



Women's Experiences of Caring during COVID-19

November 2020

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Acknowledgments

We would like to thank all the women who generously completed this survey, ensuring their experiences during the COVID-19 pandemic could be documented.

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We also wish to acknowledge and thank Mary Hayes, women's health policy officer, and Dr Cliona Loughnane, women's health coordinator, who led this project and are advancing women's health work in NWC.

Executive Summary

Before COVID-19, care was not equally distributed, with women providing the majority of care for family members and loved ones and for the household. As Ireland entered the first COVID-19 lockdown, the closure of schools, childcare facilities and reductions in home and social care led many women to provide even more care.

In May 2020, the National Women's Council (NWC) wanted to understand how COVID-19 was impacting women's caring responsibilities and their own mental health and wellbeing. This report sets out the findings of our Women's Experiences of Caring during COVID-19 online survey. It is important to understand women's experiences of the pandemic as we continue to live with measures to contain COVID-19 under the *Plan for Living with COVID-19*¹, including working from home, travel restrictions and limited household interactions. October's Budget 2021 did not provide additional funding for childcare and provided limited increases in supports for carers more generally.

This report provides a snapshot of women's experiences of caring during the initial COVID-19 lockdown. In our survey we heard from **women who were working from home, women working on the frontline** and **women engaged in full-time care**.

Understanding informal care – care for others and care for the home

In this survey we particularly focused on women's **informal unpaid care**.

This care work can include **care for others** (e.g. minding children, personal care for older family members, supporting disabled adults, care for friends and neighbours and caring for loved ones' emotional needs) and **looking after the household** (e.g. housework, cooking and cleaning).

Informal care work is often undertaken both in a woman's own home and in the homes of relatives.

1 Government of Ireland (2020) *Resilience and Recovery 2020-2021 Plan for Living with COVID-19*. <https://www.gov.ie/en/publication/e5175-resilience-and-recovery-2020-2021-plan-for-living-with-covid-19/>

Women told us that during the lockdown they were playing **many roles: teacher; cook; cleaner; counsellor; and home nurse**. With children home full-time during lockdown, women were minding children and home-schooling. With a heightened awareness of hygiene to combat the virus, cleaning around the house increased. As many older people around the country cocooned, the work of checking in, collecting their medicines and doing their shopping fell predominantly to women.



Women told us they felt pressure to look after the **emotional needs of their families**, particularly as children adjusted to not seeing their friends and worried about their future. For **women parenting alone** it was particularly difficult, as the supports they normally relied on, such as childcare and grandparents were no longer available. For some lone mothers, the resilience they needed to cope on their own before the pandemic made them feel more prepared to cope without their regular supports.

It is well documented that **pandemics can widen gender inequalities**.² Women told us that even when their caring was shared it was not shared equally, with women carrying the lion's share of the load. As many women earn less than their male partners, their work often took less priority. Some employers were also more understanding of women's caring roles, compared to male partners, resulting in caring responsibilities falling largely to women.

For some women, the experience during lockdown was a **positive one**, particularly as they **regained time** normally spent on a long commute. This gave them more time with children, or loved ones and enabled some women's partners to be more present at home and take on more of the caring load.



For the majority of women **COVID-19** meant they had **less time to look after their own mental health and wellbeing**. Many women felt there was no longer any time to practice the self-care activities that supported their mental wellbeing.

These findings are important because it is clear that the role of care in women's lives increased due to COVID-19. Women have also had less time to look after themselves. COVID-19 has taken a toll on women's wellbeing and will continue to do so if the division of care between men and women is not shared equally.

² For example, see UN Policy Brief (April 2020) *The impact of COVID-19 on women*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

Survey of women's caring during COVID-19

This report sets out the findings of the online survey *Women's Experiences of Caring during COVID-19* undertaken by NWC between the 15th and 22nd of May 2020. The survey sought to capture the experiences of women providing informal, unpaid care during COVID-19.

About the survey

The online survey, hosted on the SurveyMonkey platform, was emailed to all NWC members and to the Women's Mental Health Network³ and promoted across NWC's social media.

The survey was completed anonymously by 1,466 women. Of the 1,466 respondents only those who agreed to share their responses publicly (1,416) have been included in this report. As not all respondents completed every question, a number of the figures given in this report are based upon responses from fewer than 1,416 women.

The survey asked women⁴ (over 18 years) to self-report their caring responsibilities and the time they had, and the activities they were using, to look after their own mental health and wellbeing. There were 16 questions and the survey combined a mixture of multiple-choice questions and open text options. The multiple-choice questions were analysed on the SurveyMonkey platform. The open text answers provided by women were exported into Microsoft Excel. Women's responses were analysed using thematic analysis, a method used to identify and report patterns or themes. All responses were read individually by the two researchers, who each developed initial themes and open codes. The two researchers then discussed, reviewed and critiqued the emerging themes and identified the relationships and connections between what women had told us. Following this process of reaching agreement on the key themes in what women told us, women's responses were re-read and re-categorised.



³ The Women's Mental Health Network is a joint initiative between NWC and St Patrick's Mental Health Services. https://www.nwci.ie/discover/what_we_do/womens_right_to_health/join_the_womens_mental_health_network

⁴ Please note by 'women' we refer to any person who identifies as a woman.

The survey focused primarily on women's informal care (rather than women's paid care work and care work on the frontline), although there were opportunities within the survey for women to provide detail of their frontline essential care work. While based on a self-selecting sample of women, which was not designed to be representative of the wider Irish population, the high level of caring reported by women in this survey reflects findings from research conducted during the pandemic in Ireland⁵ and internationally⁶.



The intention in developing the survey was to provide a simple instrument for women to self-report their experiences of informal caring during the pandemic. While we would have liked to ask specific questions to capture detailed information (e.g. the number of children in a household, the nature of family arrangements, disability needs of children, ethnicity, and other details), we endeavoured to ensure the survey was not lengthy and burdensome for women with manifold responsibilities.

Women were asked if they would agree to NWC using their responses as part of our policy and campaigning work. Only women who agreed to share their responses are included here.

Timing of the survey

The survey period (15th – 22nd May 2020) coincided with the initial national lockdown and Phase 1 of the Government *Roadmap for Reopening Society and Business*⁷ (implemented on May 18th). During the survey period, people were advised to stay at home, travel was limited between 2km (lockdown) and 5km (Phase 1). