who cares?

Challenging the myths about gender and care in Ireland
The National Women’s Council of Ireland gratefully acknowledges the work of Camille Loftus, Socio-Economic Consultant, in the preparation of this publication.

This publication is supported by the Directorate-General for Employment, Social Affairs and Equal Opportunities of the European Commission. Its funding is provided under the European Community Programme for Employment and Social Solidarity, PROGRESS (2007–2013). This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies across the EU-27, EFTA–EEA and EU candidate and pre-candidate countries.

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Care is vital for human survival. Care work creates and transforms people and relationships, enriching the people who are cared for, and building and reinforcing the relationships on which we all depend. Care work involves thinking, planning and organisation, attentiveness to and negotiation of relationships, and the wide range of practical tasks that are the foundation of our lives – preparing food, doing the laundry, cleaning the house, playing with children, reading to an older person.

Providing unpaid care can be seen as the labour of love, the difference between caring about and caring for, the practical expression of our relationships with those we love – our children, our parents, our partners, our friends and family. Care work is about our interdependency as human beings – none of us, from the poorest to the richest, can survive, much less thrive, if we are not cared for.1

Care work enables us to realise our potential in a range of ways – it is the vital component in child development, it can enable older people and those with health difficulties or disabilities to live fuller lives, with dignity. In the context of the home, care work enables others to develop their capacities through education, engage in economic activity in the labour market, and contribute to society through social and political participation.

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1 See for example, Kathleen Lynch The Gendered Order of Caring: Care Commanders and Care Foot-soldiers. Presentation to the National Women’s Council of Ireland, European Year of Equal Opportunities November 20th 2007, Dublin.
Over the course of a week, women do: 86% of child supervision

Providing care involves energy, time and effort. It can be rewarding, but can also be a burden. Time invested in providing care is time that cannot be spent doing other things – working, studying, recreation, and participating in social and political life. People who provide high levels of care can experience stress and exhaustion, potentially damaging their own health.

This is why the way in which care work is divided between women and men is so important. Fairly shared, both sexes have the opportunity to fully realise their potential. But the majority of care work is done by women. Women’s disproportionate investment in care work generates substantial benefits for those they care for, but at a cost to themselves – women remain less economically independent and under-represented in decision making.

We all lose out from an unfair sharing of caring. **Men miss the opportunity to benefit from the rewards of providing care.** Women sacrifice the opportunity to achieve economic independence, and to contribute to shaping the world we live in. Care is essential and integral to our lives, but unless care work is more equally shared between women and men, our society and economy will be the poorer for it.
Care work has a significant impact on how women and men spend their time. While women and men spend similar amounts of time on some activities - for example sleeping, eating, and personal care - the time that women invest in caring leaves them with much less time to invest in paid work and study, and on leisure activities.

Women do the majority of domestic and care work in the home.

Over the course of a week, women do:
- 86% of child supervision
- 69% of playing with, and reading to children
- 82% of care to adults
- 80% of cooking
- 86% of cleaning
- 70% of shopping

Over the course of a week, women do: 80% of cooking.

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During the week, women spend over a fifth of their day engaged in care and household work; three times as much as men do. Men invest less than a quarter of the time women spend on care, and less than half the time on household tasks.

Men spend almost a quarter of their day on employment and study, compared to just over a tenth of the day for women.

On weekends, both men and women spend less time on work and study, but men still devote twice as much time to this as women. Men do spend more time on care and household tasks at weekends, doing more DIY, gardening and shopping.

But this is still less than half the time spent by women, who spend the same amount of time on this on weekends as during the week.

Women spend a quarter of their weekends on leisure and voluntary/religious activities; with the time they have saved on care, men can spend almost a third of their weekend days on these activities.

Over the course of a week, women spend nearly 4 times as much time on care work as men, and more than twice as much time on household tasks; this frees up men to spend twice as much time in work or study as women, and still leaves them with an extra 1½ hours of leisure time.
caring for family & friends

The work of providing care for family and friends is a vital part of our care infrastructure. People with disabilities, whether children or adults, and many older people, need care and support in order to live decent lives. Now that more of us live for longer, the care of older people is an issue of growing importance.

The Census provides us with some, albeit limited, information on unpaid care for adults in Ireland.

We know that:

- Over 160,000 people provide unpaid care to friends or family with a long-term health problem or disability.
- More than 6 in every 10 carers are women.
- Most care is provided on a part-time (1-14 hours) or full-time (43+ hours) basis.
  Two thirds of full-time carers are women.

