A FEMINIST VISION OF CARE AND ECONOMIC EQUALITY

A research paper by
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ABSTRACT

Care and care provision are central to understanding women's economic inequality and poverty in Ireland and globally. Care work is largely unpaid or low paid, and mainly taken on by women from marginalised sectors in homes, communities and institutional settings. Unpaid care work subsidises every area of the national and global economy. Together with low-paid care, it is at the root of systems of economic exploitation. This paper combines analysis of the global and Irish care models with the lived experiences of women in Ireland (namely home carers; disabled women; Traveller women and lone parents). It makes substantial policy recommendations for Ireland to be a leading voice in recognising the value of care and putting care at the centre of its policies. By actioning these recommendations Ireland will ensure care is rewarded; the burden of unpaid care work on women is reduced; care is redistributed within households, between households and State and between States; and care is reclaimed as a social and public responsibility through properly financed universal quality public services.

Section 1: Global Context

Our world is one in which carelessness reigns.[1]

What do we mean by care and the care economy?
Care encompasses a wide range of activities, looking after the physical, social, psychological, emotional, and developmental needs of one or more people. Care is a multidimensional concept in that it can combine emotional concern for others, as well as the demands of the practical provision of care labour, sometimes conceptualised as 'caring about' (emotional labour) and 'caring for' (carrying out the practical work of care). As part of a shift away from the current economy, this would also entail caring for the planet to stave off environmental and climate disaster, and engaging in social relations based on reciprocity, cooperation and mutuality.

Care is crucial to social well-being and makes possible all kinds of economic activity. **The care economy** comprises the diverse paid and unpaid work of caregiving in homes, communities and institutions necessary for the physical, emotional, health and social care of the population in all its forms: personal and domestic services; care of children, care of those with illness and older people; as well as supports for people with disabilities. Care work is economically valuable but globally undervalued, primarily carried out by women, often invisible, mostly unpaid, underpaid, or low-paid. Care equality, drawing on a broader perspective of generating a world based on gender justice and economic fairness, means investing in a labor-intensive sustainable world, protecting the environment from exploitation and damage and combating climate disaster.

1.0 Introduction

Care and economic inequality are inextricably linked. Care and care provision are central to an understanding of gender inequality in Ireland and globally. Gender, social class, age, ethnic and racial inequalities characterise the global care chains which mark our contemporary internationalised capitalist economies. Care work is largely unpaid or low paid, and mainly taken on by women from marginalised communities in homes, communities and institutional settings, and at the edge of local and global labour markets. Unpaid care work subsidises every area of the economy and, together with low-paid care, is at the root of systems of economic exploitation. According to Oxfam, women and girls undertake '12.5 billion hours of unpaid care work every day'. If women and girls were to be paid the minimum wage for every hour spent on unpaid care work, they would contribute at least $10.8

[1] The Care Collective (2020) *The Care Manifesto – the politics of interdependence*. Verso Publishers. London.

trillion per year (triple size of global tech industry). [2] It is precisely because women carry most of the responsibilities for care on a global basis that economic inequality is at the centre of women's lives, throughout the life course, in each and every country. Mainstream economic thinking that marginalises care perpetuates women's economic inequality. 380 million women and girls are currently living in extreme poverty and, while UN Sustainable Development Goals targeted the year 2030 for achieving gender equality, post-pandemic projections predict that persisting with current policies will mean that it will be 140 years before that target is achieved.[3] In Ireland, women continue to have lower incomes, wealth and pensions, as well as less access to employment and state supports than men,[4] all while undertaking the greater share of unpaid care responsibilities.[5] Poverty is a significant issue for women, with 5.7% of women living in consistent poverty, while 13.2% are at risk of poverty[6]. Almost half of one parent families (43.5%) mainly headed by women are living in deprivation, a quarter (23.8%) are at risk of poverty and 14.1% are living in consistent poverty.[7]

Economic priorities influence both the quantity and the quality of care provided in different societies, but also the ways in which care systems are financed, organised and delivered in different care settings. A definite and severe gendered care penalty lies at the heart of our care systems. These penalties are experienced by women in low-paid care work both in public and private sectors, in institutional and informal - often unpaid - care settings in families and communities. Gendered inequalities in paid employment rates, in social protection as well as in pension systems, mean that that women too often live on the borders of low income and poverty. Many women primary carers are denied access to benefits, as eligibility continues to be tied to paid employment records, excluding many women in lone parent households, larger family households, in minority groups and older age households. Such gendered systems of economic and political policymaking have shaped multiple inequalities in systems of care. Generations of underfunding of many public health systems, exacerbated by COVID-19, meant that the burden of care for children, older people and others fell on women, both within the home and in low-paid frontline and institutional services. According to Action Aid's rapid assessment of the impact of Covid-19 on young women, the lockdown measures compounded

[2] Oxfam International (2022) *Not all gaps are created equal: the true value of care work.* Oxfam International https://www.oxfam.org/en/not-all-gaps-are-created-equal-true-value-care-work.
[3] UN Women (2022) *Progress on the Sustainable Development Goals: The gender snapshot 2022*. https://unctad.org/news/covid-19-threatens-four-lost-decades-gender-equality
[4] National Economic and Social Council (2022) *Ireland's Social Welfare System. Gender, Family and Class*. http://files.nesc.ie/nesc_background_papers/151_background_paper_4.pdf
[5] Russell et al (2019) *Caring and Unpaid Work in Ireland,* IHREC/ESRI Research Series. https://www.ihrec.ie/app/uploads/2019/07/Caring-and-Unpaid-Work-in-Ireland_Final.pdf
[6] CSO (2023) *Survey on Income and Living Conditions (SILC) 2022. https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2022/poverty/*
[7] One Family (2022) *Press release: CSO figures confirm rates for lone parents are increasing*. https://onefamily.ie/press-release-cso-figures-confirm-poverty-rates-for-lone-parents-increasing/.

pre-existing inequalities by eroding their economic gains and opportunities, exacerbating their burden of unpaid care and domestic work, heightening the risk of gender-based violence, and limiting their access to health care, education and other public services.[8] During the pandemic, across media sources, the indispensable nature of care and of care workers was constantly stressed and there was a sense that maybe a deeper understanding of care and its role was emerging, as well as the need for a system of revaluing care. However, this narrative has been quickly forgotten, the care economy has retreated back to invisibility and fallen off policy agendas.

Care is essential work, critical to the social infrastructure on which our societies are built. Everyone, at different stages of life, cares for others or has care needs provided by others. The challenges of care are many, although the rewards of care can be very significant, in systems in which social investment in care and public support for carers and care activities is high.[9] Care policies include:

- provision of paid and unpaid care services in the public sphere or private sphere;
- regulated of care services by public authorities;
- care infrastructure, for example early childcare and education;
- social protection policies, such as income and other care supports;
- employment policies, including leave entitlements.

Different care policies have developed globally in diverse economic and socio-cultural contexts, but underinvestment in care is universal and vulnerable groups are marginalised from decision-making regarding care. Care is not one-dimensional - it is not only the vital hands-on care performed by care workers and parents that first comes to mind:

> [it] also entails an understanding of care which is more capacious: care as our individual and common ability to provide the political, social, material, and emotional conditions that allow people and living creatures on this planet – and indeed the planet itself—to thrive.[10]

Provision for home and community-based care and support services that enable older people and others to live independently in their own homes are under-financed and long-term residential care is of poor quality - with severe

[8] ActionAid, *Impact of Covid-19 on Young Women,* November 2020. YUW final report.pdf (actionaid.org)
[9] Bobinac, A. et al (2010) *Caring for and caring about: Disentangling the caregiver effect and the family effect.* Journal of Health Economics Volume 29, Issue 4, July 2010, Pages 549-556. Elsevier. https://www.sciencedirect.com/science/article/abs/pii/S0167629610000688
[10] Necsus (2021) *The interdependence of care – a conversation with the care collective*. https://necsus-ejms.org/the-interdependence-of-care-a-conversation-with-the-care-collective/

consequences as highlighted during the recent pandemic.[11] Recognition of the interdependence of care is central to establishing its value, yet it is not widely recognised. A radical change is needed to put care at the centre of our societies, economy and political order. **Radical and transformative social change is needed to create a care system that has greater gender justice and economic equality at its heart and is based on a model of sustainable development and a feminist, just transition.** Such a radical change is needed to put care at the centre of our societies, economy and political order that can ensure dignified human life into the future.

> Our political economy models and our related worlds of welfare capitalism are deficient, failing to secure gender and other equalities, socio-economic justice, health and wellbeing, social reproduction, democratic participation as well as sustainable ecologies.[12]

1.2 Climate change, gender and care

Economic inequality intersects with gender inequality, but also with other factors such as social class, age, ethnicity and disability. Another increasingly important factor that shapes how economic inequality and gender interact is the environment, and climate injustice in particular. At a global level, social groups that are vulnerable to poverty and other forms of socio-economic disadvantage are those that are most likely to be adversely affected by environmental degradation and climate damage. This takes different forms from chronic air pollution to contamination of water supplies, to catastrophic flood, fire and storm damage. Research evidence demonstrates that energy and food poverty are widespread and damaging to the health and wellbeing of households and communities in the wake of a series of crises: financial; health; cost-of-living; and climate. Vulnerable communities are hardest hit both globally and in Ireland. In contrast, access to environmental benefits of clean water, unpolluted seas, green space, nutritious food and safe homes that can withstand serious weather events are balanced in favour of households with higher incomes and in wealthier regions of the world economy that control access to vital resources.

> Socio-economic disadvantage makes some communities and households more vulnerable to the effects of both environmental pollution and the policies that are intended to address it.... Environmental injustice can be seen where pollution is concentrated in certain geographical areas, and among communities that have the least influence or power in the policy process.[13]

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[11] European Social Policy Network (2018) *Challenges in long-term care in Europe – A study of national policies*. KE-01-18-637-EN-N.pdf.

[12] Murphy Mary P. (2023) *Creating an Ecosocial Welfare Future*. Policy Press, Bristol University Press. https://policy.bristoluniversitypress.co.uk/creating-an-ecosocial-welfare-future.

[13] O' Neill, Sadhbh et al (2023) *Environmental Justice in Ireland: Key dimensions of environmental and climate injustice experienced by vulnerable and marginalised communities*. DCU. DCU Environmental-Justice-in-Ireland-230322-1.

Reinforcing this argument is the position held by UNWomen that the most severe impacts of climate change are experienced by women and girls and summarised in their clear statement: *climate crisis is not gender neutral.* Almost half of agricultural workers are women across the Global South, with an even higher proportion in sub-Saharan Africa. This means women's livelihoods and food security are particularly vulnerable to climate change induces erratic rainfall patterns, pests, droughts, floods and cyclones.[14] By documenting gender inequalities inherent in the global pattern revealing that women carry the major responsibility for securing food, water and fuel, they make the case that achieving greater gender and care equality is directly connected to achieving greater climate justice. Furthermore, they argue that regional conflicts and tensions are intensified by the consequences of climate change creating conditions for drought, famine and population displacement, often isolating women and children in situations that are compounded by sexual and gender-based violence.[15]

> Gender inequality coupled with the climate crisis is one of the greatest challenges of our time. It poses threats to ways of life, livelihoods, health, safety and security for women and girls around the world.[16]

Historically, as Nancy Folbre[17] has demonstrated, gendered patriarchal structures expanded globally and established economic domination through colonial systems that imposed hierarchical inequalities of race, gender and nationality. As capitalist systems globalised, gender inequalities were reinforced that separated home and paid work in wealthier economies, establishing new gendered divisions of labour and systematically and significantly undervaluing care at a global level. While care and the economy are closely intertwined, and care has increasingly become a significant economic issue, it is systematically devalued and receives little social recognition. A radical and exciting perspective has been developed by the *Feminist Green New Deal Coalition* (FemGND) based on an understanding of the interlocking nature of care for the environment with human care needs and looking to transformative ways to combat global care inequalities and systemic racism, together with environmental exploitation. Their strongly argued view is that resistance to a world in which care is marginalised is rooted in struggles for human rights' and against multiple injustices:

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[14] Action Aid (2022) *The Long Shadow of the Climate Crisis*. actionaid.org/sites/default/files/ publications/The Long Shadow of the Climate Crisis FINAL %281%29.pdf

[15] UNWomen (2022) *Explainer: How gender equality and climate change are interconnected.* https://www. unwomen. org/en/news-stories/explainer/2022/02/explainer-how-gender-inequality-and-climate-change-are-interconnected.

[16] UNWomen (2022) *Explainer: How gender equality and climate change are interconnected.* https://www. unwomen. org/en/news-stories/explainer/2022/02/explainer-how-gender-inequality-and-climate-change-are-interconnected.

[17] Folbre, Nancy (2021) *The Rise and Decline of Patriarchal Systems.* Verso Books. https://www.versobooks. com/en-gb/products/492-the-rise-and-decline-of-patriarchal-syste

> The work of caring for others has long been a site of struggle for racial, economic and gender justice movements, with advocates asserting powerful critiques around the ways that white supremacy, patriarchy and capitalism meet to commodify, profit from, undervalue and devalue, and invisibilize and marginalize the life-sustaining and life-giving work of caring for the land and caring for each other. The legacy of these many transhistorical struggles also include radical visions of what a world that honors, recognizes, and prioritizes care for all could — and must — look like.[18]

At both global and local levels, there is a distinct lack of data that links environmental injustice to wider socio-economic inequalities. Climate change and environmental destruction intensifies the need for public provision of care as demands for care and care workers increase globally. The dual impacts of the climate emergency and the care crisis are mostly severely felt in diverse vulnerable communities including indigenous peoples, migrants and communities of colour, people with disabilities, rural communities, elderly, lone parents and those in low-income households. In Ireland, the scale and depth of the housing crisis has created conditions of severe disadvantage, concentrated in specific geographical areas. This is combined with poor transport into and out of marginalised urban and rural areas. Migrants experience discrimination on grounds of race, ethnicity, gender, language barriers and residency status, along with difficulties accessing housing. Socio-economic disadvantage has rarely been seen as an issue of environmental justice, but the evidence is mounting.[19] Centralised systems of policy and decision-making marginalise and exclude the most vulnerable communities, and those with the fewest resources, including women, people with disabilities and migrants.

