



National Women's
Council of Ireland

Comhairle Náisiúnta
na mBan in Éirinn

**Submission to the Department of Social and Family Affairs
Consultation Report from the National Women's Council of Ireland to
the Inter-departmental Working Group on the National Carers'
Strategy 2008**

April 2008

National Women's Council of Ireland

9 Marlborough Court

Marlborough Street

Dublin 1

Tel: 01 8787248/Fax: 01 8787301

Introduction

The National Women's Council of Ireland (NWCI) is a non-governmental organisation representing women's groups in Ireland. The NWCI currently has 163 member organisations affiliated to it, representing an estimated 300,000 women. As the representative organisation of women in Ireland, the NWCI works to promote equality, human rights and empowerment for all women; and to support collective action, leadership and solidarity in the pursuit of a just and equitable society. The vision of the NWCI is of an Ireland where all women and men have equal power to shape society and their own lives. The NWCI advocate for substantive equality¹ and human rights for women – so that women will have recognition (affective equality), representation (political equality), resources (economic equality), and respect (social/cultural equality).

This submission for the National Carers' Strategy (NCS) summarises the position of the NWCI in relation to care and carers. The social organisation of caring is a major issue for women. In this submission the NWCI outlines six strands to achieving caring equality and equality for carers: (i) Recognising and Valuing Caring, (ii) Carers' Income, (iii) Employment Support, (iv) Care Support and Protection Services, (v) Education and Learning Opportunities, and (vi) Empowering Carers.

Caring Equality as a Central Objective of the NWCI

Despite considerable achievements by women in contemporary Irish society, women continue to experience substantial inequalities². Women experience barriers to achieving equality in social, political, economic, cultural, and affective spheres. These include direct and indirect discriminations, cultural norms that value men, organisational cultures

¹ Substantive equality means that we achieve more than equal opportunities, and even equal access. It means equality of results and outcomes for women. The National Women's Strategy 2007-2016 outlines the government's vision and commitment to gender equality of '*An Ireland where all women enjoy equality with men and can achieve their full potential, while enjoying a safe and fulfilling life.*' Department of Justice, Equality and Law Reform (2007) *National Women's Strategy 2007-2016*, Dublin: The Stationery Office.

² Central Statistics Office (2007) 'Women and Men in Ireland'. Dublin: Central Statistics Office; Barry, U., (2008) 'Changing Economic and Social Worlds of Irish Women', *Where Are We Now? New feminist perspectives on women in contemporary Ireland*, Ursula, B., (ed.). Dublin: TASC.

geared to meet men's needs rather than women's, and ingrained sexist beliefs that resist developing more inclusive social, political and cultural spaces.

Without discounting the significance of these barriers, women's unpaid informal caring responsibilities, are arguably, the most significant factor that reinforces and reproduces women's subordination in public life. Caring in Irish society is 'culturally constructed women's work' which attracts low status, low public policy priority and is resource deficient³. The Irish Constitution defines women's role as society's primary caregivers:

'[T]he State recognises that by her life within the home, woman gives to the State, a support without which the common good cannot be achieved. The State shall, therefore, endeavour to ensure that mothers shall not be obliged by economic necessity to engage in labour to the neglect of their duties in the home'⁴.

The moral imperative on women to undertake the bulk of the caring is a significant factor that disadvantages women and advantages men in the public world of work, politics and culture⁵. This moral duty for women to do the caring extends to a wide variety of types of caring work within households and beyond⁶. Participating in public life is not a 'free choice' for many women in the way that it is for many men⁷. Research shows that Irish women struggle to balance caring and working life⁸. Both International Social Survey Programme data and the Living in Ireland Study support findings that women are dissatisfied with the employment opportunities they have because of the amount of caring

³ Cullen, K., Delaney, S., Duff, P. (2004) 'Caring, Working and Public Life', in Equality Research Series. Dublin: The Equality Authority, p. 18; O'Sullivan, S., (Ed.) (2007) *Contemporary Ireland: A Sociological Map*. Dublin: University College Dublin Press

⁴ Bunreacht Na hÉireann 1937, Article 42.2 and also relevant are articles 40.1, 41.2.1, 41.2.2.

