family caring duties have impacted their career, compared to only 25 per cent of men (Work Equal 2021).

Research in 2019 using data from the Survey of Health, Ageing and Retirement in Europe (SHARE) (Vergauwen and Mortelmans 2021), supports the hypothesis that women are more likely to assume a caring role for ageing parents if they are regarded by siblings as encountering the lowest care costs i.e. have more time to provide care and are less likely to bear significant financial costs due to lost income.

The employment, hours and pay gap in Ireland (Social Justice Ireland 2022):

Employment gap - the difference in the employment rates of men and women in Ireland in 2020 stood at 12.1 percentage points (79.5 per cent of men and 67.4 per cent of women were in employment).

Hours gap - the difference in the rates of part-time employment between men and women and indicative of women's caring responsibilities, is 21.7 percentage points (30.7 per cent of women and just 9 per cent of men are engaged in part-time employment). The EU average is a gap of 16.54 percentage points.

Gender pay gap is 11.3 per cent, meaning that for every €1 that a man earns in Ireland, women earn just 88.7c.

- *Male breadwinner model of social protection*

The absence of income-related benefits within the social welfare system reinforces the already entrenched gender stereotype of women as the primary caregiver by discouraging the higher-paid partner from leaving work to care. Means-testing Carer's Allowance based on the household income rather than on the individual income of the family carer forces carers, the majority women, to be financially reliant on their partner. Additionally, there is a limit on the number of hours a carer can work or study per week set at 18.5-hours if they receive Carer's Allowance, Carer's Benefit or the Carer Support Grant. Where a carer is found to have exceeded the 18.5-hour ceiling sanctions are applied, with the carer likely to lose their payment and issued with a repayment demand. Imposing a strict limit on the number of hours an unpaid carer can work or study, disproportionately affects women. It locks them into long-term welfare dependency, contributes to pension disadvantage and reinforces the gender pay gap. As a result of this, the vast majority of recipients under the three care-related social protection schemes are women, ranging from 77 per cent receiving Carer's Allowance, 80 per cent for those in receipt of the Carer's Support Grant and 83 per cent of those on Carer's Benefit (Department of Social Protection 2022).

- *Maternalistic parental and care leave policies*

Much statutory leave, including parental and care leave policies, has its roots in a heteronormative and maternalistic context which assumes that it is primarily mothers who need leave policy provisions. As such, it is not surprising that the difference, or gap, between the number of days that men spend on leave compared to women, is considerable. Considerable progress has been made in Ireland in recent years to promote more equal sharing of caring responsibilities between men and women through statutory leave entitlements and the promotion of flexible working, including the introduction of the Work Life Balance and Miscellaneous Provisions Bill 2022 and extended parental leave, shared equally between both men and women. While these tools are limited in that they target only people in employment, they are nevertheless important levers that can be used to promote fairer distribution of care within families.

The impact of the gender care gap

- *Workforce participation: the gender employment gap*[6]

[6] Please note that employment rates are defined proportionate to adults of working age, rather than the general population

The unequal sharing of unpaid care impacts on a women's ability to work full-time, with 29 per cent of women citing caring duties, including childcare, as their main reason for working part-time (European Institute for Gender Equality 2021). According to Eurostat, almost one third of women in the European Union worked part-time in 2018, compared to only 8 per cent of men (Eurostat 2020). The high percentage of women in part-time employment is also reflected in Irish statistics, with the CSO reporting that in Q1 2022 there were 363,900 women in part-time employment compared to 168,900 men, which is more than double (Central Statistics Office 2022b).

This gender employment gap also significantly impacts the economy, with an estimated loss of €370 billion across the EU due to the gender employment gap, equating to 2.8 per cent of the EU's GDP (Eurofound 2016). Additionally, the European Institute on Gender Equality reports that the "sectoral segregation, high part-time employment, under-representation in big firms and in supervisory positions (vertical segregation)" are characteristics of women's employment produced by caring responsibilities and determine a significant part of the gender pay gap (European Institute for Gender Equality 2021).

- *Financial implications: the gender pay and pensions gap*

The gender pay gap is the difference between male and female average hourly earnings as a percentage of male earnings, and is a driver of the unequal sharing of caring responsibilities. Eurostat reports that the gender pay gap across the EU-27 was 13 per cent in 2020, with Ireland at 11.3 per cent using data from 2018 (Eurostat 2022). This means that for every €1 a man earns; a woman will only earn €0.89.

In addition to the gender pay gap, the pension gap is another driver of the unequal sharing of caring responsibilities. Research from the ESRI shows that the average weekly pension income for women is 35 per cent less compared to men's average weekly pension income. The differences in pension income between men and women is a result of women typically having fewer contributions to personal and occupational pensions (Nolan et al. 2019).

Women in employment with no pension coverage are more likely to rely on the State Pension as their main source of income, with 51.2 per cent of women expected to rely on the State Pension compared to 48 per cent of men (Central Statistics Office 2022a). This is also more likely to be the Non-Contributory State Pension, as current statistics on recipients show that nearly 60 per cent are women (Department of Social Protection 2022).