1.3 Crisis in care

Care services have been increasingly privatised in the West since the 1980s and the rise in neo-liberal ideology of the centre-right and this process was dramatically accelerated during and after the financial crisis of 2008. The European Public Services Union (EPSU) argue strongly that cut-backs in health and social service funding in the aftermath of the financial crisis of 2008-2013 meant that EU countries were in a weakened position to fight COVID-19. Pressure to contract public expenditure globally inevitably meant cutbacks in health and education expenditure, and resulted in health systems with less capacity in a time of acute

[18] A Feminist Green New Deal Coalition Brief (2021) *Care and Climate; understanding the policy intersections.* https://feministgreennewdeal.com/2021/04/15/care-climate-understanding-the-policy-intersections/

[19] O' Neill, Sadhbh et al (2023) *Environmental Justice in Ireland: Key dimensions of environmental and climate injustice experienced by vulnerable and marginalised communities*. DCU. DCU Environmental-Justice-in-Ireland-230322-1.

crisis.[20] Privatisation has seen a process of moving away, not only from public payment, ownership and governance of care and health services, but also a moving away from *social or public responsibility for care* or even a commitment to *shared responsibility*. Firstly, legislative and policy changes have been introduced to limit the public regulation of care and health and secondly, services are monetised and commodified as products or services to be priced - and therefore to be bought and sold on the marketplace. Both public and private care providers are then subjected to the language and framing of systems of performance assessments and measurements drawn from the corporate marketplace.[21] With it comes an absence of democratic accountability for the provision of care needs and for the quality-of-care services. Loss of public ownership of care services and delivery of care for-profit on the private marketplace has had negative implications for both the care workforce and for care recipients.

The long-term, care sector, as well as some vulnerable area of State care such as prisons, have become increasingly at-risk to privatisation and its implications for the rights and protection of care workers, care recipients and those accessing support services. C*ommodification of care* has spread the logic of the market and profitmaking into the domestic arena and into socialised care services.[22] Privatisation has implications for the way in which care services are organised and delivered and for-profit motivations are frequently linked to cost cutting exercises which undermine the quality of care delivered - resulting in the exploitation of a vulnerable workforce in order to extract higher levels of profit.[23] Care services in many countries, including Ireland, have developed into complex systems of different providers and strategies to decrease costs have been the focus of the policy-making process. There is little control over charges for care services delivered by the private for-profit sector and costs to parents and households have been seen to create an *affordability crisis* in some countries in accessing much-needed care. There are some examples of co-operative or not-for-profit services such as the Great Care Co-operative in Ireland (see section below) and, while they may incorporate imaginative and creative perspectives on care, in practice they are rare.

As populations are rapidly ageing, diverse health issues as well as complex long-term care needs, are intensifying. People in almost all countries are living longer. Life

[20] European Public Services Union (EPSU) (2021) *Privatising out future – an overview of privatisation, marketisation and commercialisation of social services in Europe.* EPSU.
[21] Doveman, M. et al (2018) *Deregulation, privatisation and marketisation of Nordic comprehensive education: social changes reflected in schooling.* Education Inquiry. Volume 9 Issue I. https://doi.org.10.1080/20004508.2018.1429768
[22] Lynch, Kathleen (2022) *Care and Capitalism*. Polity Books.
[23] EPSU (2021) *Privatising our Future – an overview of privatisation, marketisation and commercialisation of social services in Europe.* https://www.epsu.org/sites/default/files/article/files/Social%20services%20privatisation%20Europe%20FINAL.pdf

expectancies are increasing and now stand at an average age of 74.2 for women and 69.8 for men. Globally, children born in 2022 have a life expectancy of 71.7 years on average - 25 years longer than those born in 1950. Given their longer life expectancies than men, women spend a longer period of their lives in poor health. Women are usually frailer and have deteriorated health, particularly in the last years of their lives, and are also more likely to lack the direct support of a male spouse.[24] As a result, older women tend to account for a higher proportion of those needing long-term care and of residents of care institutions.[25] In the EU in 2021, 33% of women aged 65+ needed long-term care compared with 19% of men.[26] Additional changes in society have had an impact, particularly in wealthier countries, such as the global contraction in extended families and dramatic decline in intergenerational households. As a consequence, unmet care needs of older people are rising, mainly in low-income households who are not in a position to meet their demands on the private marketplace. Women are more likely to need long-term care than men and are consequently more likely to suffer the negative impacts of underinvestment in eldercare, poor quality of care in congregated care settings, as well as under-resourced home care services.[27]

Demand for care is fast outpacing the supply of carers. Migrant care workers increasingly fill the supply gap in wealthier countries, interrupted only by COVID-19. In some countries, for example Italy in 2017, almost three-quarters of the paid care workforce was estimated to be born outside of Italy.[28] Many of these are informal carers, such as family carers or unregistered domestic workers. Shortages of caregivers and quality care services reflect the lack of a specific policy or strategic framework for long-term care in many countries. Even in countries with more developed care policies, poor implementation has often left older vulnerable persons with fragmented, confusing and inadequate care options. Despite the pressure to ensure the provision and affordability of long-term care services as societies age, investment continues to be severely inadequate. At a global level, average public expenditure on long-term care is contracting rather than expanding. Across OECD countries, the average expenditure on long-term care in 2019 was 1.5% of their GDP, down from 1.7% in 2017.[29]

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[24] EIGE (2021) *Gender Equality Index: work-life balance.* https://eige.europa.eu/publications/gender-equality-index-2019-report/women-live-longer-poorer-health.

[25] Atkins et al (2021) *A genome-wide association study of the frailty index highlights brain pathways in ageing*. Aging CELL Anatomical Society. Wiley on-line. https://onlinelibrary.wiley.com/doi/full/10.1111/acel.1345

[26] EIGE (2021) *Gender Equality and Long-term Care at Home* https://eige.europa.eu/publications/gender-equality-and-long-term-care-home. https://eige.europa.eu/publications/gender-equality-and-long-term-care-home

[27] United Nations (2022) *Care giving in an ageing world.* https://www.un.org/development/desa/dpad/wp-content/uploads/sites/45/publication/PB_143.pdf.

[28] Bonizzoni (2019) *The Border(s) Within: Formal and Informal Processes of Status Production, Negotiation and Contestation in a Migratory Context* in Migration, Borders and Citizenship

[29] OECD (2020) *Spending on long-term care.* https://www.oecd.org/health/health-systems/Spending-on-long-term-care-Brief-November-2020.pdf

Globally, the majority of carers (across countries and regions) both paid and unpaid, and in both formal and informal employment, are women. 90% of formal long-term care workers in OECD countries are women and the European Commission estimates that almost 80% of all long-term care is provided by informal carers in Europe.[30] Even in countries with relatively enhanced gender equality policies, such as Denmark and Norway, the proportion of formal care workers who are women is over 90%. Long-term care work is chronically undervalued. Those who are paid are often on low wages, with little job security, poor working conditions, and with few benefits or other forms of employment protection. Carers tend to be underpaid even when compared to workers with similar skills, education and experience to those in other sectors.[31] Physical and mental health issues among carers have been linked to lack of appropriate training to cope with the needs of care recipients or supports for disabled people, with potential negative impacts on the quality of care. Unpaid family caregivers often experience heightened mental and physical stress, a situation that is especially challenging for older caregivers, such as those caring for a spouse. Family caregivers often have multiple responsibilities, including caring for dependent children, carrying out domestic labour and sometimes also income-generating activities.[32]

Caregivers, both formal and informal, who are overworked and lack support systems are at risk of providing poor-quality care.[33] In the U.S., for example, it is estimated that non-residential long-term care workers are paid just half the average national hourly wage.[34] Ireland, that has the third highest level of unpaid work in the EU, provides an example of a starkly gendered nature of the care system. 90% of those engaged in full-time care in the home and family are women in Ireland[35] and research has shown that women spend double the number of hours on caring than men and nearly three times as many hours on housework than men.[36] This unequal distribution of labour has negative socioeconomic impacts globally. OECD and ILO data reveal that 3 out of 4 hours (76.2%) of unpaid, unmeasured activities are carried out by women and

[30] European Commission (2018) *European Care Strategy*. https://ec.europa.eu/commission/presscorner/detail/en/ip_22_5169

[31] England, Budig and Folbre (2002) *Wages of Virtue – the relative pay of care work.* Social Problems. Vol 49 Issue 4. https://www.jstor.org/stable/10.1525/sp.2002.49.4.455.

[32] Eurocarers (2022) *Towards a positive EU obligation to support informal carers.* https://eurocarers.org/publications/towards-a-positive-eu-obligation-to-support-informal-carers/

[33] UNDP (2020) *Human Development Index*. https://hdr.undp.org/data-center/human-development-index#/indicies/HDI.

[34] Gould, E. Sawo, M. and Benerjee, A. (2021) *Setting higher wages for child and home care workers is long overdue. Economic Policy Institute*. https://www.epi.org/publication/higher-wages-for-child-care-and-home-health-care-workers/

[35] CSO (2023) Census of Population 2022: Profile 7: Employment, Occupations and Commuting. https://www.cso.ie/en/releasesandpublications/ep/p-cpp7/census2022profile7-employmentoccupationsandcommuting/principaleconomicstatus/#:~:text=Of%20all%20people%20who%20recorded,17%25%20to%20just%20over%2092%2C000

[36] Russell, Helen (2019) Caring and Unpaid Work in Ireland. The Economic and Social Research Institute. https://www.esri.ie/publications/caring-and-unpaid-work-in-ireland.

women spend at least double the amount of time as men on unpaid care work.[37] This results in a high level of unavailability for paid employment among women (606 million) compared to men (41 million).[38] Research from Latin America and the Caribbean indicates that women spend three times as many hours on unpaid work as men and that 70-85% of unpaid work is carried out by women. Such data reinforce how inequalities in care account for gender difference in access to paid jobs, as well as wider human rights in access to education and political participation[39]

> It should be noted that this unequal distribution of care work not only reinforces socioeconomic and gender inequalities, but also has a strong negative impact on economic growth, the functioning of the labour market, and companies' productivity. In this sense, it is necessary to highlight the value of care work for economic recovery. According to ECLAC data, the economic contribution of these jobs ranges between 15.9% and 25.3% of the gross domestic product (GDP).[40]

Global care chains that characterise international care systems are too often based on displaced families worldwide and vulnerable, precarious mainly ethnic-minority women migrant workers. This globalised system of exploitation in which majority world countries provide the care labour - underpaid and devalued - to wealthy regions of the world economy, has become increasingly the dominant pattern of care. A global care chain is effectively an international market for workers who provide care and refers to the way in which mainly women migrant workers from low-income countries travel across the globe to provide domestic work, care for children, older people and others for households in high-income countries and to send remittances back to their families in countries of origin. This large-scale migration has detrimental consequences for poorer countries, creating globalised families and resulting in a loss of care workers for older people, children and others in need.

Global Care Chains is a concept used to describe the ways in which care responsibilities are transferred from one household to another, across national

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[37] OECD (2021) *Caregiving in crisis: gender inequality in paid and unpaid work during COVID-19*. https://www.oecd.org/coronavirus/policy-responses/caregiving-in-crisis-gender-inequality-in-paid-and-unpaid-work-during-covid-19-3555d164/ OECD Unpaid Care Work (2021) *The missing link in the analysis of gender gaps in labour market outcomes*.

[38] ILO (2021) *Statistics on Unpaid Work.* https://ilostat.ilo.org/topics/unpaid-work/ https://www.oecd.org/dev/development-gender/Unpaid_care_work.pdf.

[39] Gender Equality Observatory of the Economic Commission for Latin America and the Caribbean (ECLAC) *Gender Equality Statistics*. https://oig.cepal.org/en.

[40] Economic Commission for Latin American and the Caribbean (ECLAC) (2022) *The Care Society – a horizon for sustainable development with gender equality*. https://www.cepal.org/en/pressreleases/eclac-it-time-transformational-changes-one-proposed-care-society.
Republic of Argentina (2023) *Observations on the Request for an Advisory Opinion to the Inter-American Court of Human Rights'*. https://www.corteidh.or.cr/observaciones_oc_new.cfm?lang=en &lang _oc=en &nId_oc=2639.

borders, forming chains. As individuals move, work in the care sector is internationalized. Through these chains, households in different places around the world are interconnected, as they transfer care giving tasks from one household to another based on power hierarchies such as gender, ethnicity, social class, and place of origin.[41]

Pressures on women in wealthier economies creates situations in which many care services are purchased on the private marketplace, often drawing on women's limited incomes in dual-earner households. While dual-earner households have become more common across the EU, dual-carer households - in which care responsibilities are equally shared - are still rare. Consequently, private care is paid at low levels creating globalised gendered hierarchies among women and also within and between households, ethnicities and geographical regions. Global care systems may often be entangled in private households' guilt or shame but, in practice, underlying economic vulnerabilities and power inequalities are inherent and persistent. Poorer countries supplying care to wealthier economies experience a significant *care deficit* that has yet to be addressed by international organisations (for example, UN, IMF, EU) in the way in which *debt burdens* and *peace dividends* have, to an extent, been recognised and tackled. For example, while the inequalities embedded in the debt burden of low-income countries has been partially recognised, there is an absence of discussion of the ethical issues involved in global *reparations* due arising from the care deficit in the poorest countries.