- The most unequal distribution of care work between women and men occurs during prime working years - between the ages of 30 to 64 - when careers are developed and consolidated. The pattern is most pronounced for full-time carers: women comprise almost 70% of those in their thirties providing full-time care.

For those who provide full-time care, social welfare supports are available, but they are conditional on spending no more than 15 hours a week in education, training or employment. Most carers rely on a means tested payment (over 43,500 people), while the social insurance based Carer’s Benefit is claimed by 2,250 people.

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Women comprise the vast majority of those relying on Carer’s payments:

- 80% of those receiving Carer’s Allowance are women;
- 85% of those claiming Carer’s Benefit are women; and
- Almost a third of those on Carer’s Allowance, and over half of Carer’s Benefit recipients also care for children.

The age profile of those receiving Carer’s payments confirms women’s over-representation during working age years. Being a full-time carer during these years deprives women of the opportunity to earn wages, and to provide for their own retirement years.

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To better understand the work of full-time carers, a study was conducted on recipients of the Carer’s Allowance. The study provides valuable information on the nature of full-time care work, and the impact this has on the lives of carers.

- While two-thirds of ‘full-time’ carers recorded in the Census are in the 35-64 age group, over three-quarters of Carer’s Allowance recipients are in this category.
- Most (86.5%) carers were looking after one person, but almost 13% were caring for two or more people.
- While 1 in 5 were caring for children, more than half were caring for people over 60; of these more than 80% were caring for a person aged over 70. Many of those providing full-time care are also older - 4 in 10 are over 55 and 15% were over 65.
- 87% of carers live with the person they provide care for.
- Most care is provided for family members. Of those who were caring for one person, one third care for a child, and one quarter for their spouse or partner and 3 in 10 care for their parent, or parent-in-law; 11% care for another family member, friend or neighbour.
- While the Census only records those who provide more than 43 hours of care per week, the Carer’s Allowance survey shows that 9 in 10 provide more than 40 hours care a week, and more than three-quarters (76%) provide more than 59 hours of care.

Providing care can have a negative impact on carers’ quality of life and health. The survey of Carer’s Allowance recipients reveals that:

- Carers are more than twice as likely (8.5%) to report a poor or very poor quality of life as the adult population (4%);
- Just over a third (36%) of carers reported excellent or very good health (36%) compared to nearly half (45%) of the adult population. Carers are more likely to report fair or poor health (17.9%) than adults in general (17.6%); and
- 3 in 10 reported that their own health had suffered because of care work.

The survey examined the difficulties of caring, and the impact this has on carers’ health and quality of life.

Almost half of those on Carers Allowance report that their leisure is limited quite a lot (27%) or a great deal (19%) by the caring work they do, especially those caring for longer hours, those who are constantly on call and caring for certain types of needs (particularly specific physical and/or intellectual disabilities combined with old age).

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Reduced time for leisure and recreation has the most significant impact on health and quality of life, and the greater the reduction of leisure time, the greater the impact: for example, carers whose leisure time was restricted a great deal are almost 8 times more likely to suffer a negative impact on their health than carers whose leisure time is not reduced.

Stress, emotional strain, lack of sleep/tiredness, and isolation were also important factors increasing the likelihood of negative impacts on health and quality of life.

- Half of carers found their care work stressful, they are more than 3 times more likely to suffer a negative health impact, and almost twice as likely to have a lower quality of life.
- The 4 in 10 carers who experience emotional strain and/or lack of sleep/tiredness are 2.7 times more likely to have negative health impacts, and more than 1.5 times more likely to have a lower quality of life.
- The isolation that more than 1 in 5 carers experience makes them 1.7 times more likely to suffer poor health, and almost twice as likely to have a lower quality of life.
Caring for children is one of the biggest factors that impact on women’s lives, and the cost of childcare has a significant influence on mothers’ employment.

CSO\(^6\) data on the cost of childcare revealed an average weekly spend on paid childcare for under 12’s of €144 per week; however, childcare costs - unlike many others in the economy - have been rising. Adjusting for inflation, the current (July ‘09) cost averages €157 per week.

But this average figure hides the high cost incurred by many families - in Dublin, the average cost for families paying for childcare is €209 (inflation adjusted), while in the Mid-East weekly costs average €181. Unsurprisingly, these are also the regions least satisfied with childcare provision, with 69% and 66% respectively stating that they don’t have access to high quality, affordable childcare in their community, compared to a national average of 60%.

Given the high cost, it is not surprising that only 30% of children receive care from someone other than their parents, and almost a third of those who do rely on unpaid relatives, who provide an average of 15 hours a week unpaid childcare.