⁵ Women's care responsibilities are recognized as a significant obstacle to gender equality in the National Women's Strategy 2006-2016.

⁶ E.g. see O'Brien, M. (2007) 'Mothers' Emotional Care Work in Education and its Moral Imperative', *Gender and Education*, 19:139-157.

⁷ Lynch, K., Lyons, M. (2008) 'The Gendered Order of Caring', in *Where Are We Now? New feminist perspectives on women in contemporary Ireland*, Ursula B., (ed.). Dublin: TASC.

⁸ Lynch and Lyons, Op. Cit.

and household work they are expected to undertake to a much greater extent than men.⁹ Although caring can be fulfilling and emotionally rewarding, it is also associated with emotional burdens that negatively affect the emotional and mental health of carers'¹⁰.

The NWCI recognizes that achieving equality in care relations and equality for carers is not only a central goal in itself, but is crucial to advance the position of women in Irish society generally. As a goal in itself a vision of substantial equality in terms of caring means promoting conditions in which everyone has ample scope for forming valuable human attachments¹¹. This is a vision that recognises the centrality of dependency, interdependency and care in human life, human flourishing and development. To ensure that women's caring responsibilities do not disadvantage women in social, political, economic and cultural life, informal caring obligations must be shared equally. Importantly, caring equality depends on men doing an equal share of informal care work, including work stereotypically characterised as feminine. However, caring equality does not always equate with sameness. Genuine caring equality can account for differences in competences and preferences, even if, in a more gender-equal society, gender differences are much less pronounced than they are currently. In other words, caring equality is not about forcing people against their choice to undertake caring. But addressing 'choice' needs to realise that women have much less choice about the caring that they do because of structural factors that limit choice and cultural factors that place a moral obligation on women to be the carers. Genuine choices should be maximised for all! To this end the NWCI defines its goal in respect of care work as follows:

Care work, will be recognised and supported within social and economic systems; and will be more equally shared between men and women.

⁹ Lynch and Lyons Op Cit. pp174-175; Hillard, B., (2007) 'Family', in *Contemporary Ireland: A Sociological Map*, O'Sullivan, S., (ed.). Dublin: University of Dublin Press.

¹⁰ Cullen et al Op Cit.; The Carers Association, *Towards a Family Carer Strategy*, Dublin.

¹¹ Baker, J., Lynch, K., Cantillon, S., Walsh, J. (2004) *Equality from Theory to Action*. Hampshire, New York: Palgrave.

(i) Recognising and Valuing Caring

Caring work, especially unpaid informal caring, in Irish society is seriously undervalued¹². Caring equality depends on its recognition and valuation. Recognising caring involves making care work visible by identifying and defining care and highlighting its vital social and economic functions. Recognising caring requires the revaluation of the citizen as a carer as well as a worker ¹³.

Recognising caring begins by identifying and defining it. There is a need for greater consistency in definitions of caring and carers. Depending on the policy context in which it is used, caring can mean the formal or informal (unpaid) caring for children, disabled people (including children), the elderly, infirm, ill and convalescent people and so forth. The Irish Census provides an overly restrictive definition of care as given by 'persons aged 15 years and over 'who provide' regular unpaid help for a friend or family member with a long-term illness, health problem or disability (including problems due to age)'.¹⁴ The exclusion of children (unless they have a recognised disability) means that the vast bulk of unpaid informal caring (the majority of which is done by women) is not counted as caring. ¹⁵

Leading academics in the fields of caring have highlighted European Community Household Panel data identifying 1 million carers in Ireland not counted by the census and all types of caregivers over 16 at 1.2 million ¹⁶. Women comprise 99 per cent of people who do full-time unpaid family and home related work compared to 1 per cent for

¹² O'Connor, O., Dunne, C., (2006) 'Valuing Unpaid Care Work', in *Social Care in Ireland, Theory, Policy and Practice*, O'Connor, T., Murphy, M., (eds.). Cork: Cork Institute of Technology.