According to the UN a *global care crisis* is looming potentially affecting up to 2.3 billion people by 2030, highlighting the potential for intensified inequalities in a sector where women already perform more than three-quarters of all unpaid work.[42] Women are crowded into the lower occupational categories of the care sector and, as a result, gender pay gaps are particularly wide in care, as clearly evidenced from recent research from the ILO and WHO.[43] Support for care workers is minimal, or frequently absent, despite the argument put forward strongly by the WHO that investing in health workers generates *a triple dividend* of better health, economic growth and enhanced gender equality.[44] Social investment in the labour-intensive public care system is vital. Palladino and Mabud (2021) estimated that in the U.S. every billion invested in care generates almost three times the return in higher

[41] UNWomen (2023) *Global Care Chains* https://www.unescwa.org/sd-glossary/global-care-chains.

[42] UNDP (2020) *Looming Care Crisis in Developing Countries threatens to devastation economies and ramp-up inequality*. https://www.undp.org/press-releases/covid-19-looming-crisis-developing-countries-threatens-devastate-economies-and-ramp-inequality.

[43] ILO and WHO (2022) *The gender pay gap in the health and care sector: A global analysis in the time of COVID-19*. https://www.ilo.org/global/publications/books/WCMS_850909/lang--en/index.htm.

[44] WHO High-Level Commission on Health Employment and Economic Growth (2020) *New investments in global health workforce will create jobs and drive economic growth.* https://www.who.int/news/item/20-09-2016-un-commission-new-investments-in-global-health-workforce-will-create-jobs-and-drive-economic-growth.

levels of economic activity, mainly benefitting vulnerable communities through increased access to care and more and better paid care work.[45] A recent UNWomen study found that the cost of increased investment in early childcare (ages 0-6) was halved due to significant increased tax returns.[46] De Hanau and Himmelweit (2021) argue that the pandemic strengthened the gender-equality case for investing in affordable, high-quality care. By investing in better paid jobs in the care sector, a sector that has historically suffered from under-investment, they demonstrate, this would create more quality employment opportunities, further stimulating the economy through the spending of an expanded and high-quality care workforce.[47] The WHO estimates that the world needs another 18 million health workers, mostly in low- and middle-income countries, arising from the care deficit.

The ILO has called for sweeping policy changes in the care of children and the elderly which it argues could create 269 million labour-intensive, carbon-neutral jobs in the next twelve years, if EU member States doubled their investment in education, health and social care work. They calculate that the potential global impact could be huge, with 16.4 billion hours per day already spent in unpaid care work (citing data from 64 countries). This is the equivalent of two billion people (largely women) working eight hours a day with no remuneration. The level of responsibility for unpaid work is the critical factor in determining whether women enter into, and remain in, paid employment, and the quality of paid jobs to which women have access. Radical policy change across the care sector is vital and would not only help achieve gender equality, but would also contribute to ending poverty, promoting sustained, inclusive and sustainable economic growth, achieving full employment and decent work, and reducing inequality between countries a key element of a feminist, just transition.[48] The intensity and the scale of the crisis highlights the need for radical social change, as lack of social investment enhances inequalities in relation to gender, social class, age, ethnicity, disability and geography. More equitable person-centred care is urgently needed in different care settings by drawing on significantly increased investment in gender-responsive public services, based on decent working conditions.[49]

1.4 Poor working conditions

[45] Palladino, L and Mabud, R (2021) *It's time to care – the economic case for investing in a care infrastructure.* Political Economy Research Institute (PERI) University of Massachusetts. https://peri.umass.edu/ publication/ item/1399-it-s-time-to-care-the-economic-case-for-investing-in-a-care-infrastructure

[46] Action Aid (2020) *Another World is Possible Vol 2. Centring Economies around Care*. https://www.actionaid.org.uk/ publications/another-world-possible-volume-2-centering-economies-around-care

[47] De Hanau, J and Himmelweit, S (2021) *A Care-Led Recovery from COVID-19: Investing in High-Quality Care to Stimulate and Rebalance the Economy*. Feminist Economics 2021. Nos 1-2. P 553-569.

[48] ILO (2022) *Care at work: Investing in care leave and services for a more gender equal world of work.* https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_838469/lang--en/index.htm.

[49] UN Department of Economic and Social Affairs (2020) *World Social Report 2020. Inequality in a rapidly changing world*. https://UN%20Inequality%20in%20a%20rapidly%20changing%20world.pdf; ActionAid (2022) *Who Care for the Future – finance gender-responsive public services.* ActionAid. https://actionaid.ie/wp-content/uploads/2020/10/final-who-cares-report.pdf

Care workers have little choice but to endure deficient working conditions, marked by low wages, lack of training and supporting equipment and precarious work situations. Wider cutbacks in public services, instigated during and after the financial crisis of 2008, took place within economic systems already marked by gender hierarchies and inequalities, and inevitably meant that women had to fill the gap caused by restrictions in care and educational provision during the pandemic. This has been at significant cost to women's financial security and position in paid employment and it is too often women from the most marginalised communities who experience those costs most harshly. Women have borne the brunt of the negative consequences of deficits and discrepancies in care provision, making up the large majority of paid and unpaid care providers, as well as the majority of care recipients among older people.[50]

As with informal workers, most women workers in paid employment globally are without social and employment protection. The adoption of the ILO's Domestic Workers Convention, 2011 (No. 189) and Domestic Workers Recommendation, 2011 (No. 201)[51] has built momentum for change and some countries have improved work situations of domestic workers. But change is slow – legal reform and new policies combined with private actions can do much to close the gender gap in unpaid work and care. Key policies are central to achieving greater gender justice and enhanced economic equality. While redistribution means shifting more care responsibilities to men *within households*, the provision of properly financed public services would shift responsibilities *from the household to the State* and create conditions for more decent work and a fairer society, on the basis of gender, ethnicity and disability. ActionAid argue that action on debt, austerity and tax could be used to build *fully financed and gender responsive public services* and that these are key to redistributing domestic and unpaid care work with the aim of creating more pathways to decent work opportunities for women, greater access to education, cultural activities, and political representation.[52]

Unregistered migrant workers are mainly based in the informal economy, with low wages and where employment protection is scarce or non-existent. Formalising the care sector involves regularising the legal status of migrant workers from outside the EU, and undeclared workers based mainly in households. Data is not available for the EU – or for Ireland - but it is estimated that these workers form a significant proportion of the care work force, particularly the labour-intensive long-term care sector.[53] The majority of live-in care workers across the EU are estimated to be

[50] United Nations (2020) *Sustainable Development Goals*. https://www.un.org/sustainabledevelopment/gender-equality/

[51] ILO (2020) *ILO Strategy on Domestic Workers.* https://www.ilo.org/global/topics/domestic-workers/strategy/lang--en/index.htm

[52] ActionAid (2020) *Who Care for the Future – finance gender-responsive public services.* ActionAid. https://actionaid.ie/wp-content/uploads/2020/10/final-who-cares-report.pdf

[53] Eurohealth (2019) *Long-term care and migrant care work.* Volume 25. No 4. Eurohealth-25-4-15-18-eng.

women migrants and this is mostly an unregulated sector.[54] Legislation that defines and protects international labour standards in each country is needed to recognise and protect care workers and address inequalities and vulnerabilities in working conditions, particularly targeted at the many women, migrants and ethnic minorities over-represented in the care sector. The lack of specific policies or strategic frameworks has left caregivers with little income security. For instance, lack of legislation on labour standards has left care workers without guarantees on minimum daily and weekly hours, and with limited employment protection or assistance in case of unemployment and discrimination. By making domestic care work a more attractive employment option, the supply of domestic care workers could be enhanced. This means investing in paid, formal, long-term care infrastructure, supporting decent work conditions, and helping workers to move from informal unpaid work to formal care work. European countries need to adopt migration policies that support the development of skills in countries of origin and allow quality, skilled care workers to migrate from different countries, as specified in Objective 18 of the UN Global Compact for Safe, Orderly and Regular Migration.[55]

1.5 Mainstream economic thinking

There are critical flaws inherent in mainstream economic thinking. A key assumption of the mainstream model of economics is that behaviour is based on an individual or household *pursuit of self-interest through the marketplace.* This *individualistic model* excludes a range of situations in practice, in which people act on the basis of family, household, community, or societal concerns or motivations. There is no concept of the fundamental role of *interdependence* and *dependence* that are central to our economies and societies and at the heart of families and communities. To the extent that dependence is recognised, it is seen as a failure of the individual or the household, a drain on economic resources, a burden that then has to be supported or rescued by the State. A positive concept of interdependence and dependence is simply outside the mainstream narrative.

The systematic and universal undervaluing of the care economy derives from this traditional male-oriented global system under which only economic activities that go through the marketplace, or generate income, are actually measured. Mainstream economics is fundamentally based on key concepts of *economic growth* and *competitiveness*. Measurements of GNP and GDP that are used to calculate so-called economic growth count market-based economic activity - little else is counted or measured. This is how the international economic system works, devised by the United Nations and called the *UN System of National Accounts*, to which all countries must comply. There is little focus on what is NOT measured

[54] European Economic and Social Committee (2018) *The future of live-in care work in Europe.* 20_53-A4-EN.indd.

[55] UN (2018) *UN Global Compact for Safe, Orderly and Regular Migration* https://www.ohchr.org/en/migration/global-compact-safe-orderly-and-regular-migration-gcm

under these traditional *growth* figures. Unpaid work - mainly care work - rarely appears in these systems of measurement. This means that the large majority of the work that women carry out globally is not recognised as having any economic value – it remains largely hidden, invisible and unmeasured. Even when care is included in economic data, it is usually low paid and therefore undervalued. Also excluded are much of s*ubsistence agriculture* (for example, growing food for the immediate consumption of a household) and unpaid *community and voluntary work* that keeps communities together and cares for the environment. All are largely unpaid, do not command a price and are therefore uncounted.

There have been developments of other indicators, such as the *UN Human Development Index* and the *European EIGE Index of Gender Equality*[56] that are extremely important in highlighting what is absent from mainstream areas of measurement and that do provide some mechanisms by which we can contest what is being valued and de-prioritised by mainstream systems. Central to mainstream economic thinking, especially since the financial crisis of 2008 is an over-dependence on the private marketplace, as care has been increasingly treated as a commodity, and provision of care has become more and more privatised, subject to austerity policies, and organised through individual rather than collective consumption.[57]

Countries looking beyond GDP to Wellbeing Economies

There is a growing network of countries showing political intent to go beyond GDP as a measurement of success and stability. Although not perfect and complex in nature, both Bhutan and Chile have pioneered new models of social wellbeing while six other states are part of the Wellbeing Economy Governments' partnership: Canada, Finland, Iceland, Scotland, Wales and New Zealand.

Some examples of what countries have done: **Bhutan** changed its constitution in 2008 to institute a Gross National Happiness Index and a Gross National Happiness Commission is responsible for measuring the happiness and well-being for the population. **New Zealand** launched its Wellbeing Budget in 2019 using social, environmental and economic indicators to ensure the wellbeing of people and the planet are at the heart of its policies. **Scotland** published it Wellbeing Economy Monitor in 2022 to measure progress through indicators on well-being, quality of life, and a healthy environment.

[56] EIGE Gender Equality Index https://eige.europa.eu/gender-equality-index/2020, and UN Human Development Index https://hdr.undp.org/data-center/human-development-index#/indicies/HDI

[57] Murphy Mary P. (2023) *Creating an Ecosocial Welfare Future*. Policy Press, Bristol University Press. https://policy.bristoluniversitypress.co.uk/creating-an-ecosocial-welfare-future.

1.6 A feminist and sustainable perspective on care

From a feminist perspective, it is critically important to understand the implications of the current economic thinking for women, who carry out the vast majority of unpaid and undervalued activities.

> In order to build a feminist, regenerative economy, care in all its forms - whether paid or unpaid, formal or informal - must be valued and respected.[58]

Applying both a feminist and gender equality perspective to the economy and society means placing the care economy at its centre. When that happens mainstream assumptions about economic activity and economic well-being, and core assumptions underlying how economic activity is measured, are immediately challenged. At the heart of the mainstream – or *malestream* – economic model is a system that renders caring, community, environmental and volunteering activities marginal. This means that the statistics – the data – the figures - that are used to inform economic and social thinking and to shape economic and social policies are both narrow and gendered. Such data is based on a very restricted understanding of economic and social well-being, and grounded in gender inequalities and exclusion, both in Ireland and internationally. Despite the fact that, for decades, feminist and progressive economists have been arguing about the critical role that the domestic economy and the wider care sector plays in the capitalist system, little has changed. That economic activity actually happens in the home is a simple yet novel concept, but something that has been strongly resisted. A radical redistribution of care is needed - through larger roles for men in homes and communities and through public policies such as parental, maternity and paternity leave, publicly supported quality diverse child- and elder care, and greater investment in respite care and personal assistance supports.

