

A FEMINIST VISION OF CARE AND ECONOMIC EQUALITY



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Based on the research paper:
A Feminist Vision of Care and Economic Equality by Ursula Barry and Ciara Jennings

This paper can be found in full on the ActionAid Ireland website: www.actionaid.ie

Executive Summary:

Ensuring no woman gets left behind

What do we mean by care?

Care is **essential work**, critical to the social infrastructure on which our societies are built. It encompasses a wide range of activities, looking after the physical, social, psychological, emotional, and developmental needs of one or more people. It includes **paid and unpaid** care: care of children; care of those with illness and older people; supports for disabled people to live well and to live independently.

In Ireland, 98% of full-time carers are women¹, and the gender pension gap stands at 35%.² These two facts are not unconnected. Unpaid care responsibilities over the life course often result in women working fewer hours and in lower-paid jobs, or not participating in the paid workforce at all.³

There is a definite and severe gendered impact at the heart of our care system. These impacts are experienced by women in low-paid care work both in public and private sectors, and 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 women too often live on the borders of low income and poverty. Many women who are primary carers/supporters are denied access to benefits, as eligibility continues to be mostly tied to paid employment records. This excludes many women in lone parent households, larger family households, in minority groups and older age households.

Globally, we see that care is increasingly in crisis, driven by ageing populations in wealthier countries, and the move away from social responsibility to care towards privatisation.

Ireland's current government has announced referendums for March 2024 on family and care. One of the proposed changes is to remove the existing wording in Article 41.2 of the Irish Constitution and replace it with a new clause that will explicitly recognise care within the family, and that the State will strive to support family care. In the discussions which we will have around the referendum and beyond, it is crucial that the experiences and needs of women in all their diversity, women's organisations and rights holders – those availing of care and support, as well as providing care and support – are at the fore.

This paper focusses on the economic inequalities experienced by certain groups in relation to care. We analyse the roots of this and the devaluing of care at a global level through mainstream economic thinking, and present some alternative ways of valuing care, including significant moves by national governments to introduce a human right to care. We then look at how we might rethink and revalue care in Ireland.

Section One: Global context



Zuwairiya, mother of seven from Angwagwagwalada, Nigeria.

A crisis in care

By 2030, it is estimated that 2.3 billion people worldwide will be in need of care, 200 million more than in 2015.⁵ Shortages of caregivers, and quality care services, will place increased strain on women, who already carry out three-quarters of unpaid care work globally, leading to even greater economic inequality.⁶ As wealthier countries age, migrant workers from poorer countries increasingly fill the gaps in care. In Italy for example, almost three-quarters of the paid care workforce is estimated to be born outside of Italy.⁷ 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.

This crisis in care has been driven and compounded by other crises of the last decade. Since the 1980s, care services have been increasingly privatised under neoliberalism, and this process has been dramatically accelerated since the financial crisis of 2008. This, in turn, meant that EU countries were in a weakened position to fight the crisis of the pandemic.⁸ Privatisation has seen a process of moving away, not only from public payment, ownership and governance of care and health services, but also from social or public responsibility for care. Again, it is women who fill the gap, both with unpaid labour, and with low-paid, undervalued care work.

Economic models ignore the value of care

Given the crisis in care, why is care work not better valued and remunerated? Part of the answer is that our current measurement of a successful economy, measures of Gross Domestic Product (GDP), give no value to unpaid care, and little to paid care.

The devaluing of care is apparent in the treatment of care workers. Care work is largely low paid, with little job security, poor working conditions and with few benefits or employment protections. Carers tend to be underpaid even when compared to workers with similar skills, education and experience in other sectors.⁹ 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.¹⁰

The prevailing economic and political ideology is that the market provides solutions and that everything can be commodified. Women, who do the vast majority of both unpaid care work in households and low-paid care work in public and private services, bear the brunt of austerity measures, especially public sector funding cuts. **When public services are underfunded, there is a triple disadvantage for women**, who disproportionately lose access to services, lose opportunities for decent work and take on the rising responsibility of unpaid care work.¹¹

Our economy would cease to function without care. We need to find better ways to reward, and to measure this value and to view care as a public good. One estimate from Latin America and the Caribbean, for example, shows the economic contribution of care work ranges between 15.9% and 25.3%. GDP.¹² Another analysis from the U.S. estimates that every billion invested in care generates almost three times the return in higher levels of economic activity.¹³

At a global level, there are emerging discussions outlining imaginative policies and legal frameworks that encapsulate the concept of care. This includes the idea put forward in the Inter-American Commission for Human Rights, that a human right to care should be developed. 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.