¹³ Lynch, K., Baker, J., Walsh, J., Lyons, M., (Eds.). (2008). *Affective Equality: Who Cares? Love, Care and Solidarity Work*. London: Palgrave Macmillan.

¹⁴ Cited in Lynch and Lyons, Op Cit., pp. 167-168.

¹⁵ Lynch and Lyons, Op Cit, p. 170

¹⁶ Lynch and Lyons, Op Cit. p. 168.

men.¹⁷ Carers' organisations estimations (which generally exclude childcare) vary between 149, 000 and 300,000 carers¹⁸. Even using more restrictive definitions of caring, Lynch finds that 4.8% (160,917) of the Irish population were carers in 2006 which comprised of 62% female and 38% male¹⁹. Although there are increasing numbers of men in Ireland participating in unpaid caregiving for dependent adults, six in ten caregivers are women²⁰. In fact, the surprising representation of some categories of men as carers when narrow definitions are considered is sometimes disingenuously used to claim that caring is not a gender issue²¹. Lynch and Lyons find that the disparity in unpaid caring stands at a ratio of 2.5:1.²²

Lynch's analysis of Census data finds that women carers spend more time caring than male carers with 61+ hours the modal number for women compared with 14-28 for men. Men are more likely to combine caregiving with work, whereas women caregivers comprise two-thirds of adult dependent caregivers providing more than forty-three hours of care per week²³. On average women in Ireland in 2007 spent 5 hours on caring and housework compared with 1 hour 40 minutes for men per week²⁴. On weekdays 81% of men in Ireland do no cleaning or laundry and 71% do no cooking or food preparation²⁵.

¹⁷ Central Statistics Office Op Cit.

¹⁸ Rush, M, (2006) 'The Politics of Care', in *Care and Social Change in the Irish Welfare Economy*, Bryan Fanning and Michael Rush (eds.). Dublin: University College Dublin Press.

¹⁹ Lynch and Lyons Op Cit.

²⁰ Cullen et al Op Cit.

²¹ O'Morain, Padraig (2008) 'There is no army of invisible women doing all the caring', pp. 14 in *The Irish Times*. (Health Supplement) Dublin.

²² Lynch and Lyons Op Cit.

²³ Lynch 2007 Op Cit; Cullen et al Op Cit.

²⁴ NWCI (2007) 'The Distribution of Care Work between Women and Men Discussion Paper', *Symposium on the Distribution of Care Work between Women and Men for the European Year of Equal Opportunities for All*. Fitzwilliam Hotel: National Women's Council of Ireland.

²⁵ McGinnity, F., Russell, H., Williams, J. Blackwell, S. (2005) *Time-Use in Ireland: Survey Report*, Dublin: ESRI.

However, measuring the amount of time involved in caring does not provide enough data about the nature and conditions of caring work ²⁶.

Not discounting the fact that some groups of men do more caring than others, the data clearly shows that women do the majority of caring work. It is therefore imperative that the data currently available be improved to allow for comparisons with European data ²⁷. Investing in the collection of both ongoing quantitative and qualitative would facilitate a more complex gender analysis of caring by allowing for the analysis of differences among women and indeed among men.

As care is increasingly privatised within the home it is important to examine the role and situation of migrant women who are increasingly caring for older people and children in private domestic arrangements. While this is a relatively new trend in Ireland, it however mirrors experiences of all Western developed countries. Domestic work is a highly feminised sector of employment and is often characterised by poor and difficult working conditions, long hours and low earnings with few avenues for progression. It is of vital importance to give visibility to this sector of employment and ensure that the rights of this group of carers are recognised and their work valued.

The NCS 2008 should review the data collected about all forms of caring and carers to ensure that it is sufficient to convey an accurate picture of the situation of carers and caring. The objective of the data should be to make caring visible; the invisibility of caring is an injustice to carers. Specifically the NWCI recommends:

1. A comprehensive and inclusive definition of care should be adopted. This definition should be able to distinguish formal from informal caring but also to take into account the many and varied complex care arrangements that individuals, families and households put in place to meet care needs.