Many women do not have an independent pension of their own, but rather they derive pension rights through their relationship with a partner under the 'qualified adults' system. Under this system women remain economically dependent, which impacts their autonomy or independence in other areas of life. The recommendation by the Commission on Pensions (The Pensions Commission 2021) to introduce a dedicated state pension solution to address the pension disadvantage experienced by long-term carers, the majority women is therefore welcome.

- *Health implications*

Family carers report higher levels of poorer health compared to non-carers. Findings from the Irish Health Survey 2019 reported that 19 per cent of family carers have some form of depression compared to 13 per cent of non-carers, 20 per cent rated their health as either 'Fair' or 'Bad or Very Bad' compared to 14 per cent of non-carers. Family carers are also more likely to have a long-standing health condition, at 30 per cent compared to 25 per cent of non-carers (Central Statistics Office 2020a). These findings are consistent with the findings of Family Carers Ireland's State of Caring 2022 report, where 14 per cent of carers surveyed reported having poor health compared to only 3 per cent of the general population. Interestingly the survey showed no differences between male and female carers in terms of health outcomes, with the exception of female carers who are significantly more likely to experience loneliness. Research has shown that loneliness has a serious impact on people's

physical and mental health and quality of life, with loneliness comparable to risk factors such as smoking and obesity in terms of its impact on life expectancy (Holt-Lunstad et al. 2015).

Balancing the care gap – solutions

The unequal distribution of care between women and men remains one of the most problematic areas for gender equality. As this paper has shown, caring responsibilities and the gendered nature of care impacts women's representation in the workforce; aggravates the gender pay and pension gaps and causes women to lose their economic autonomy, have an increased dependency on men and/or a reliance on the State for social welfare support. The paper has also shown how evolving family structures are influencing how care is provided and changing traditional male/female gender roles. It also highlights how 'family of choice' may replace the biological family as the primary source of support. If we are to begin to address the gender imbalance in the provision of care, and the heteronormative approach to how 'family' is defined and carers supported, then we must confront the limiting and constraining ideas and cultural norms about who cares and how care is provided. The key policy responses required to address gender inequalities in care can be categorised under four broad areas.

(i) Improving the quality, affordability and access to the long-term care system

In the same way, affordable childcare is recognised as key to gender equality amongst parents in the workplace, access to quality, affordable and reliable replacement formal care is critical to enabling people with caring responsibilities to work. While the European Pillar of Social Rights endorses everyone's right to good-quality and affordable long-term care services, in particular, home and community-based services (European Parliament, Council of the European Union, and European Commission 2017), the focus must extend to include day services, home support and respite for children and adults with additional needs. The State's introduction of the long-awaited statutory home support scheme for adults of all ages is therefore particularly welcome and has the potential to reduce gender inequality at home and in the workplace. In addition to its employment effects, the reinforcement of long-term care services can have a positive impact on the health and well-being of family carers and has the potential to lessen the physical and psychological burden of care which is more likely among carers with intensive caregiving responsibilities.

While the expansion and integration of care in the community and the creation of a statutory home support scheme are on the political agenda, home care and disability support services in Ireland remain difficult to access and are characterised by persistent staff shortages. Approximately a third of people in Ireland report unmet needs for professional home-care services (Eurostat 2018), with unmet needs particularly pronounced for low-income households who cannot afford to pay privately. Addressing staff shortages within the health and social care sector is a critical component of ensuring families can access replacement care (Department of Health 2022).

(ii) Gender proofing the design and take-up of family leaves and flexible work arrangements

Ireland has one of the most progressive carer's leave provisions of any country. The Carer's Leave Act 2001 provides for an employee to avail of unpaid leave from their employment to enable them to provide full-time care to a person who needs such care for up to 104 weeks (two years). Despite its generosity, however, take up of carer's leave remains consistently low with an average of just 3,000 people receiving Carer's Benefit[7] at any given time. Recent figures obtained show that 83 per cent of the claimants are women (Department of Social Protection 2022).

More recently, the EU Directive on work-life balance for parents and carers and the subsequent Work Life Balance and Miscellaneous Provisions Bill due to be transposed into Irish law in 2022 will provide

[7] There is no central record of the number pf people on Carer's Leave so the closest proxy is the number in receipt of Carer's Benefit, which is the PRSI-based social welfare payment made while a person is on Carer's Leave.

carers with five unpaid leave days per year as well as access to flexible working arrangements for carers. While welcome, it is unclear how the Bill, when enacted, will address the deeply engrained distribution patterns of caregiving responsibilities and the overreliance on women as primary carers. Indeed, these measures should be placed in a broader set of financial, employment and cultural measures aiming to encourage men to assume a greater share of care work.

The disproportionate take-up of carer's leave and flexible leave arrangements by women is due to a number of factors, as discussed previously. Even where policies enabling women to improve their participation in employment are in place, without cultural measures aimed at increasing the involvement of men in the provision of care at home, gender inequalities will persist. Policies and workplace culture must change to enable men to become more active in caring and reduce the barriers for men who want to become more involved. It must be recognised that men also want to have time and flexibility to care for children, elderly, partners, family members and friends.