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.

Murphy Mary P. (2023) Creating an Ecosocial Welfare Future. Policy Press, Bristol University Press.

Recommendations for global action to address gender and economic inequality

1. The Irish government should support and encourage international calls for the establishment of **care as a human right** and support the establishment and implementation of **new indicators of economic and social well-being**, curtailing over-reliance on GDP as a measure of economic activity.
2. Fully **financed and gender-responsive public services and progressive taxation** 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. Ireland should take action to support these in majority world countries.



Zuwairiya gathering water for housework - Angwagwagwalada, Nigeria.

Section Two: Ireland



Georgia Grogan and Shelly Gaynor attending the Human Rights Hearing on Care
– 30th May 2023.

“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, Human Rights Hearing on Care,
30th May 2023

Ireland’s care crisis

The Irish State undervalues care and there is inadequate public responsibility for care needs. This is evident through a poor system of care provision and support, which is reflected by Ireland having the third highest hours of unpaid care work across the EU, reflecting inadequate State involvement, public responsibility in care and lack of appropriate services and supports. Once again, there is a pronounced gendered impact – women provide double the amount of unpaid care than men in Ireland – an average of 28 hours for women against 14 hours for men.¹⁴ The disproportionate responsibility of care affects women’s economic equality, making them less able to take up paid employment or engage in entrepreneurship, to work full-time, to access higher paid jobs or to take on leadership positions.

Care provision in Ireland, as internationally, is over-reliant on the private sector. Even where it is publicly provided, it is largely managed in the private market sector, for example in the provision of childcare and residential care facilities. Private sector reasoning has increasingly crept into publicly-funded services, with efficiency and cost savings prioritised over quality and the personal relationship, which is so central to care. This affects the economic equality of both paid care workers – who fall victim to cost-cutting measures such as low pay and scarce benefits – and those who receive care and support and who often do not receive the supports they need including the required assistance to allow them to access paid work or participate in all facets of society. Social protection systems often generate poverty traps whereby loss of benefits are linked to low paid work, resulting in an increase in the working poor in Ireland.¹⁵

The value of care

Women in our workshops were painfully aware of the lack of value placed by society on their work: *"We often hear people speak about us as 'just a carer'".* Women from all marginalised groups - lone parents, disabled women, and Traveller women - spoke of the extreme stress of trying to navigate an excessively complex social protection system which treats them as a burden on the State. Women felt there is very little acknowledgement of the value they contribute in carrying out their care responsibilities.

The devaluing of care affects both those who give care, and those who receive support. Our conversations with rights holders – highlighted the **interdependent nature** of care. As one woman put it: *"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."* Everyone, at different stages of life, cares for others or has care or support needs provided by others.

How does economic inequality in relation to care affect different groups?

"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."

Lone mother, Human Rights Hearing on Care, 30th May 2023

The difficulty of "staying afloat" was raised across the range of participants in our workshops, including home carers/supporters, disabled women and lone parents. For many, including those in receipt of carer's, lone parent or disability supports, this is seen as a result of the rigidity of the social protection system. As one participant commented: *"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."*

For **paid home carers/supporters**, care work is severely underpaid, and income is often unpredictable. As care recipients may spend time in respite care or in hospital, the resulting gaps in carers' schedule are generally unpaid. Travel time is also unpaid, with many carers travelling long distances between households, multiple times a day. Now with high cost of living, "carers are just surviving - and barely, at that" one participant at the Human Rights Hearing said. Although carers consider psychological support to be an important part of their work, they highlight that it is not prioritised or encouraged, this is reflected in the highly restricted time they are allowed with each person. Unsurprisingly, the care sector in Ireland experiences high levels of worker turnover, chronic shortages and lengthening waiting lists. Better pay, working conditions and paths to career progression are needed to make this a more attractive prospect, which would benefit both paid carers and those benefiting from paid care and supports.