Feminist economics has brought a positive concept of interdependence to the fore and placed it at the core of understanding of the very systems of care on which contemporary societies rely. Critical to a feminist model of care is a recognition of interdependence as a lived reality and a positive force that binds communities together. Challenging gender norms on care, by recognising the inherent value of unpaid care work is in the interests of greater gender justice and enhanced economic equality. Feminist economist Diane Elson (2017) has argued that addressing the unfair burden of unpaid care work shouldered by women will only happen through radical policies of the three Rs - *recognising, reducing* and *redistributing* care work.[59] This perspective has been enhanced by

[58] A Feminist Green New Deal Coalition Brief (2021) *Care and Climate; understanding the policy intersections.* https://feministgreennewdeal.com/2021/04/15/care-climate-understanding-the-policy-intersections/

[59] Elson, Diane (2017) *Recognize, Reduce and Redistribute Unpaid Care Work: how to reduce the gender pay gap* in New Labour Forum. SAGE Journals. Volume 26, Issue 2. https://doi.org/10.1177/10957960177001.

recommendations from the UN High-Level Panel on Women's Economic Empowerment (UNHLP) highlighting the need for adequate wages and proper working conditions for care workers, and to ensure that women workers are included at the decision-making tables. In this context, the UNHLP proposes a revised framework, adding additional objectives to the three Rs: *reward* and *representation* of care work. They argue that reducing and redistributing women's unpaid care and domestic work should not be done with the sole purpose of pushing women into paid employment, rather the objectives should also be to ensure gender equality in access to decent jobs, education and participation in decision-making.[60]

> Providing care is a critical service that underpins our society and enables us to flourish, but it continues to be undervalued and underappreciated. Women take on this work without valid recognition or compensation. A more equal society in which all people shared and valued this work would allow women to choose their own path in life.[61]

Feminist and disability theorists have both contributed concepts and analyses of care from somewhat different perspectives. From a feminist perspective, the focus has been on the carer, concern that care has been the assumed responsibility of women, the devaluing of the care and, as a result, how care has been marginalised in governmental policies. From a disability perspective the focus has been more on those requiring support, a concern with the dominant assumption that those who are disabled require to be cared for and also that people with disabilities are assumed not to be carers. The prevalent assumption that people with disabilities are dependent is linked to a perceived weakness and a negative attitude towards dependence that carries through our culture and ideological attitudes. By arguing for enhanced systems of *supported independence* based on provision of *personal assistance*, the assumption of care and the linked concept of dependency are challenged. Representations of people with disabilities as carers are scarce. In Janice McLaughlin's (2023) exploration of care and support among young disabled people, she highlights the importance of bringing interdependence, independence, care and support together within a framework of a *strong, responsive welfare state* which also recognises alternative models of support and care emerging in collectives or at community level. Her study argues that radical models of care

[60] High-Level Panel on Women's Economic Empowerment (UNHLP) (2018) *Leave no one behind: taking action for transformational change on women's economic empowerment*. https://www.unwomen.org/en/digital-library/publications/2018/01/hlp-wee-reports-and-toolkits#:~:text=The%20UN%20Secretary%2DGeneral's%20High,implementing%20the%202030%20Agenda%20for

[61] ReThink Ireland et al (2023) *Rocking the Cradle or Rocking the Boat - Women's Economic Mobility and the Role of Care in Ireland.* https://rethinkireland.ie/wp-content/uploads/2023/03/Rocking-the-Cradle-or-Rocking-the-Boat-Womens-Economic-Mobility-and-the-Role-of-Care-in-Ireland-1.pdf.

should be pursued without absolving the State from their financial and regulatory responsibilities.[62]

Looking towards a radical transformative model of care, both feminist and disability perspectives need to brought together. In that way, questioning of the role of carers and devaluing of care can be linked with assumptions around care and recipients of support. This means that recognition and revaluing of carers, as well as the rights' of care and support recipients, should be developed in an interlinked understanding of the care economy. Fostering the independence of people with disabilities, means recognising the right to an independent life and the right to determine the form of care that may be accessed. Countries should also provide more support for people to *age in place,* retaining family, carer networks and other social connections. Quality training for carers and personal assistants and encouraging the ethical use of new technologies, such as distance care and support is essential. By improving working conditions and access to extended paid leave entitlements as well as flexible working arrangements for family carers and personal assistants, people will be supported to remain at home, reducing the need for more expensive residential care.

Care and support systems for people with disabilities and older persons should reflect the needs and preferences of care recipients as well as carers, with the dual aim of improving the quality of care and enhancing the wellbeing of carers and care recipients. Beyond the medical aspects of care, this should aim to reflect individual preferences, giving recipients more control over care and support decisions and maintain links with social support networks. It should allow for care systems to operate across central and local government, communities, households and the private sector in order to address growing needs for the provision of both paid, formal care and informal, unpaid care. People with disabilities have different and specific requirements for personal assistance and supports – rather than to care - to enable greater independent living.

> Social relations remain key. Provision of care for children and the elderly cannot be totally private or totally public but is often rooted in reciprocal social relations, respectful of diverse family forms……A post-growth eco-social state interconnects Universal Basic Services with Personal Assistance, recognising that both can enhance the capacity of people to access and provide quality care that they value, while enabling people to rebalance work, care and time.[63]

[62] McLaughlin, Janice (2023) *Valuing Care and Support in an Era of Celebrating Independence: Disabled Young People's Reflections on their Role and Meaning in their Lives* in Sociology (2020) Vol 54 (2) 397-413.
[63] Murphy Mary P. (2023) *Creating an Ecosocial Welfare Future*. Policy Press, Bristol University Press. https://policy.bristoluniversitypress.co.uk/creating-an-ecosocial-welfare-future.

Challenging and transforming negative and harmful norms that limit women's access to work, and that often devalue that work, are core to achieving women's economic empowerment. There are many rigid cultural norms around the types of work done by women and men and decisive actions are needed to break stereotypes and rules that shape gender divisions of labour. Covid-19 highlighted the pressing need to critically re-examine the ways in which economic systems and economic policies operate. The persistence of women's economic inequality is now increasingly recognised as the result of women's unpaid and low paid care and domestic work.

> The links between properly financed, gender responsive public services and women's unpaid care and domestic work are clearer than ever. In response to COVID-19 there is a growing call for a fundamental re-think about how we shape economies, moving beyond the narrow measures of GDP growth that make planetary boundaries and women's unpaid work invisible. In the future we need to build societies and economies that care for both people and the planet.[64]

In low-income countries major investment in health, including elder care, is critical to relieve the catastrophic consequences of the care burden on low-income and vulnerable households, and to generate decent jobs – particularly for women. Public Services International (a global union federation representing over 30 million public sector workers) has made a compelling case for the urgent need for *well-funded gender responsive public services* that are informed and responsive to specific gender needs and that address inequalities.[65] This is a position strongly supported by ActionAid that argue also for *more progressive and gender-responsive tax systems* to facilitate significantly increased levels of social investment in care, that in turn present opportunities for reducing women's unpaid work and for greater access to higher-quality public sector employment. At a global level:

> Women and girls face multiple burdens of unpaid care and domestic work, passed on to them through both patriarchal gender roles and the failure of modern states to deliver gender responsive public services. There is a growing chasm in development practice between the rhetorical commitment to gender equality and the reality of a neoliberal economic system that is dependent on women's disproportionate care and domestic work burden. When governments cut or fail to adequately finance public services, it is women who are left to take on a larger proportion of time-consuming

[64] ActionAid (2022) *Who Cares for the Future: finance gender responsive public services!* https://actionaid.org/publications/2020/who-cares-future-finance-gender-responsive-public-services.
[65] Public Services International (2021) *Advancing women's rights' through gender-responsive public services*. https://publicservices.international/resources/news/advancing-womens-human-rights'-through-gender-responsive-public-services?id=9180&lang=en

responsibilities such as caring for their families, young children, the sick and the elderly or walking ever further to collect water and fuel.[66]

The 2030 UN Agenda for Sustainable Development highlights the urgent need to achieve greater gender equality through its 17 Sustainable Development Goals (SDGs) - *a transformative vision of a pathway to economic, social and environmental equality and sustainability*. Goal 5 urges recognising unpaid care and domestic work, providing all carers with access to social protection systems, investment in increased levels of public care services and care infrastructure, and promoting shared responsibility for care at the household level. While gender equality is a focus of Goal 5, it is simultaneously seen as cross cutting all the SDGs. For example, re-valuing and redistributing of care is seen as central to the core objective of UNSD Goal 1 to end poverty and build effective social protection. More formal care work opportunities are seen to contribute to increasing employment and creating further opportunities for women to access decent jobs and to participate more fully in the economy.[67] To generate a feminist and sustainable model of care that is the antithesis to the current system, means making care and care activities which are essential to our economic and social lives, visible. When invisibility is successfully combatted, many things can change. For example, current social protection and pension systems are largely linked to a person's record of paid work. On the contrary, if your record of *unpaid work* is seen as insignificant - and of little or no value to the household or the community - you are underpaid and undervalued across your lifetime of economic and social activities.

1.7 Care as a human right

At a global level, there are new far-sighted discussions and adoption of imaginative policies on care. Radical approaches to legal frameworks that encapsulate the concept of care, as well as the right to care, have emerged in diverse countries, from countries in Latin America to the EU. Taking a human rights-based approach, the *right to care* may be understood as multi-dimensional: the *right to provide care; the right to receive care; and the right to care for oneself*. These may be argued as based on the key principles of economic justice, gender equality, universality, and sustainability.[68] Established on a legislative basis, it means that States would have social responsibilities to treat care as a *social investment*, invest in care as a *social*

[66] ActionAid (2022) *Flagship paper on care*.
[67] United Nations (2020)Policy Brief. *The Impact of COVID-19 on Older Persons.* Brief-The-Impact-of-COVID-19-on-Older-Persons.pdf
[68] Pautassi, Laura (2020) *The centrality of the right to care in the COVID-19 crisis in Latin America. Opportunities at risk.* https://alicia.concytec.gob.pe/vufind/Record/REVPUCP_1a2178b6acae4c0603f41 e19026a22a8
(2021) *One year after the pandemic – Taking care at the centre and at the margins*. https://ri.conicet.gov.ar/handle/11336/137640

good, develop *public provision* of accessible care and ensure the *quality-of-care* provision.[69]

> The human rights' approach to care is based on a set of legal principles and standards: (i) universality; (ii) the obligation to guarantee the minimum content of rights'; (iii) the obligation of States to undertake actions and adopt measures that recognize progressiveness in their actions and the consequent prohibition of regressive measures or actions; (iv) the duty to guarantee citizen participation; (v) the principle of equality and non-discrimination; vi) access to justice; and (vi) access to public information.[70]

The *right to care* emerged as a *public policy domain* at the *Regional Conference on Women in Latin America and the Caribbean in 2013*. In a hugely significant development, some countries in Latin America and the Caribbean have now recognised care and its contribution to the economy in their Constitutions, providing for stronger positioning of care within their legal frameworks. The role of the State emerges as central in re-thinking the care economy, both in the provision of services but also in the regulation of the way markets, households and communities participate in the provision of care and manage access.[71] For example, the Constitution of Ecuador (2008) mandates the State to establish *public policies and programmes for the care of older adults*, *persons with disabilities and children*, differentiated by geographical areas, gender inequities, ethnicity and culture, and also by individuals, communities, peoples and nationalities. It also recognises unpaid household work and human care as productive work, and it declares that the State will *encourage the greatest possible degree of personal autonomy and participation in the definition and implementation of these policies*. In parallel developments, the Constitution of Bolivia includes a clause stating that the *economic value of household work must be recognised as a source of wealth and quantified in the public accounts* and the 2009 Constitution of the Dominican Republic also recognised *the productive value of household work as a generator of wealth and social well-being*.[72]

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[69] ECLAC UNWomen (2022) *The Care Society Latin America and Caribbean 2022*. www.+The+Care+Society+Latin+America+and+Caribbean+2022&oq=ECLAC+UNWomen++(2022)+The+Care+Society+Latin+America+and+Caribbean+2022&gs_lcrp=EgZjaHJvbWUyBggAEEUYOTIGCAEQIxgn0gEIMjE0M2owajeoAgCwAgA&sourceid=chrome&ie=UTF-8

[70] Economic Commission for Latin America and the Caribbean (ECLAC) and UNWomen (2023) *Advances in care policies in Latin America and the Caribbean: Towards a care society with gender equality*. https://repositorio.cepal.org/bitstream/handle/11362/48743/3/S2201159_en.pdf

[71] UNWomen and ECLAT (2022*) Latin American and Caribbean Governments commit to advancing the care economy.* https://lac.unwomen.org/en/stories/noticia/2022/11/los-gobiernos-de-america-latina-y-el-caribe-se-comprometen-para-avanzar-hacia-la-sociedad-del-cuidado

[72] XV Regional Conference on Latin American and Caribbean Women (2022) *Countries in the region committed themselves to a new development pattern: the care society.* https://conferenciamujer.cepal.org/15/en.

The Political Constitution of Mexico City of 2017 has gone even further and is unique in recognising *care as a fundamental right*. Its text declares *that all individuals have the right to care that sustains their life and provides them with the material and symbolic elements needed to live in society throughout their life cycle and that* the public authorities will *establish a care system that provides universal, accessible, relevant, sufficient and quality public services and develops public policies prioritising vulnerable groups including unpaid carers*. Recognition of care as a human right, in its fullest sense, means clearly defining the central role of the State and its mechanisms for enforcing the right to care, as well as of policy measures aimed at reducing structural inequalities based on gender, age, ethnicity, sexual orientations and nationality in accessing the right to care.[73] The Irish government following the deliberations of the *Citizens' Assembly on Gender Equality* have promised a referendum in November 2023 to incorporate clauses into the Irish Constitution on gender equality, non-discrimination and diverse families, and on the importance of care and the responsibility of the State to support carers.[74]

Together with constitutional change, in some instances parliaments have ratified international conventions and have drafted comprehensive laws and regulations on care policies and services. Regional parliaments in Latin America and the Caribbean have developed framework laws on care, such as *PARLATINO 2013 Framework Law on the Care Economy*.[75] At the forty-eighth session of the Human Rights' Council in 2021, Argentina and Mexico together proposed the *International Declaration on the importance of care in the field of human rights* that gained the support of 50 States. The *Argentinian government* has since made a proposal to the *Inter-American Court of Human Rights* for an *Advisory Opinion* to establish *care as a human right and its inter-relationship with other rights,* to *define the scope and content of right to care* and the *corresponding obligations of State.*[76] In 2022, at the 77th Session of the United Nations General Assembly, the *Global Alliance for Care* adopted a position that places the care economy as central to women's autonomy and put forward a vision for the *co-responsibility of all sectors for the creation of comprehensive care systems that allow universal access to quality care to all who need it while*

[73] ECLAC and UNWomen (2022) *Towards the Construction of a Comprehensive Care Systems in Latin America and the Caribbean: elements for implementation*. https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems_Nov15-21%20v04.pdf.
[74] Citizens Assembly on Gender Equality (2021) *Report of Citizens' Assembly on Gender Equality.* https:// citizensassembly.ie/wp-content/uploads/ 2023/02/report-of-the-citizens-assembly-on-gender-equality.pdf
[75] Parliamentary Forum in the Framework for the XV Regional Conference on Women in Latin America and the Caribbean. *The Care Society as a Horizon for Sustainable Development with Gender Equality*. cohttps:// conferenciamujer.cepal.org/15/sites/crm15/files/04nov_parliamentary_forum_crwxv_program_0.pdf.
[76] Argentinian Government (2023) *Request for an Advisory Opinion to the Inter-American Court of Human Rights' onThe content and scope of care as a human right, and its interrelationship with other rights'.* Argentine government soc_2_2023_en

protecting the labour rights of those who provide it.[77] A spokesperson for OHCHR, argued the *necessity of a paradigm shift, from seeing care receivers as 'dependents' to recognizing them as rights'-holders with a right to access quality support necessary for a life with dignity and autonomy*[78]*.* At the conclusion of the session the Alliance urged all governments and stakeholders to *declare 2023 a momentous year for the care economy.*[79] There is cumulative evidence at global level of commitments to construct more democratic societies with more resilient policies on economic justice and gender equality - societies that take access and the provision of care, as one of its most important social responsibilities. The challenge now is to the implementation of policies that fundamentally change the material realities of gender inequalities and care.