Childcare use is highest for couples where both parents work full-time, at almost 60%; while when mothers work part-time, less than 4 in 10 use childcare.

The gendered nature of care work is revealed in the use of non-parental childcare when one parent is unemployed, and the other works full-time.

A quarter of children with unemployed fathers use childcare, compared to only 6% of children whose mothers are unemployed.

CSO data also reveal parents’ preferences in relation to childcare - and why they cannot make those preferences a reality. The option most preferred by parents was formal childcare, with cost and availability being the main reasons why they were not availing of these options.

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\(^6\) CSO (July 2009) *Quarterly National Household Survey – Childcare, Quarter 4 2007*. Stationary Office: Dublin
• 35% of parents would choose a crèche or Montessori for pre-school children; more than half said they did not use this option for cost reasons, and 3 in 10 said the service was not available;

• Almost 4 in 10 parents would prefer a crèche or after-school care for primary school children; a third did not avail of this for cost reasons, while for nearly 6 in 10 parents, this service was not available.

The National Women’s Council of Ireland conducted research into the development of a high quality model of childcare in Ireland and consulted widely with women and women’s organisations as to the type of childcare provision which they would choose. ‘An Accessible Childcare Model’ was published in 2005 and recommended a publicly subsidised childcare model combined with extensive parental leave for parents of young children.

In 2002, the European Union agreed the ‘Barcelona targets’ on childcare: by 2010, member states should provide childcare for 90% of children between 3 years of age and mandatory school age (age 6 in Ireland), and for at least a third of children under 3. From January 2010, government has committed to providing a year’s free childcare provision - but only for children aged 3 years 3 months to 4½ years old.

How does Ireland fare in relation to these targets? We don’t even collect the data needed to monitor progress! The OECD however, has calculated net childcare costs (i.e. including the benefit of state supports) as a percentage of the average wage, and of family income; Ireland tops the table as the most expensive of OECD countries.

Net childcare costs are 45% of the average wage in Ireland, compared to 16-17% in EU and OECD countries. Calculated as a proportion of family income, the cost is just under 30% in Ireland (only the UK is higher at 33%), compared to an average of around 12.5% in the EU and OECD.

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7 NWCI (2005) An accessible Childcare model, Dublin, NWCI.
9 www.oecd.org/els/social/family/database
The care and domestic work that women do - particularly raising children - has a significant impact on their employment rates\(^\text{10}\).

For men, having children has almost no impact on their employment rate. In contrast, approximately 6 in every 10 women with children are employed, compared to almost 9 in 10 women without children. The impact of children is greatest when they are young - only 57% of mothers of children under 3 years of age are employed, compared to almost two-thirds for mothers of school age children.

This is not unique to Ireland, but the impact of having children is greater in Ireland than in almost any OECD country. The average maternal employment rate across OECD countries is 95% of that for all women; in Ireland, the figure is 83% - only in Japan do children have a greater impact on mothers’ employment. In France, mothers’ employment is 97% of the rate for all women, and in Sweden, maternal employment rates are actually higher than those for all women.

Those who do combine employment with care work have to make choices about the nature of the employment they can engage in. The impact of care work on women’s employment is reflected in the fact that women work on average fewer hours than men, and in lower grade occupations.

\(^\text{10}\) CSO (April 2009) Women and Men in Ireland, 2009 Stationary Office: Dublin
This results in a significant gap between women’s and men’s incomes.
- 8 in 10 of those working for less than 30 hours a week are women.
- Less than a quarter of those working more than 40 hours a week are women.
- Three-quarters of clerical and secretarial staff are women.
- Approximately 6 in 10 employed in services, sales and associated professional and technical occupations are women.
- 7 in 10 managers are men.

The scale of the resulting income gap is considerable.

Before adjusting for the different employment patterns of both sexes, average income for women is only two-thirds of that of men. But even when these differences are taken into account, women’s average hourly income was around 86% of men’s in 2006.

The fact that the greatest investment in caring takes place during prime working years means that the gap between women’s and men’s incomes widens with age:
- between 15-24 years, women’s income is 82% of men’s, while for the 55-64 age group women’s average income was just over half (55%) of men’s.