²⁶ Lynch and Lyons Op Cit.

²⁷ Op Cit p. 168

2. The Census should be revised to record all categories of caring based on a comprehensive definition of caring that includes caring for children. Other statistical and research instruments such as the Quarterly National Household Survey should also be revised. Statistical instruments should be proofed both for a gender analysis and to ensure that they are in line with European data instruments.
3. A national study should be carried out to evaluate the work of carers, their needs, the needs of care recipients, and the gaps in supports and service provision to meet caring need²⁸. This study should include a gender analysis, which examines the specific situation of different groups of carers (in terms of key social divisions including age, disability, social class, ethnicity, national and migration status, religion and so forth).²⁹ It is equally important to analyse characteristics and situations of men who care and try to identify incentives and disincentives to men's caring.
4. The upcoming amendment to the Constitution should firstly recognise the vital role of caring and carers for Irish society, including its economic contribution as well as the 'social' common good. We recommend that the 'duty' to care should be made gender neutral, and moreover, that men's equal responsibility for caring in society be clearly stated.
5. The NCS should explore other ways of recognising the value of caring and increasing the profile of carers in society.

(ii) Carers Income

The National Women's Strategy recognises that caring is undervalued because it is frequently unpaid (p. 48). Women's unpaid caring is the most significant cause of ongoing income disparities between men and women. With women's average incomes

²⁸ Further research also recommended by Cullen et al. Op Cit.

²⁹ E.g. see MRCI (2004) *Private Homes, A Public Concern*, Dublin, MRCI.

only two thirds that of men's,³⁰ this has major implications for economic equality between men and women. Full-time carers are particularly vulnerable to poverty and social exclusion. The NCS must address how carers can be appropriately remunerated for the care work that they do and the relationship between women's care responsibilities and wider economic inequalities between men and women. A major plank of promoting caring equality is to ensure that caring is adequately remunerated and resourced. To this end the NWCI recommends:

- 1) A substantive reform of the social welfare system to ensure women's direct access to payments, recognition of parenting and care work in the system and improved access to state pensions.
- 2) The Government should reform the social welfare system so as to recognise and value the caring work performed by women as outlined in the NWCI publication 'A Woman's Model for Social Welfare Reform' (attached to this submission).³¹
- 3) All women engaged in full-time caring work should be given pension and social insurance credits for periods of up to twenty years to enable them to qualify for full contributory old-age pensions and Maternity Benefit. This entitlement should be available retrospectively so that older women, including those now of pension age, can qualify.
- 4) The Government should implement its commitment without delay that all women of pension age be given the full, non-contributory pension and paid directly, rather than the Qualified Adult Allowance, the lower payment to which they are currently entitled.
- 5) Caring for an elderly dependant or for a person with a disability should be viewed as work requiring a wage. A *Carers Wage*, paid to carers on behalf of care recipients, empowers care recipients by strengthening their rights and options, whilst valuing in monetary terms, the work of caring. As a first step, the means test should be abolished for the Carer's Allowance, enabling all carers to qualify for this payment. The level of

³⁰ Central Statistics Office Op Cit. p. 16.

³¹ NWCI, 2003.

this payment should be benchmarked to Gross Average Industrial Earnings and indexed accordingly. The Carer's Benefit and Allowance should be converted into a wage.

- 6) All social welfare payments involving a care element, including the One-Parent Family Payment, should be benchmarked to Gross Average Industrial Earnings and indexed accordingly.
- 7) Child benefit should be recognised as a universal right and should not be made conditional in immigration status and conditions such as the Habitual Residence Condition.
- 8) The rate of Maternity Benefit should be increased.
- 9) Paid maternity leave should be extended from twenty two to twenty-six weeks.
- 10) A Cost of Care Allowance should be available to those providing full-time care for family dependants in their own homes.
- 11) Carers tax breaks and allowances need to comply with employment legislation if they employ a carer in their home.