1.8 Conclusions

Achieving gender equality based on economic justice is a challenging and complex process involving transforming cultural norms as well as economic, social and political policies and practices. A feminist and sustainable perspective demonstrates the close inter-connections between economic and social inequalities and the critical importance of policies that recognise that reality - addressing the situations of disadvantaged women, to bring informal unpaid work and care from the economic margins to the centre. Multiple layers of disadvantage – ethnicity, disability, age, geography, poverty and migrant status - remain powerful obstacles to global gender equality. Constraints on social investment in care are rooted in unaddressed gender inequalities.[80]

> The dichotomous construction between paid work and care generates a social, economic and cultural hierarchy. This limits the construction of collective responsibilities in sustaining life, and places it under constant threat. For women, the model restricts their economic, physical and political autonomy. For society as a whole, it reduces time spent on self-care, caring for others and caring for the planet.[81]

[77] Global Alliance for Care (2022) *It's time to care: An Urgent Call for Action*. https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en. Coalition on Economic Justice and Rights', Government of Mexico and UNWomen.
[78] UN Office of the High Commissioner for Human Rights' (2022) *Closing Remarks* Peggy Hicks. OHCHR.
[79] Global Alliance for Care (2022) *It's time to care: An Urgent Call for Action*. https://alianzadecuidados.forogeneracionigualdad.mx/?lang=en. Coalition on Economic Justice and Rights', Government of Mexico and UNWomen.
[80] UN High-Level Panel on Women's Economic Empowerment (UNHLP) (2018) *Leave no one behind – taking action for transformative change on women's economic empowerment*. https://www.unwomen.org/en/digital-library/publications/2018/01/hlp-wee-reports-and-toolkits
[81] ECLAC and UNWomen (2022) *Towards the Construction of a Comprehensive Care Systems in Latin America and the Caribbean: elements for implementation*. https://lac.unwomen.org/sites/default/files/Field%20Office%20Americas/Documentos/Publicaciones/2021/11/TowardsConstructionCareSystems_Nov15-21%20v04.pdf

A society with care at its centre also creates the possibility of combatting widespread gender-based violence. The same social systems that shape the undervaluing of care, and the perpetuation of gender and ethnic inequalities, are responsible for the persistence of gender-and ethnic-based violence. That inequality of power reflected in economic inequality, discrimination, disrespect and disempowerment is evident in causing widespread harm on this island, and worldwide. A system that prioritises care would mean that a culture that tolerates and reproduces gender-based violence would be effectively challenged as sexual assault, rape and domestic violence are essentially a denial of care at the most fundamental of all levels. The flipside of care is harm and damage whether in the home, in public spaces or by the commercial sex industry. The systems that shape the valuing and understanding of care is responsible for perpetuating gender inequality and therefore, a radical process of social and economic change is urgently required to create real benefits for the majority of society.

Alternative perspectives on economic activity that are grounded in feminist and disability principles aim to combat women's and other structural disadvantages and to contest gendered and unequal power structures, promote social solidarity, democratic accountability and economic justice. This means engaging with profound gendered ethical questions concerning current care systems based on gender inequality. These core concerns need to be to the fore-fronted in a model of ecofeminism bringing greater economic justice and value to unpaid and low-paid care. And that in the future reproductive rights, economic social and political rights for all migrants need to be provided. Bringing an ecofeminist perspective to a vision for a more human-centred, more gender equal and a less oppressive model of care is in the interests of both women and men.[82] Understanding the different aspects of care and care systems highlights the need for a feminist, anti-racist, eco-socialist perspective based on the broadest understanding of care and support. These core concerns need to be to the forefront of a model of ecofeminism by bringing greater economic justice based on revaluing unpaid and low-paid care, linked to a system of greater sharing of care.

More equal representation of women in decision-making does not guarantee that radical policies of social change and social justice will be implemented. Without care at its centre in its broadest and most complex sense, there will never be transformative social change. From a feminist perspective, a key question in a globalised socio-economic system is the global nature of the care system. Engaging with profound gendered ethical questions concerning equality of access to care and care systems means providing for human care needs, for sexual health and reproductive rights, linked to economic, social and political rights for all migrants.

[82] Republic of Argentina (2023) *Observations on the Request for an Advisory Opinion to the Inter-American Court of Human Rights'*. https://www.corteidh.or.cr/observaciones_oc_new.cfm?lang=en &lang _oc=en &nId_oc=2639

Resisting the commercialisation and privatisation of care and care infrastructure and recognising the quality of care requires a fully supported care workforce with decent wages and working conditions. Without greater gender equality in the care economy, gender equality at a societal level will not be achieved in Ireland or worldwide. At a global level, inequalities between regions of the international economy need to be challenged and the care deficit experienced by poorer countries needs to be understood and reversed through social investment programmes financed by wealthier countries. The request by the *Argentinian government* to the *Inter-American Court of Human Rights'* for an *Advisory Opinion* to establish *care as a human right and its inter-relationship with other rights,* to *define the scope and content of right to care* and the *corresponding obligations of States* should act as the basis for the development of a new and radical approach to global responsibility and accountability around care, and particularly the obligations of wealthy countries who have contributed to the care deficits experienced by poorer countries.

Bringing an ecofeminist perspective to a vision for a more human-centred, more gender equal and a less oppressive model of care is in the interests of both women and men. Placing care at the centre of our societal understanding would mean that the environment, housing, health and education would be prioritised as spheres of public investment. Putting care at the heart of our policies means that women would no longer be marginalised, the environment would be valued and resourced and migrant workers would be recognised and legally protected. It would mean an end to systems that undermine the very notion of care, such as keeping elderly people, those with specific physical needs, mental health supports, individuals and families in systems of direct provision or in institutionalised care systems that are under-resourced and failing in every aspect of quality care. Placing care at the centre of society means establishing a care workforce with decent pay and working conditions – quality care depends on re-valuing care workers.

The driving focus of neo-liberal ideology is individual rights and entitlements, paying scant attention to inequalities of power and resource allocation and, at its core, effectively constraining social rights and public responsibility. Mainstream economics focuses on paid work and the profitable returns to capital while ignoring the inherent value of care, the environment and devaluing women's essential economic activities. These inherent contradictions of global capitalism will come more to the surface as the climate crisis intensifies and displaced populations become an ever-increasing norm. Progressive social change aimed at achieving greater gender equality and social justice requires enhanced social solidarity within and across generations, social classes and ethnicities at a local level, and across and within regions of the global economy. As the world has emerged from the COVID-19 pandemic it is crucial that human rights, climate change, gender and social justice drive social reform. This must redress gender inequalities at the

national level as well as power imbalances between the Global North and Global South, which intensify gender inequalities.[83]

Recommendations to improve the global context on care and reduce economic

Governments and International Organisations:

- Support the development of a **new economic model based** on gender justice and economic equality based on environmental sustainability and a feminist perspective on a just transition.

- Adopt the **5Rs framework** from UNWomen to prioritise care: **recognise** its value; **reward** care work; **reduce** the burden of unpaid care on women; **redistribute** care within households, work and state and **reclaim** the public nature of care services.

- Designate **care** as a **human right** and recognise that **enhanced gender economic equality** relies on valuing care at a global level and ensuring a **feminist just transition**.

- Support the establishment of **new indicators** of **economic and social well-being** at international levels and curtail over-reliance on GDP as a measure of economic activity.

- Action on cancellation of debt, austerity and tax should be used to build **fully financed and gender responsive public services** that are key to redistributing domestic and unpaid care work with the aim of creating more pathways to decent work opportunities for women, greater access to education, cultural activities and political representation.

- At a global level, **inequalities between regions of the international economy** need to be challenged and the **care deficit** experienced by poorer countries needs to be understood and reversed through **social investment programmes financed by wealthier countries.**

- Collect new global data on **care** and **energy poverty** and **environmental impacts** and **socio-economic inequalities**.

- The Argentinian proposal to establish **care as a human right** should be supported by states and global agencies, and should act as the basis for

[83] Action Aid (2022) *Flagship paper on care*. ActionAid.

the development of a new and radical approach to **global responsibility and accountability around care**, and particularly the obligations of wealthy countries who have contributed to the **care deficits** experienced by poorer countries.

- Establish a **UN international care dividend** that puts in place a system of reimbursement to low-income countries for the cost of carers imported to high-income countries.

Irish government:

- Introduce policies that create the conditions for the **redistribution of more care responsibilities to men** within households.

- Provision of **properly financed universal public services** to shift responsibilities *from the household to the State* and create conditions for more decent work and a fairer society, on the basis of gender, ethnicity and disability.

- Designate **care as a social investment** and provide **universal basic services** based on need, prioritising marginalised communities.

- Ensure **decent employment conditions** in both formal and informal care work, enforce ILO Conventions on domestic work and migrant workers and challenge **low paid and precarious work.**

- Radically **reform social protection systems** so that women's work in homes and communities is recognised and all forms of participation are valued.

- **Sexual, domestic and gender-based violence** needs to be effectively tackled through legislation and policy – zero tolerance needs to become a reality.

- **Representation of women** needs be significantly enhanced, by creating opportunities to **shape policies** that effects the lives of all women, and **disadvantaged women** in particular.

- **Gender and equality proof** all decisions on public expenditure and fiscal policies, recognising the **intersectional discrimination** affecting women and the need for **gender-sensitive taxation.**

- The request by the ***Argentinian government* to the *Inter-American Court of Human Rights'*** for an ***Advisory Opinion* to establish *care as a human***

right and its inter-relationship with other rights, for the ***corresponding obligations of States*** should be supported internationally by the Irish government.

Section 2: Priority issues in Ireland: economic inequalities of care, caring work and support

2.0 Introduction

Ireland has an extremely poor system of care provision and support, a system that has been in crisis over many years. Care provision is over-reliant on the private sector to meet the demand for childcare, eldercare, home care and residential care. Disability services are wholly unacceptable both for children in need of even simple diagnosis, as well as complex interventions, and for adults needing support for independent living. There is no statutory right to long-term care and it became highly evident during the pandemic that many institutional care facilities in Ireland do not even reach minimum standards of care. Regulation of care provision is extremely limited. Income supports, in many instances, continue to be tied to a male breadwinner model, which leaves a high proportion of older women without an individualised pension. Lone parents on social protection lack access to childcare service that would enable access to education and paid employment. Consequently, women carry the burden of care, largely unpaid or low paid, undervalued and receiving little social or public recognition.

Gendered inequalities and gender care gaps are highly persistent in Ireland and are barriers to women's full participation in society at every level: economic, social, cultural and political. Women carry a severe care penalty that undermines access to paid employment and training and brings with it low and unequal and pensions, a lack of economic independence and a heightened risk of poverty - particularly among older women, lone parents and women within specific minorities, such as those with disabilities, women Travellers and Roma. Gendered inequalities in both paid and unpaid care are clearly evident in Ireland. A substantial amount of unpaid care is provided by women, mainly as family carers in the home, to adults and children with complex care needs. Across the EU, it is estimated that 80% of all long-term care is provided by informal carers i.e. family members, friends and neighbours and the vast majority of these carers are women. This is similar to the case in Ireland where 60% of all family carers (over 18 years of age) are reported to be women. The vast majority of formal care workers are also accounted for as women, primarily in the health and social care sectors in Ireland (80%) and in the EU (70%) (EIGE 2020).[84]

Recent research revealed that women provide double the amount of unpaid care than men in Ireland: an average of 28 hours a week of unpaid care compared to men's average of 14 hours. Ireland has the third highest hours of unpaid work across the EU, reflecting the inadequate State involvement in care. There are also

[84] EIGE (2020) *Gender Inequalities in Care and Consequences for the Labour Market.* https://eige.europa.eu/ publications -resources/publications/gender-inequalities-care-and-consequences-labour-market?language_content_entity=en

significant gender differences in the provision of care for children which shows a stark disparity: 26% of men compared to 40% of women reported that they undertook care of children on a daily basis (Russell et al 2019).[85] Social protection data confirms inequalities calculating that 77% of recipients of Carer's Allowance and 83% of recipients of Carer's Benefit are women, most of whom juggle care responsibilities with paid work (Eurocarers 2019; Central Statistics Office 2022).[86] These inequalities reflect deeply engrained gendered cultural norms in Ireland that women are primary carers, reinforced by public policies, legislation and the constitution. COVID-19 brought additional strains on women's already hard-pressed caring roles, as childcare and educational facilities were restricted or closed and women mostly had to fill the void in services, causing many to lose or curtail paid work.

While childcare in Ireland is mainly publicly funded, it is delivered by the private sector, is limited in availability in many communities and unaffordable to many households, and in turn reinforces gender inequalities. Unmet needs for care and health services have been at crisis levels for many years, reflected in lengthy waiting lists for home care and for elective health procedures, in a two-tier health system in which the privileged have private health insurance and private pensions. A crisis in emergency care results in ill or injured, young and elderly, left for days on trolleys in the corridors of the hospital system. Women are under-represented in policymaking and decision-making at all levels of Irish Society and this leaves basic universal services and gender-responsive public services, a very long way from the reality of care in Ireland. Radical transformation of legislation and policy in Ireland is needed to create a system based on care as a human right, gender justice and economic equality. Investing in rights-based care in Ireland would be a labour-intensive process, creating decent jobs for women and men, sharing care in the household, based on an economic and social system that contests climate damage and environmental destruction.