Disabled women are also at a financial disadvantage due to the inadequacy of existing care services. One woman with an intellectual disability told us: *"...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 good wages, but I need help to learn new things, and time to do things, so it's hard to go for jobs with more responsibility."* The lack of support in this situation demonstrates the dominance of market logic over the principle of social responsibility. As another disabled women put it: *"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?"* The allocation of resources that enable disabled people to engage in education, gain access to paid employment and housing, and participate in broader social and cultural activities is imperative. It is also critically important to acknowledge and address the financial challenges associated with having a disability.

For **lone parents**, the lack of accessible and affordable childcare is a central issue affecting their ability to provide financially for themselves and their families. Without childcare, many lone parents cannot pursue full time work, take opportunities for further education to better their earning power, or, in some cases, finish secondary education. As one participant said: *"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 finishing, 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."* The lack of support leads to multiple disadvantages, as another participant told us: *"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."* There is a need for the development and delivery of a publicly funded and delivered model of childcare which would impact significantly on employment and education opportunities and outcomes for lone parents.

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. According to the EU Fundamental Rights Agency, 31% of Irish Traveller households (including 28% with children) were found to be living in acute poverty. Among those aged 20-64 years, only 17% of women had limited access to paid employment, compared with nearly 70% of Irish women generally (FRA 2019). Traveller women cite *"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 societal ethnic discrimination which serves as a further barrier to quality employment and participation in wider Irish society.

While the consultations were undertaken with women from the above sets of groups, there are many more women who are affected by issues related to care and economic inequality. This policy paper represents a snapshot of the impact of care and economic inequality on these particular groups of women, but it is recognised that this impact is much broader than just the groups listed above.

How can we improve this vicious cycle of economic inequality in Ireland? Our discussions with rights holders gave rise to over 70 recommendations, many of which relate to various different groups of women impacted by care and economic inequalities. The recommendations are detailed in our full paper. Below, we have included and summarised some of those for priority action.

Recommendations to address care and economic inequality

Universal Basic Services

1. Deliver publicly funded and accessible, quality, affordable early years care and education for young children, 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).
2. Introduce a legal entitlement to early childhood education and care, based on the wider availability and increased length of adequately paid family leave - as called for in the EU Care Strategy. (Department of Education, DCEDIY).
3. Deliver universal social care services, including an expansion of services and supports for older people and disabled people that promote dignity, autonomy, respect, and independence. (DCEDIY, Dept of Social Protection).
4. Deliver a statutory home support scheme to ensure disabled and older people are supported and encouraged to live independently in their own homes and communities. (DCEDIY, Dept of Social Protection, Dept of Health/HSE).
5. Ensure the appropriate resourcing of the Commission on Care for Older Persons, and through its work to consider the particular needs of older women, in all their diversity, through a gender analysis. (Department of Health).
6. Ensure that disabled people 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, Dept of Social Protection, Dept of Health/HSE).
7. Provide appropriate resources and supports for disabled people to access education, paid employment, independent housing and wider social and cultural activities, recognising and meeting the costs of disability. (DCEDIY, Department of Social Protection).
8. Tackle, as a matter of immediate urgency, the issue of one parent family homelessness and child poverty through the establishment of a dedicated Taskforce. (Department of Housing, Department of Social Protection).
9. 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).

Social Protection Reform

10. 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 person who is fully aware of procedures and supports available. (Department of Social Protection).
11. Expand paid leave for parents, particularly but not only maternity leave, so that it covers the first year of a child's life, and ensures that a proportion of leave is non-transferable to foster greater sharing of childcare responsibilities between parents (Department of Social Protection).
12. Ensure that lone parents have access to the same total paid leave as a couple. (Department of Social Protection).
13. Introduce a universal state pension, paid to everyone living in Ireland on reaching a specific age regardless of paid 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

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

Further research

15. 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 and examining alternative models of care provision internationally.

Conclusion

By investing in care and public services with practical and effective policies like those recommended in this report, Ireland could become a leading voice on revaluing care, joining other governments in reforming our economic model to value care, promote gender and economic equality and prioritise social well-being and environmental sustainability. Our analysis above shows where the greatest challenges lie, and what the Irish government and its agencies can do to combat them, drawing on the voices of many of those concerned, as both carers/supporters and recipients of care and support.

Endnotes

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- 3 European Institute of Women's Health: A Lifetime of Caring Report – who cares? Report prepared by Ursula Barry and Ciara Jennings. Forthcoming 2023.
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