(iii) Employment Support

Employment is stated as the main plank for this government to alleviate poverty. Yet many carers are not in a position to avail of employment on a full-time basis and the social and economic benefits it brings because of their care responsibilities. Policies that support carers must recognize the diverse needs of carers in relation to entering and leaving the labour market and the implications of this for their economic and social wellbeing.³² Women are particularly affected by work-place policies because people in lower-level occupations have less freedom to influence their work schedules³³. Flexible working arrangements and strong family-friendly policies are essential if undertaking caring on a long-term or intermittent basis is not to have significant financial repercussions. . The NWCI recommends:

³² Cullen et al Op Cit.

³³ Ibid.

- 1) The range of care leave entitlements including parental, maternity, and carers leave should be reviewed and gender proofed. Paternity leave should be introduced; initially including 5 days' paid paternity leave at the time of their child's birth. A longer term plan to incrementally increase paternity leave to three weeks should be established. There needs to be a national mind-shift in policy that recognises men's responsibilities and initiates positive action measures such as progressive 'use it or lose it' type entitlements in some Nordic countries.
- 2) There should be a substantial improvement in the supports offered to parents in the workplace. All parents should be entitled to a parental leave payment, enabling either parent to engage in full-time care of their children until their youngest child has reached 5. After that, a part-time payment should be available until the child has reached eleven. A part-time unemployment payment should also be available for women who are available only for part-time work because of their caring responsibilities.
- 3) Employers should receive supports from the Government to introduce family-friendly policies for their employees. These should include the introduction of tax exemptions to cover expenses arising from the introduction of such policies. Family-friendly policies such as job sharing, term-time working, time banking, and flexi-time should become statutory, obliging employers to make these options available to all employees with caring responsibilities.
- 4) Legislation extending rights to family-friendly policies to all acting in loco parent is, including same-sex couples, should be introduced by the Government without delay.
- 5) A system of official enforcement of family-friendly policies should be put in place. These should include audits by the Equality Authority of workplaces to ensure that appropriate family-friendly policies are available to employees. Inspectors should be appointed by the Department of Enterprise, Trade and Employment to police those workplaces found to be violating obligations to institute family-friendly policies for employees.

- 6) Employees should have a system of redress to Rights Commissioners and the Employment Appeals Tribunal to force employers to introduce family-friendly policies.
- 7) Many migrant women find employment in sectors of the economy characterised by low pay and poor regulation and struggle to reunite with their children. When they do the costs of childcare often leaves them at risk of living in poverty. In the context of both equality and poverty proofing processes, the impact on migrant women of caring work should be recognized.
- 8) Specific laws need to be developed in the sector of domestic work to ensure women employed in the private home as carers have adequate protections due to the uniqueness of their living and working arrangements and the well documented incidences of exploitation in this area.

(iv) Care Support and Protection Services

There are some inalienable aspects of caring (love labour) which cannot be provided by markets because they are dependent on non-comodifiable bonds of love and attachment³⁴. Care of this nature however, does depend on other forms of care and support services to thrive and to help alleviate the significant emotional and personal costs involved for the carer³⁵. Yet Ireland has one of the lowest social expenditures on caring services in Europe³⁶. The affordability of childcare is a significant factor in forcing women out of the labour market³⁷. Research shows strong dissatisfaction by carers with the supports

³⁴ Lynch, Baker et al. Op Cit.

³⁵ Cullen et al Op Cit.

³⁶ Lynch and Lyons Op Cit.