Recognition of the value of care and support for carers be incorporated into the Irish Constitution has been recommended by the Citizens' Assembly on Gender Equality (2021),[87] and subsequently supported by the Oireachtas Committee on Gender Equality (2022).[88] The current government has promised a referendum in

[85] Russell et al (2019) *Caring and Unpaid Work in Ireland.* https://www.esri.ie/publications/caring-and-unpaid-work-in-ireland.

[86] Eurocarers (2022) *Towards a positive EU obligation to support Informal Carers. https://eurocarers.org /publications/towards-a-positive-eu-obligation-to-support-informal-carers/*.
Central Statistics Organisation (2022) *Women and Men in Ireland 2019.* https://www.cso.ie/en/releasesand publications/ep/p-wamii/womenandmeninireland2019/.

[87] Citizens' Assembly (2021) *Report of the Citizens' Assembly on Gender Equality*. https://citizensassembly.ie/ wp-content/uploads/2023/02/report-of-the-citizens-assembly-on-gender-equality.pdf

[88] Joint Oireachtas Committee on Gender Equality (2022) *Unfinished Democracy: Achieving Gender Equality*. https://www.oireachtas.ie/en/press-centre/press-releases/20221214-joint-committee-on-gender-equality-publishes-final-report-unfinished-democracy/

November 2023 to include a clause in the Irish Constitution that will explicitly recognise care - and State support for care. Alongside the referendum on care will be further proposals for constitutional change to include a new clause on gender equality and non-discrimination and another on the recognition of diverse families, to include lone parents and same sex households.

It is vital to ensure that the principle of the right to care is central to the discussion on care that will take place around and beyond this referendum. The experiences and the needs of women, women's organisations, and rights holders - including those needing care or support as well as those providing care and support – need to be prioritised in the debate.

Key Recommendations

Irish Government and Relevant Departments:

Universal Basic Services

- Deliver publicly funded and delivered, accessible, quality, affordable early years education and schools age childcare, by increasing the state share of national income spent on childcare from the current 0.37% to at least 1% in line with the UNICEF target (Department of Education, DCEDIY)

- Introduce a legal entitlement to early childhood education and care, taking into account the availability and length of adequately paid family leave (as called for in the EU Care Strategy) (Department of Education, DCEDIY).

- Deliver universal social care services, including an expansion of services and supports for older people and people with disabilities which promote dignity, respect and independence. (DCEDIY).

- Deliver a statutory home support scheme for older people and people with disabilities, and ensure that older people are supported and encouraged to live independently in communities based on increased social investment in older person's care. (DCEDIY).

- Ensure that people with disabilities are enabled to participate fully in decisions on their support needs based on principles of respect, equality and dignity and be facilitated and resourced to live independently, if they choose to be supported at home or in the community. (DCEDIY).

- Provide resources for people with disabilities to access education, paid employment, and wider social and cultural activities, recognising the costs of disability. (DCEDIY, Department of Social Protection)

- Ensure the timely establishment and resourcing of the Commission on Care and the cross-departmental group to examine care needs of older people. (Department of Health)

- Tackle as a matter of urgency the issue of one parent family homelessness, including the establishment of a dedicated taskforce (Department of Housing, Department of Social Protection).

Social Protection reform

- Link income supports under the social protection system to average wages in a way that ensures payments are protected against inflation and poverty traps, and that they are maintained at a level that ensures an adequate living income accessed on an individual basis. (Department of Social Protection)

- Establish a 'one-stop shop' where available supports (medical card, housing, disability, etc.) can be accessed all in one place; ensuring a clear and accessible point of contact who is fully aware of procedures and support available. (Department of Social Protection)

- Expand paid leave for parents, particularly but not only maternity leave, so that it covers the first year of a child's life, ensure that it is set at a level that provides an adequate income replacement, and that it is non-transferable to foster greater sharing of childcare responsibilities between parents. (Department of Social Protection)

- Ensure that lone parents have access to the same total paid leave as a couple. (Department of Social Protection)

- Introduce a universal state pension, paid to everyone living in Ireland on reaching a specific age regardless of employment record. This would particularly support those who experience barriers to the labour market, including lone parents and those with unpaid care roles, traveller women and disabled people. (Department of Social Protection).

Decent work

- All those working in care, including but not only domestic and live-in carers, and early years educators, should be paid a living wage and have access to decent regulated working conditions including professional registration, with specific protections established for migrant women domestic and care workers, as proposed by the International Labour Organisation. (Department of Enterprise, Trade and Employment).

Further Research

- Conduct further research on the impact of care/support and economic inequality on a broad range of affected groups of women in society, building on the work done in this report.

2.1 Perspectives of rights holders: Issues of economic inequalities in care, caring work and support work

Priority issues are identified that address the economic inequalities of care and represent the lived experiences and voices of rights holders in Ireland. These issues have been identified from an analysis and synthesis of: in-person and online **workshops with rights holders;** a **human rights hearing** on **care** with **testimonies** from rights holders in Ireland; completed **workshop sheets** by rights holders; l**iterature** on the current debates around **policy and practice in care**

The groups of rights holders (34 women in total) consulted over a period of two months through focus groups, completed workshops sheets, and representation at the human rights hearing on care are:

- Home carers co-operative
- Women with disabilities
- Women with intellectual disabilities
- Traveller women
- Lone parents

Priority issues are presented in two sections: **crosscutting issues** which significantly impact more than one group, if not all groups of rights holders in Ireland; **group specific issues** which disproportionately impact an individual group of rights holders, for example, the lack of affordable and accessible childcare for lone parents. Insights into the experiences of rights holders are presented, together with recommendations with the aim of addressing each priority issue.

2.2 Valuing Care

The overarching question of **valuing care** in Irish society was raised as a critical issue by all of the rights holder groups. A fundamental shift in how care is understood and valued across Irish society is seen as crucial to addressing severe gendered economic inequalities and to achieving a model of care grounded in greater gender equality. The interdependent nature of care emerged from the consultation across different groups of rights holders - women who give and receive care and support, both paid and unpaid. Those who receive care and support are also often providers of care.

"Disabled women give care – everyone assumes we just need care. Even if we are not mothers we give care to others – I care for my elderly parent."

- *Woman with a disability*

Rights holders highlight the critical requirement for increased recognition of care needs, particularly by those who hold positions of power and have the ability to influence political policy including local councillors, government agencies and the media. Those providing paid home care articulated the need for the media to represent care work differently, as a societally valuable profession. They argue for care to be presented as vitally important work rather than a burden, in order to shift the wider public perception in a positive direction. Rights holders feel that, currently, the political will to address the issues faced by those in care is weak. Women from all vulnerable groups - lone parents, women with disabilities, women with intellectual disabilities and traveller women - articulate the extreme stress of navigating an excessively complex social protection system, without an outreach system or clear information about the supports to which they are entitled. Feeling that their distress goes unacknowledged by the state, rights holders indicate the critical importance of engaging at all levels – from local to regional to national – to bring about change.

"From the moment I became a carer I feel like I've been fighting a losing battle. It sickens me that those who don't have the ability or the confidence to speak up are the ones expected to shout the loudest. I'm constantly being reminded of my age, my lack of experience, my overall duty as a parent, but denied the contributions and the value of what I give as a carer."

- *Lone parent caring for a child with complex care needs*

Issues which rights holders experience in relation to care and economic inequalities are rooted in a system which neither understands care nor values care sufficiently. These issues include:

- critical undervaluation, invisibility and underfunding of care and support services
- the unmet fundamental need for those who require and provide care and support to do so in dignified conditions, and without fear of financial struggle and insecurity, isolation;
- barriers to accessing education, decent jobs and full participation in the economic, political and cultural life of Irish society.

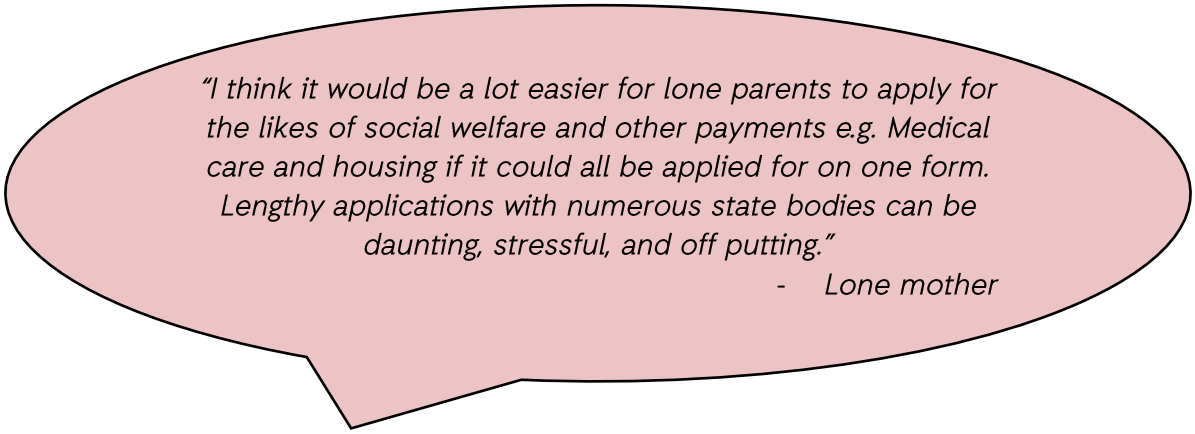
Recommendations which have emerged from this consultation with rights holders are vital to creating a more just society, one in which people can provide and receive care and support while living dignified and fulfilled lives.

Crosscutting Issues

This section presents the issues of: education and training; social protection; and discrimination and prejudice – first outlining the context of the lived experiences of the affected groups in Irish society, followed by recommendations for change. These issues impact multiple groups of rights holders and severely compromise their rights to a dignified life. The recommendations throughout this section are relevant in different ways to many rights holders, including other groups of women mentioned in this paper, regardless of which section the recommendations are located in.

2.3 Social Protection

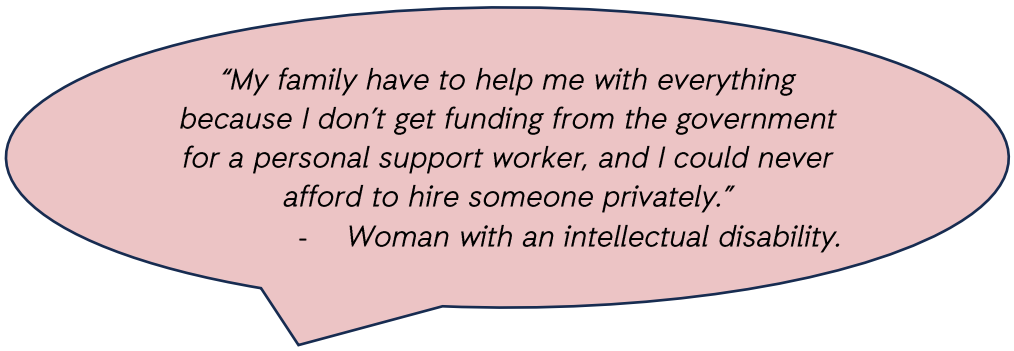
The current navigational burden within the system to claim supports presents a consistent struggle to vulnerable women. Often situations of immense financial, emotional, physical and mental stress are compounded rather than eased, due to the complexity of understanding and accessing state supports.



Common issues with navigating the system include, but are not limited to:

- Difficulty understanding what the services available (some have given up or are close to giving up after years of trying).
- A lack of readily provided information. The onus is on the individual to seek it out and this can be difficult and daunting.
- Those who need support or care often do not know their available options.
- Those seeking care or support do not have time to repeatedly provide their details to various departments.
- A lack of communication between services e.g. GPs and community nurses.
- A sense of having to contort yourself to access the support you are entitled to.

The experiences of Irish women who are disabled, have intellectual disabilities, are full-time family unpaid carers, are lone parents, are living in direct provision, or who have additional care and support needs themselves or within the family, show that the current level of social protection support does not meet their minimum needs. The financial strain of providing for children, adapting accommodation and vehicles for disability, and simply living on very low incomes, and which often means going into debt, has wide ranging consequences. These include social isolation, and an inability to participate in the community and the workforce, which can result in severe mental and physical health consequences. Significant reform is needed to provide women with independence and dignified lives.



Restrictions on hours of paid employment in order to remain eligible for social welfare benefits is an issue which lone parents, disabled women, and women with intellectual disabilities face. Increased administrative supports and non-means tested allowances for lone parents and women with disabilities is crucial, providing them with more time and increased opportunities for further education and quality employment.

"The government says we can only earn a certain amount before it affects our disability allowance. Even though my employer wanted to give me a pay rise I had to say no because I would be removed from the disability system, even though I would still need the extra support."

- *Woman with an intellectual disability*

The ceiling on the number of hours in paid work outside the home is a critical and pervasive issue across vulnerable groups of women in Ireland. For women with childcare responsibilities working such restricted hours makes little financial sense. Care must also be acknowledged by allowing those working part time to be eligible for Jobseekers payments.

"Parents who have no childcare or family support need to be able to drop off and collect their children from school, be available for the school holidays, teacher training days, and early school finishes, and if their child is sick. The sad reality is that there is very little work that will coincide with our role as the sole carer for our children, and of course that would require childcare. It's a vicious cycle that leaves sole parents crippled and in dire deprivation."