### Occupation by sex, 2008

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clerical &amp; secretarial</td>
<td>24%</td>
<td>76%</td>
</tr>
<tr>
<td>Personal &amp; protective service</td>
<td>36%</td>
<td>64%</td>
</tr>
<tr>
<td>Sales</td>
<td>39%</td>
<td>61%</td>
</tr>
<tr>
<td>Assoc, prof. &amp; technical</td>
<td>41%</td>
<td>59%</td>
</tr>
<tr>
<td>Professional</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Other</td>
<td>61%</td>
<td>39%</td>
</tr>
<tr>
<td>Managers &amp; administrators</td>
<td>68%</td>
<td>32%</td>
</tr>
<tr>
<td>Plant &amp; machine operatives</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Craft &amp; related</td>
<td>96%</td>
<td>4%</td>
</tr>
</tbody>
</table>

8 in 10 of those working for less than 30 hours a week are women.
The opportunity to earn income during our working years has a significant impact on pension entitlements.

Those who are excluded from the labour market due to their care responsibilities are also excluded from the social insurance system; consequently, women have a much lower entitlement to a social insurance pension.

While over 80% of male pensioners are entitled to a State Pension based on their social insurance entitlements, less than 60% of female pensioners qualify for this payment. Put another way, two thirds of those drawing a social insurance pension are men, while just under two-thirds of those who have to rely on a means tested pension are women.

Women are also less likely to have private pension coverage than men, and the National Pensions Board notes that continued reliance on women to provide informal care will be detrimental to efforts to increase pension coverage for women.

The ‘pensions gap’ means that women are more likely to live in income poverty in their old age than men - 18% of women over 65 live below the poverty line, compared to 15% of men.
Care work makes an immense contribution to Irish society and economy.

To give some sense of the scale of the contribution, we can estimate the value of the unpaid care provided to friends and family by over 160,000 carers in Ireland. Using a ‘pay rate’ equivalent to that of Home Helps, i.e. €14-16 per hour, and taking the average number of hours for which care is provided, the value of unpaid care can be estimated in the region of €2.4-€2.8 billion per annum; women’s share of this work accounts for €1.5-€1.8 billion, or 64% of the total value. On the whole, those who do this work do so willingly: more than 8 in 10 people who provide care indicate that they would not change their work-care balance\(^\text{11}\). Men were more satisfied than women, with 9 in 10 expressing satisfaction with their balance, compared to slightly less than 8 in 10 women. Of those who did want to change, almost 8% of men and 10% of women wanted to reduce their working hours to allow more time for caring. Almost twice as many women (6.3%) as men (3.4%) were outside the labour force as a result of their caring responsibilities; this was particularly true among lone parents at 13% - a group that is 85% female.

It is important to acknowledge that people do not make choices in a vacuum. Everyone who makes the choice to provide care accepts a set of trade-offs, between the rewards of providing care - both for the person providing, and particularly for the person receiving care - and the other opportunities that are lost; financial trade-offs also inform choices.

\(^{11}\) CSO (Q2, 2005) QHHS Special Module on Reconciliation Between Work and Caring Responsibilities. www.cso.ie
We understand these trade-offs in the context of the supports available in relation to care - the cost and availability of childcare, care for older people and for people with disabilities; how the social welfare system treats care, whether that is the availability of a Carer’s payment, or the recognition of care as work in the social insurance system; the availability of flexible working arrangements.

How these trade-offs are understood is also influenced by the different roles and expectations society ascribes to men and women. Lynch\(^{12}\) characterises the distinction as one between ‘care commanders’, who claim immunity from care responsibilities, and ‘care foot-soldier’ who do the everyday work of care. Women are more likely to be seen as, and as the facts demonstrate, are much more likely to be, the care foot-soldiers. The assumption that this comes ‘naturally’ to women often means that this work is ascribed little value, and little support. In Ireland, the care commanders provide substantially less support to the care foot-soldiers than in almost all comparable industrialised countries.

Care work is labour from which we all benefit - raising children who will go on to contribute to society, helping people suffering illness to return to health, caring for people with disabilities and older people to enable them live fuller lives, providing the very foundations on which we all rely to thrive and realise our potential. And it is work done predominantly by women.

While unpaid care work is a labour of love, it is nonetheless labour, and investment in this type of labour means lost opportunities to invest in other things - whether that be paid work, study, voluntary activities or recreation. It is work that can impose a heavy emotional and physical toll, damaging the health of carers. It is work that can exclude the opportunity to earn wages, to study and develop personal capabilities, to build a career, to provide for one’s retirement. It is work that can prevent carers participating in social and political life. And these costs are borne predominantly by women.

We all have a right to receive care, and we all have the right not to be obliged to provide care.

The challenge, as expressed by the International Labour Organisation, is “to find ways to enable women and men to provide and receive care as they choose”¹³.

We would all be the better for it.