³⁷ Lynch and Lyons Op Cit.; Hayes, N., Bradley, S., (2006) 'The Childcare Question', in *Care and Social Change in the Irish Welfare Economy*, Fanning, B., Rush, M., (eds.) Dublin: University College Dublin Press.

for child care and with the Carers Allowance³⁸. It is women who carry the cost of the lack of investment in care infrastructure³⁹. The NWCI recommends:

- 1) The NCS should review the system of supports for carers, including increased provision for respite services, public health nurse services and occupational, physio and speech therapy services⁴⁰. Further there is a need for a coordinated approach across different policy areas⁴¹. Carers should have the right of a needs assessment⁴².
- 2) The Health Strategy should receive the necessary resources to fund the commitment to primary care for the elderly.
- 3) The Government should set in place a ten year programme to put an adequate childcare and eldercare infrastructure in place, involving the commitment of resources equal to those now dedicated to the roads network.
- 4) A strategic objective of the NWCI is to secure a universal model of publicly funded, accessible and affordable childcare. The NWCI supports a subsidised model of childcare that allows for parental choice around child-rearing and labour market activity and equity of access to early education for all children regardless of parental means⁴³. Specifically the NWCI want to see: a) One year paid parental leave, b) One year's free early education and a childcare place for every child before they attend primary school, c) Publicly subsidised childcare to reduce the costs of childcare for all parents, d) Full credits for care work and parenting, e) Cost of childcare should be on a sliding scale and directly relate to parents' ability to pay, f) The Government should offer children a right to childcare appropriate to their needs.
- 5) A code of practice should be put in place to protect the rights of older people providing childcare for family dependants.

³⁸ Lynch, Baker et al Op Cit.

³⁹ Op Cit Lynch and Lyons, p.178.

⁴⁰ Cullen et al. Op Cit criticized the way services were not proactive in findings and addressing carers needs.

⁴¹ Ibid.

⁴² See The Carers Association, *Towards a Family Carer Strategy*, Dublin.

⁴³ NWCI (2005) *An Accessible Childcare Model*.

(v) Education and Learning Opportunities

Caring is a difficult and demanding job that is highly skilled emotional, physical, mental work. Yet the majority of caring is untrained. Few other jobs in society are expected to be conducted without training. Caring responsibility also excludes carers from availing of educational opportunities, which can further marginalise carers when they are in a position to re-enter the labour market. The NWCI recommends:

- 1) The NCS review the educational provision for caring in primary, secondary and tertiary education with a view to creating more caring citizens. It should be noted that these measures would also be compatible with the government's commitment to developing social capital.
- 2) A mainstream National Support Programme for Women Returners should be established. This should include childcare and eldercare supports and flexible provision of training.
- 3) The development of targeted training approaches to respond to the particular situation of domestic workers. Giving recognition to the life long learning needs of migrant women employed in the private home ensures progression and enhances standards within this sector. Due to the nature of the work carried out by domestic workers, it is very difficult to access mainstream training initiatives.

(vi) Empowering Carers

Caring is often isolating and disempowering work. Its marginal and low status combined with the absence of a critical mass of women in political positions combine to disempower carers and keep caring invisible.

Caring inequality relates to the three themes of the NWS in so far as women's role as primary caregivers inhibits socio-economic equality, impacts on women's health and wellbeing, and prevents civic and political participation. The State is committed to '*systematic positive action*' (p. i) to achieve this vision and is committed to 20 key objectives and over 200 planned actions. Many aspects of the NWS, if implemented,

could improve the position of women in society. Some of these issues related more directly to caring and are outlined in Appendix A. The NWCI recommends:

- 1) The NCS should review ways of empowering carers and of including caring as an ongoing aspect of national partnership and development strategies by giving carers and care organisations a voice in decision-making.
- 2) The focus of policy should be on positive measures and enforceable rights that *actively* promote caring equality.
- 3) In going forward it is fundamental to support and resource community and voluntary groups working with carers with a focus on delivering good practice, supporting training needs and identifying policy priorities with carers into the future.

Conclusion

Caring is a basic human capability that meets vital human needs.⁴⁴ Just as society requires economic, social, cultural and human capital, it also needs nurturing capital. In fact, society cannot operate, thrive and prosper without the nurturing capital of carers. Caring is the glue of social solidarity and the basis of a good society! But a society that depends on women to undertake the majority of the care work, often in poor conditions, and generally unpaid or poorly paid, is a society burdened with gender injustice. The NWCI is determined to eradicate inequality for all carers, the majority of whom are women. The NCS offers a real chance to value the work of caring in society and rebalance individualistic, instrumental and competitive social goals with caring goals. The six strands outlined in this submission are vital if this is to be achieved.