- *Lone Mother*

The gender pension gap in Ireland stands at 35%.[89] Women live longer than men, and live more years in poor health than men. Unpaid care responsibilities over the life course often result in women working fewer hours and in lower-paid jobs, or

[89] A.Nolan et. al, (September, 2019), *Gender, Pensions and Income in Retirement*. Economic and Social Research Institute , Research Series Number 87.

not participating in the paid workforce at all[90]. Other factors such as the gender pay gap (and for many women still the consequences of the historical marriage bar) also contribute to vast gendered pension inequalities which accumulate over the life course. A universal state pension would recognise that paid work and unpaid work are equally valuable, helping to address the deep financial inequalities experienced by women, particularly in old age. Policies that tie the pensions system to employment and earnings exacerbate rather than mitigate discrimination, gender and intersecting inequalities.[91] A universal state pension would provide security for anyone who experiences barriers to the labour market, including lone parents and those with unpaid care roles, traveller women and disabled people.

Recommendations for change

Department of Social Protection

Navigation of the social protection system to Dept of Social Protection

- **Social Protection One-Stop-Shop:** Establish a 'one-stop shop' where available supports (medical card, housing, disability, etc.) can be accessed all in one place; and ensure a clear and accessible point of contact who is fully aware of procedures and support available.

- **State outreach and information:** Run ongoing campaigns of state outreach to individuals, providing them with information about available support and entitlements and how to access them.

Social Protection reform

- **Benchmark Social Protection payments:** Benchmark social protection payments to a percentage of average wages and increase them in line with inflation – including – but not limited to Carer's Allowance, Disability Allowance, the Carer's Support Grant and the One Parent Family Payment.

- **Individualisation of the Social Protection system** Establish individualised access to the social welfare system so women are paid in their own right

[90] Barry, Ursula and Jennings, Ciara (2023) *A Lifetime of Caring Report – who cares*? https://eurohealth.ie/reports/#:~:text=A%20Lifetime%20of%20Caring%20%E2%80%93%20Who%20Cares%3F&text=Read%20this%20new%20report%20launched,of%20formal%20carers%20are%20women.European Institute of Women's Health.

[91]National Women's Council of Ireland (2022), *Care Economy for a Fair Economy– Investing and Delivering for Women in Budget 2022*. p.17

and can access the supports that accompany an unemployment payment.

- **Universal State Pension:** Introduce a universal state pension, paid to everyone living in Ireland on reaching a specific age regardless of employment record.

- **Reform limits on work:** Allow recipients of social protection payments to work more than twenty hours without partially or totally losing entitlements.

- **Supports for lone parents and women with disabilities:** Increased administrative supports and non-means tested allowances for lone parents and women with disabilities.

2.4 Education and Training

Formal carers identified their frustration at the limiting nature of the *red tape* surrounding their role, often prohibiting them from tasks as straightforward as administering eye drops – which in Ireland is restricted to the limited supply of public nurses. Increased formal training would enable and support carers to provide a higher quality of care and also provide a clearer path for career development. Also highlighted in consultation was the vital need for training and education for migrant workers, who are frequently not provided with the necessary support in relation to specific training or language skills.

The model of formalised care in the UK is something that would benefit carers and recipients of care under the Irish HSE, ultimately increasing not only the quality and breadth of care provision but also the working conditions and overall well-being of formal care workers. The experiences of women with disabilities support this need, who cite carers lack of motivation due to poor working conditions and frustration about their inability to perform simple but crucial tasks due to highly limiting restrictions around their role. Without training, which would allow carers to broaden their role, the quality and provision of care and support suffers, while simultaneously increasing the likelihood of institutional care becoming a reality for those in receipt care. The benefits of a clear career structure, with training and opportunities for progression, would benefit care workers by contributing to the well-being and financial stability that decent work can offer, and in turn generate higher retention rates resulting in better provision for those who receive care services and support.

The voices of lone parents reflect the struggle and frustration in the difficulty of access to education in order to improve their career prospects, and consequently

their income. The limits on working hours while in receipt of financial supports is a critical barrier to their progression. Furthermore, the lack of affordable and accessible high quality childcare adds further complexity to accessing education.

Recommendations for change

Department of Health, Education and Employment & Enterprise

- **Re/upskilling for care workers:** Facilitate the upskilling and reskilling of care workers, in line with the European Skills Agenda and its actions, in particular the Pact for Skills. This should include the design of continuous education and training for care workers, including access to state employment and training programmes.

- **Career structures for carers:** Training and educational qualifications should be linked to the establishment of a career structure for each different cohort of carers, within a system of reciprocal recognition of qualifications at EU and global levels. Language training is needed for migrant workers in the care industry.
- **Accessible education and training for those receiving social protection:** Provide sufficient payments which allow recipients to pursue educational opportunities without losing income. For example, access to grants when pursuing adult and further education (as well as third level) qualifications, on a part-time basis as well as a full-time basis.

"If I work full time to support my family I cannot further my education as I cannot afford the college fees to study part time and I can't apply for SUSI to study part time Housing. As a sole lone parent to two children I have not been able to progress with my education and as a result of this I earn a low income so am unable to apply for a mortgage. I rely on social housing and have been on the waiting list since 2009. My children have had to move house 12 times."

- Lone mother

2.5 Discrimination and Protections from Prejudice

Rights holders have highlighted issues around accessing education, paid employment, and accommodation – which result in a very real threat of homelessness, due to discrimination against disabilities, ethnicity, and being a lone parent. Among rights holders there is a consensus around a negative media portrayal and a societal view of care as a burden rather than a contribution, which extends to those who provide and receive support and care in Ireland.

Disabled women report significant attitudinal barriers which impact their access to everyday services, employment opportunities, the quality of support received, and access to recreational and personal care facilities such as bars and hairdressers. Traveller women cite having to change their accents in situations, such as job interviews, in order to progress. Furthermore, these prejudices are felt from an early age, for example children experiencing discrimination even in childcare facilities. In Irish society, traveller women face the added barrier of rigid gender roles, in addition to wider societal ethnic discrimination which serves as a further barrier to quality employment. Women with intellectual disabilities report an absence of a formal employment system or platform and how their experiences reflect that finding work is often down to chance or personal connections. Unfair dismissal, a lack of interview feedback, mostly precarious and repetitive jobs, and an overall lack of employers who understand and accommodate the needs of people with intellectual disabilities are barriers to quality employment women with intellectual disabilities in Ireland face. They are deprived of the right to do meaningful work and support themselves financially.

"I feel I am not given equal opportunities. I am invisible, or if I am seen I am seen as less capable, less valid. Invalid – this word says it all."

- *Woman with an intellectual disability*

Recommendations for change: Protection from discrimination and prejudice

Political parties, Department of Justice, Education, Employment & Enterprise and IHREC.

- **Education on prejudice and non-discrimination:** Run a national campaign of education and awareness that addresses prejudice and discriminatory practices in Ireland.
- **Implement equality legislation:** Ensure that equality and anti-discrimination legislation are fully enforced and implemented and establish regular reviews of implementation.
- **Enhanced National Employment Rights Agency:** Employment protection systems should be enhanced to identify and address prejudice and discrimination through an enhanced role of the National Employment Rights Agency (NERA) to include low paid workers, precarious work and vulnerable workers, domestic and live-in workers.
- **Hate crimes legislation:** Enact and implement effective hate crimes legislation.

2.6 Specific issues which impact individual groups of rights holders

Home Carers: Issues of economic inequality

The care industry experiences high levels of worker turnover. Not only is this a result of poorly paid and precarious work, but also the challenges of physically and emotionally demanding work which entails long days and large amounts of unpaid travel time. Carers and support workers, both paid and unpaid, emphasise the widespread lack of societal understanding in Ireland of the valuable and challenging nature of their work. Demand for homecare is rapidly growing as many people want to age well in their own homes and communities. The current rigid task-focused and under-supported model with overworked and underpaid carers provides neither dignity nor independence to either workers or carers and support recipients.

"The cost of living is now so high that carers are just surviving - and barely, at that."
- *The Great Care Co-Op*

The current shortage puts increased pressure on existing carers, who consequently feel the quality of their work is compromised as they are allocated very limited time with each person. Although carers consider psychological care to be an important part of their work, they highlight that it is not prioritised or encouraged, and is reflected in the restricted time they are allowed with each person. By formalising the sector further and creating better conditions, it would become a more attractive career prospect for future carers and provide existing carers with increased protection and career progression, and in turn, improve the quality of care received by those who need care and support. At present there is no pay structure for professional carers. Income can be unpredictable as recipients may spend time in respite care or in hospital, and this time is unpaid for carers. Travel time is also unpaid, with many carers travelling long distances between households, multiple times per day.

Formal carers highlight both the physically and emotionally taxing nature of care work, which at times can be hard to leave at the door. Both formal and informal carers need increased access to financial and mental health supports, including increased access to respite care. A crucial aspect to formalising care work, to providing employees with decent work, is the access to physical and mental health supports, pensions, sick pay, maternity and parental leave. Those basic entitlements are denied to unpaid care workers and often also to low paid care workers, further exacerbating their precarious working conditions. Increased formal training would provide a clearer path for career development and enable carers and support workers to provide a higher quality of care and eliminate the *red tape* which inhibits their ability to carry out simple but often vital tasks - such as administering eye drops. Again, highlighted in consultation was the vital need for tailored training and education for migrant workers, who are frequently not provided with the necessary support in relation to specific training needs or language skills. The Great Care Co-op in Dublin is an example of how home care provision can support the dignity of all parties. A carer run co-operative which describes itself as: predicated on better pay, consistency of client and carer relationships, a holistic approach to care which focuses on building trust and the co-creation of care plans and risk assessments with clients. They estimate that over 20,000 additional home care workers are needed in Ireland over the coming years.

The model of formalised care in other parts of Europe is something that would benefit carers and recipients of care under the Irish system, ultimately increasing not only the quality and breadth of care provision but also the working conditions and overall well-being of formal care workers. The experiences of women with

disabilities support this need, who cite carers possible lack of motivation as due to poor working conditions and restrictions on performing simple but crucial tasks. The quality and provision of their support suffers, while simultaneously increasing the likelihood of institutional care becoming a reality. The benefits of a clear career structure with training and opportunities for progression would benefit care workers by contributing to the well-being and financial stability that decent work can offer, and in turn generate higher retention rates resulting in better provision for those who receive care services and supports.

There is an urgent need for a legal framework for both informal carers and undeclared migrant care workers under guiding parameters to be set down at EU level. Because of the lack of access to affordable long-term care services, informal and undeclared work have become increasingly common solutions for the provision of care - despite some interruptions brought about by the pandemic. Lack of legal status leaves both unpaid carers and undeclared migrant care workers extremely vulnerable to different forms, and in some instances, severe levels of exploitation.[92] The ratification of ILO Conventions 189 and 190 on domestic workers must be more strictly enforced to ensure more formalised protections and to regulate specific situations of live-in carers and domestic workers, and to attain the highest standards of health as well as protection from exploitation.

Recommendations for change: Care Workers

Departments of Health, Social Protection and Justice

Renumeration and career structure

- Establish well-paid salary, benefits and career structures for care workers, which include:
  - Maternity, paternity, and parental leave entitlements
  - Sick pay
  - Pensions
  - Proper regular payment systems and fair working conditions with decent wages which reward the levels of training
  - Sufficient pay for travel time between clients/care recipients for home support workers and when clients/care recipients are in respite or hospital.
- Reform Carer's Allowance by:

[92] Barry, Ursula and Jennings, Ciara (2023) *A Lifetime of Caring Report – who cares*? https://eurohealth.ie/reports/#:~:text=A%20Lifetime%20of%20Caring%20%E2%80%93%20Who%20Cares%3F&text=Read%20this%20new%20report%20launched,of%20formal%20carers%20are%20women. European Institute of Women's Health.

- Ensuring reimbursement for associated caring costs (e.g., accessible housing and transport adaptations)
- Increase the earnings for Carer's Allowance so that all those on average industrial incomes can qualify.
- Increase the ceiling on number of hours that a carer can work?

- Improve respite provision for carers by providing adequate access to a range of respite services to meet individual needs (from Citizens' Assembly on Gender Equality).

Legal status of migrant care workers

- Implement ILO Decent Work Agenda and align labour policies accordingly to support women workers
- Enshrine into national law and fully and effectively implement ILO conventions 190 and 189 in consultation with WROs, unions and worker associations, including those representing women working in the informal sector and domestic workers.

Informal Carers

- Provide access to support measures: talking therapies, respite care and/or adequate financial support, which does not deter labour market participation.
- Develop and implement policies to formalise informal care.

2.7 Women with disabilities

Consultation with women with disabilities in Ireland highlighted the distinct need and desire for support which they can direct, which gives them choice, and which recognises their own agency. In this sense, women with disabilities distinguish their entitlement for support and support services from the broader societal need for care and care provision. The financial burden which accompanies having a disability is significant as adaption of homes and care increases the already high cost of living, costs in accessing essential transport options are extremely high and social payments are not reflective of the increasing costs of living in Irish society.

"The increased cost[s] resulting from disability are disregarded when we have to live off SWA rates. My household cannot afford to buy cleaning services, cannot afford to own a car or eat a healthy balanced diet…We cannot afford to buy mobility aids and cannot use grants for home adaptation as we rent privately…my life is now lacking dignity or any quality of life and the rich state totally ignores these needs. Disability costs need to be carried by the state…if that's not part of the social contract then what kind of society do we have?"

- *Woman with disabilities*

Women with disabilities in Ireland express concern around the lack of choice they have regarding the individual carers who provide home support, many of whom, it is highlighted, may not have the necessary understanding and training needed to respond to women with disabilities or care recipients.

"Getting [a carer or personal assistant] that understands and listens to my needs as a blind woman [is one of my biggest challenges]. I'm giving an agency one more chance and then I'm giving up my hours due to the lack of awareness and training given."

- *Disabled woman*

The current system of home care, they argue, undermines their right to dignity and autonomy. High turnover and burnout rates of staff, due to poor working conditions, results in a lack of consistency and choice in who provides intimate personal care - which is consequently often provided by a stranger. Care needs are both physical and emotional in nature. However, overworked and underpaid carers in a rigid task-focused system, who may see a care or support recipient only rarely, cannot deliver the crucial emotional support which clients often require.