(iii) Creating caring workplaces

Additionally, workplaces also need to become 'caring workplaces', that recognise the importance of an employee's work-life balance, as well as the fact that care work is demanding and, as such, should be equally divided within households (RESISTIRÉ 2021). Policies in these workplaces need to focus on recognising care as part of a person's working hours, promoting a healthy balance between work and home life. RESISTIRÉ, a cross country European project that aims at finding sustainable solutions to address gender inequalities, provides a number of measures that policies in caring workplaces should include (RESISTIRÉ 2021):

- Caring workplaces should promote a heathy division of unpaid care at home and labour e.g. offering flexible working hours.
- Caring workplaces should incentivise support and leave for male employees and ensure hours are used by all employees.
- Employees should be offered information on supports and incentivise carers to avail of these supports with structural or monetary support. Organisations could also look at developing links with carer organisations, for example the Caring Employers project provided by Family Carers Ireland (Family Carers Ireland n.d.). This project partners with companies in a pledge to support employees who are family carers – ensuring they feel supported and empowered in the workplace.

(iv) Development of gender-sensitive social welfare supports for family carers

The design, delivery and eligibility criteria attached to some social welfare schemes, particularly those relating to carers reinforce the already entrenched gender stereotype of women as the primary caregiver. Means-testing based on the household income rather than on the individual income of the family carer forces carers, the majority women, to be financially reliant on their partner. Likewise, the 18.5-hour ceiling on work or study traps carers, forcing them to remain dependent on social welfare and unable to prepare for life after care, while the absence of pay-indexed benefits discourages the higher paid partner, often the male breadwinner, from leaving work to care. As a result, the vast majority of recipients under the three care-related social protection schemes are women.

The social welfare system should be reformed in order to dismantle the legacy of the male breadwinner model. The reform of social welfare should (i) promote the economic independence of women and enable individual (non-derived) rights to social welfare. FCI believes this reform should include the reclassification of Carer's Allowance, the abolition of the means-test or the establishment of a Participation Income for carers as recommended by NESC (ii) benchmark the adequacy of social welfare payment to a Minimum Essential Standard of Living and (iii) introduce a dedicated State Pension for long-term family carers.

(v) Tackling entrenched gender norms and stereotypes

The division of caring responsibilities between men and women is rooted in a society's values, attitudes and preferences. These deeply entrenched values influence individuals and the extent to which they engage in caring duties. There is a need to promote a gender and sexuality sensitive approach to caring while highlighting the wider impact of unpaid care to the economy and society. Goal 5 of UN Sustainable Development Goals (SDGs) aims to achieve gender equality and empower all women and girls. However, the SDG Progress Report 2022 shows that the world is not on track to achieve gender equality by 2030, and the social and economic fallout from the pandemic has made the situation even bleaker. Progress in many areas, including time spent on unpaid care and domestic work is falling behind. Women's health services, already poorly funded, have faced major disruptions. Violence against women remains endemic, and despite women's leadership in responding to COVID-19, they still trail men in securing the decision-making positions they deserve. Commitment is needed to accelerate progress, including through the promotion of laws, policies, budgets and institutions that advance gender equality. Greater investment in gender statistics is also vital, since less than half of the data required to monitor Goal 5 are currently available.

(vi) Support for LGBTQ+ carers, ethnic minority carers and carers from one-parent households

Carer support organisations must acknowledge the diversity among family carers and ensure that they are proactive about equality and tailoring services to meet the needs of the diverse groups of family carers; that staff who work with family carers and the people they care for have equality training and an understanding of diverse cultures and caring norms. As there is limited research in respect to such diverse groups in Ireland, more data and research is needed to explore the experiences of BAME, Traveller, one-parent households and LGBTQ+ family carers in an Irish context.

Recommendations for future research

While extensive research exists relating to the gender dimensions of care more broadly, there are significant gaps in research from an Irish perspective which sets the stage for future research. Firstly, advancing our understanding of how the structure, assumptions, norms, values, expectations, obligations and preferences of care unfold over time and the impact on caregiver and care recipients' outcomes is a pivotal future research direction. Future efforts should focus on understanding how shifts in Irish society and culture, such as changing family norms and structures and changing demographics, interact with gender and shape patterns of care. Future research should also address questions such how family structure interacts with gender in ethnic minority groups, the LGBTQI+ community and blended families and how this shapes patterns of care. Secondly, as new and more inclusive statutory leave and flexible working arrangements are put in place for men and women with caring responsibilities, there is an incentive to capture the uptake and impact of these on gender equality indicators. A better understanding of the facilitators and obstacles to the take-up of flexible work options and carer's leave is critical not only to the inclusion of family carers in the paid workforce, but also towards building a more gender-balanced workforce. Finally, it is very clear that formal and informal care are two sides of the same coin. Yet unpaid care activities are often left out of policy agendas. Future research could address this through analyses of Irish health and socioeconomic policies in terms of the relationship between long-term formal care services and informal carers.

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Family Carers Ireland

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Family Carers Ireland is *the* national charity supporting the 500,000 family carers across the country who care for loved ones such as children or adults with physical or intellectual disabilities, frail older people, those with palliative care needs or those living with chronic illnesses, mental ill-health or addiction.

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