⁴⁴ Nussbaum, M., (1995) 'Human Capabilities, Female Human Beings', in *Women, Culture and Development*, Nussbaum, M., Glover, J. (eds.) Oxford: Clarendon Press.

<p>Appendix A: Care Objectives and Actions from the National Women's Strategy 2007-2016</p> <p>Theme 1: Equalizing Socio-Economic Opportunity for Women</p>
<p>Objective 1–A: To increase the participation of women in the labour force <i>Action 2:</i> Strengthen other initiatives which offer supports to enable women to return to the labour market</p>
<p>Objective 3: To support more women as entrepreneurs <i>Action 24:</i> Foster the availability of childcare to support persons who might be working atypical hours as start up entrepreneurs</p>
<p>Objective 5–A: To ensure that childcare services are optimized to meet the needs of parents and children alike <i>Actions 34:</i> Work towards a quality standard for childcare services, taking account of developments across the spectrum of early childhood development and care <i>Actions 35:</i> Develop and implement the National Training Strategy for childcare <i>Actions 36:</i> Implement and achieve the targets set for childcare places under the Equal Opportunities Childcare Programme (EOCP), the National Childcare Investment Programme (NCIP) and any successor programme(s) <i>Actions 37:</i> Implement the EOCP, NCIP and any successor programme(s) in a way which focuses on poverty and disadvantage <i>Actions 38:</i> Implement and achieve the targets set under the NCIP and “Delivering Equality of Opportunity in Schools” (DEIS) <i>Actions 39:</i> Monitor whether the implementation of the NCIP is impacting positively on working mothers in terms of their continued participation in the labour force <i>Actions 40:</i> Monitor increasing female labour market participation</p>
<p>Objective 5–B: To ensure that the care infrastructure supports women's socioeconomic engagement <i>Action 41:</i> Ensure that payments and supports to carers are efficient and effective, recognizing their needs and adequately addressing poverty and social exclusion and are adaptable to the needs of carers in a changing environment (i.e. care sharing arrangements) <i>Action 42:</i> Continue to review the scope for further developments of the Carer's Allowance/Benefit subject to available resources <i>Action 43:</i> Develop a structured consultation process to inform future policy on care supports <i>Action 44:</i> Develop training initiatives for carers as priorities permit <i>Action 45:</i> Inter-Departmental Working Group will continue to examine the strategic policy, cost and service delivery issues associated with long term care provision, with appropriate consultation <i>Action 46:</i> Devise a National Carers' Strategy in consultation with social partners and all relevant Departments/Agencies</p>
<p>Theme 2: Ensuring the Wellbeing of Women</p>
<p>Objective 7: To enhance the work/life balance for women <i>Action 65:</i> Continue to support work of National Framework Committee on Work/Life Balance <i>Action 66:</i> Encourage employers to adopt a wide range of options to enhance the work/life balance of their staff <i>Action 67:</i> Review the DSFA Unemployment Benefit and Assistance Schemes with particular reference to the treatment of part-time and atypical workers <i>Action 68:</i> Continue to keep under review the treatment of part-time and other atypical workers in the Social Welfare system</p>
<p>Objective 8–A: To improve the health status of women in Ireland through gender focused policies <i>Action 72:</i> Put in place health policies and services that allow women full access (e.g. transport, childcare/eldercare, privacy) <i>Action 73:</i> Put in place health policies and services to support carers (respite, counselling, information, financial security)</p>
<p>Theme 3: Engaging as Equal and Active Citizens</p>

Objective 17–A: To foster the achievement of the UN Millennium Development Goals through Irish Aid

Action 176: Encourage investment in infrastructure that reduces women's unpaid work burden and thereby enables greater access for women to economic opportunity and decision-making