Limitations on the tasks carers are allowed to perform is a cause of immense frustration, for example, not being allowed to open medication or use hairdryers. Not receiving the care they require may put women with disabilities in a position where there is little alternative but to the move into a residential care or nursing home, and as a result they are not supported to live a life of their choosing. In addition, a severe shortage of personal assistance is evident, the search for which incurs a significantly increased administrative burden. Women with disabilities express a strong desire for personal assistants who support them to live their lives

the way they wish. Increased funding to support this need is a vital move towards providing a statutory right to a Personal Assistance Service for disabled people.[93]

Recommendations for change: Women with disabilities

Departments of Social Protection, Children, Equality, Disability, Integration & Youth, and Health:

Cost and quality of care and support

- Increase funding for Personal Assistance Services.
- Provide a statutory right to a Personal Assistance Service for disabled people.
- Deliver a recurring non-means tested cost-of-disability payment.
- Recognise and establish support payments for costs of disability, for example: home heating and transport.
- Ratify protocol of UN Convention on Rights' of People with Disabilities (UNCRPD) to activate the complaints system.
- Provide funding for specific health areas, such as sexual and dental health, as well as physical therapy and hydrotherapy.
- Support and funding for greater access to self-care.
- Provide funding for women disability advocacy organisations.

Supports based on individual needs and choices

- Provide person-centred financial supports for individual needs - for support and resources to facilitate independent living or care at home.
- Ensure the participation of the individual as fully as possible in decisions regarding their needs.
- Ensure that all aspects of the provision of care support principles of fairness, respect, equality and dignity.
- Ensure that lifelong care for persons with disabilities who need it is seamless. There should not be any break in services provided or any need to reapply for support when a person turns 18.

2.8 Women with Intellectual Disabilities

Critical issues relating to the economic independence of women with intellectual disabilities (ID) and their access to care and supports are wide ranging, from an overall absence of support and access to information, to difficulties finding paid work and dealing with insensitive employment practices. Significant barriers to financial independence arise due to the ceiling on hours of paid work when in

[93]National Women's Council of Ireland (2022), *A Care Economy for a Fair Economy – Investing and Delivering for Women in Budget 2022*. p.10.

receipt of benefits. A further consequence of these societal barriers which prevent equality of access to the social, economic, political and cultural life of Irish society, is an over-reliance on families due to lack of available and affordable support.

Women with ID face huge barriers to achieving financial independence. The experiences of women with ID revealed difficulties accessing paid work, including a lack of sensitivity from employers around unfair dismissal and an absence of communication or feedback after job interviews. In the absence of a formal system for people with ID to find paid employment, in practice it means it comes down to luck or knowing the right person. The lack of many employers who have inclusive practices for hiring women with ID constitutes a major barrier. Jobs that are available are often repetitive and precarious, with little opportunity for women with ID to pursue work in which they are interested.

"...my parents often have to help me out because I don't earn enough money to be completely independent. Other people can work their way up in a job to earn a good wage, but I need help to learn new things, and time to do things, so it's hard to go for jobs with more responsibility."

- *Woman with an intellectual disability*

The consultation highlights that the work which is more easily available is more likely to be on a voluntary basis, with low number of hours per week. Furthermore, the limit on paid working hours, before a loss of disability benefits kicks in, has consequences for career progression, to such a degree that in the case of an employer offering pay a pay rise and/or extra responsibilities these opportunities may have to be turned down. Women with ID experience real barriers around social protection and decent paid employment.

"As a woman with a disability it is hard to become completely financially independent. What is worse, I always feel if I work a little extra, or if I'm offered money for helping someone out in [named organisation] then I will be punished and I will lose all government supports. When you are already on very little money, you should not be afraid that someone you don't know will decide to make life harder and take away support or the little money you have to cover the cost of a disability."

- *Woman with an intellectual disability*

When considering independent living, in addition to the lack of financial resources, an absence of supports also represents a central barrier. Support for managing bills, shopping and cooking, and accessing transport is required, but not widely available to facilitate semi-independent living. The existing Independent Living Course can help, but the consultation stresses that the lengthy waiting lists make this difficult to access. The absence of government funding for a personal support worker makes accessing this support next to impossible for many. The feeling of being invisible and with little hope in terms of support and assistance came through very strongly from women with ID, as they did not know where to find information around care and support. Once that is found, the struggle to connect to people who can help remains.

"There has to be an efficient system where a person who knows all the information and procedures necessary to get care and support is CONTACTABLE and AVAILABLE to help. It is absolutely soul destroying and frustrating to the highest degree not to receive any help. The HSE is a machine that doesn't work."

- *Woman with an intellectual disability.*

Recommendations for change: Women with intellectual disabilities

Departments of Social Protection, Children, Equality, Disability, Integration & Youth, and Health, and Enterprise and Employment:

Economic independence and access to decent work

- Ensure more personalised budgets to allow people to get their own key-

support worker to help them to live independently.
- Remove the ceiling on number of paid hours worked so that women with ID can avail of opportunities in the workplace and retain disability benefits vital to achieving economic independence.
- Provide support and training for workplace skills, such as: job interviews preparation; acquiring the skills necessary for particular jobs of interest; understanding the language that is used in workplaces; how to dress in the workplace.
- Workplaces should ensure that a proportion of job profiles and expectations are tailored more to women with intellectual disabilities, and that there is access to a "work buddy" or support person.
- Improve accessibility and affordability of public transport so people can attend work/interviews/services.
- Ensure the right to own property.

Access to care and supports

- Provide personalised support and assistance services.
- Increase access to services which teach life skills, e.g. Independent Living Courses.
- Provide assistance and support to plan transitions to new living situations.

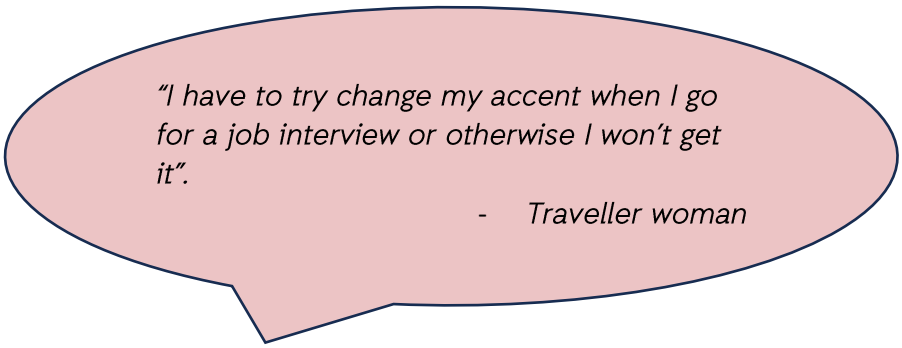
2.9 Traveller women

Traveller women experience high levels of poverty and multiple and widespread forms of discrimination that profoundly affect their rights, among others, to housing, education, health and employment. A recent Report from the EU Fundamental Rights Agency (FRA) reveals a clear example of such discrimination and exclusion showing that the highest rate of acute poverty, lowest employment rates and the most severe discrimination are experienced by Traveller communities in Ireland. 31% of Traveller households (including 28% with children) were found to be living in acute poverty. Among those aged 20-64 years, 17% of women had limited access to paid employment (compared with nearly 70% of Irish women generally) while an even lower percentage (13%) of Traveller men have access to paid employment (compared with 80% of men generally) – most of this paid work is part-time (FRA 2019). In cases where Traveller women are employed, this is often within Traveller organisations. With employment being a key determinant of health, Travellers consequently have extremely poor health outcomes compared to the rest of the population. Discrimination, poor living conditions, low educational outcomes, high unemployment and difficulty accessing health services are all factors that give rise

to this. Infant mortality among Travellers is estimated at 14.1 per 1,000 live births. Life expectancy for Traveller women is 70.1 years, 11.5 years less than the general population - life expectancy for Traveller men is 61.7 years, 15.1 years less than the general population.[94]

The consultation highlighted that Traveller women feel there is a double stigma associated with their lives – externally when facing barriers relating to employment and other areas of discrimination; but sometimes also stigma from within their own communities for deviating from the norm. In relation to employment, the consultation highlighted that Traveller women have limited opportunities in respect of high-quality or well-paid work, and are shut out of said work by lack of access to education – and that they also feel there can be an incentive not to work in cases where social protection supports can be lost if they start working. They cited having to change their accents in situations, such as job interviews, in order to progress.

Traveller women also face the added barrier of rigid gender roles, in addition to wider structural inequalities and racism which serves as a further barrier to quality employment. The strong impact of gender norms within the Traveller community continues to result in disproportionate allocation of unpaid care responsibilities. The consultation also highlighted that mainstream women's movements can engage in tokenistic Traveller representation, can feel exclusionary to Traveller women, and don't necessarily reflect their lives.



While no Roma women were identified for the consultation, we note that they experience many similar points of marginalisation as Traveller women with regards to employment, education, health and discrimination.

Recommendations for change: Traveller and Roma women

Departments of Social Protection, Children, Equality, Disability, Integration & Youth, and Health and Housing:

[94] Pavee Point (2020) *Traveller Health*. Factsheets-Pavee-Point-TRAVELLER-HEALTH.pdf.

- Fully resource and implement the forthcoming National Traveller and Roma Inclusion Strategy, as well as the forthcoming National Traveller and Roma Education Strategy
- Develop a Traveller and Roma Training, Employment and Enterprise Strategy with a particular focus on tackling unemployment levels for Traveller and Roma women
- Remove the Habitual Residency Condition for receipt of Child Benefit
- Ensure inclusion within the school curriculum on education about Travellers, Traveller culture and general cultural sensitivity.
- Expand Traveller Primary Health Care Projects to areas where they don't currently exist
- Progress and implement the remaining recommendations of the Independent Expert Group on Traveller Accommodation
- Ensure the living arrangements of Traveller and Roma families are properly covered by Fuel Allowance eligibility and other energy-related housing supports, including Traveller and Roma families officially sharing

2.10 Lone Parents

Lack of accessible and affordable childcare is a central issue impacting economic inequalities in Ireland. The prohibitive cost and limited availability of early childhood care and education, as well as the lack of availability of affordable after school programmes and care, have serious impacts on a households' financial situations, placing particularly immense strain on lone parents.

Negative stereotypical images of lone parents are widespread and generate low self-esteem and self-worth. This is compounded by the isolation of those on welfare from education or decently paid jobs, often crowded into disadvantaged communities with few community-based facilities for children, teenagers, adults or families. High rates of poverty are persistently found among lone parents in Ireland who are over 90% female-headed households. Lack of systems of support to navigate complex social protection, housing, training and education programmes was highlighted throughout the consultation time and again.

"As a single parent in our economic climate, it is impossible to be financially comfortable. The more I work, the less benefits I receive. I cannot work over 20 hours, and even at this I am constantly borrowing money from family to get by. My children do not get the same access to activities, and when I make sure they do my life as a person is forfeited."

- Home carer and lone mother

Lone parents and parents in direct provision in particular highlight the vicious cycle of this deficiency,
directly restricting their abilities to achieve economic independence. Without childcare lone parents cannot pursue full time work, take opportunities for further education to better their earning power, or, in some cases, finish secondary education. Further repercussions include increased social isolation and mental health issues.

"One Parent Family Payment stops when your youngest child is 7. Without full time affordable childcare it is hard to find a suitable job."

-Lone mother

Lone parents who are also home carers highlight the financial strain of providing for a family, particularly as a lone parent. With many lone parents unable to work over twenty hours without losing state benefits, their current incomes are not enough to get by, let alone live a comfortable existence.

"When I started working, my rent doubled [because rent support was reduced]. It has now tripled. For a working mum trying to juggle family life and a job, working should mean earning more money for a better quality of life – not an excuse for the government to reduce assistance."

- Home carer and lone mother

Recommendations for change: Lone Parents

Departments of Social Protection, Children, Equality, Disability, Integration & Youth, and Health and Housing:

Immediate changes to financial restrictions:

- Change eligibility requirements to ensure lone parents are eligible for Jobseekers payments when looking for part-time work and (*continue to be*) supported when accessing full-time work (*by retaining other social protection benefits, such as rent support*).
- Extend the One Parent Family Payment criteria for eligibility beyond 7 years of age until at least secondary school age.

Childcare and after school care:

- Establish more youth clubs needed in all areas for all age groups.
- Provide free or subsidised summer camps in primary schools for working parents on low income.

Housing:

- Tackle as a matter of urgency the issue of one parent family homelessness, including through the establishment of a dedicated taskforce.

"Working [is the main challenge to achieving economic independence] – I am under employed as I can only work when my children are in school. I cannot afford summer camps, after school clubs, or mid-term break clubs. I work part-time and still struggle with childcare when schools are off."

- *Lone Mother*

Conclusion

Recognising and valuing care in statute law and public policy is part of the process of making care a human right in Ireland. Far-reaching legislative changes and radical policy reforms are needed, particularly driven by the departments responsible for social protection, health, education, equality, integration, children and employment. Making change a material reality for disadvantaged sectors of women in Ireland should be an immediate priority. Pensions, for example, need to be universally paid to each individual on reaching a specific age, recognising the value of care and no longer linked to paid employment records. Long-term care of the elderly needs to be established as a statutory right, and to include home- and community-based care - no longer restricted to inadequately funded nursing home care. A pay and career structure is needed for all care workers, which should link them to wider public sector services. Budgets for personal assistance have to be urgently and very significantly increased. Employment rights and legal status needs to be established and enforced for migrant domestic and live-in carers, as prescribed by the International Labour Organisation. Economic inequalities experienced by lone parents, women of colour, Traveller women, Roma, women seeking asylum, disabled women and carers need to be challenged and addressed effectively in policy. A model of publicly-funded, gender-responsive universal care services should be urgently developed and implemented over a definite timeframe. Discrimination and disadvantage persist in Irish society that needs radical transformation to bring about equality and gender justice, through investing in labour-intensive, decent conditions and low-carbon sustainable jobs across the care economy.

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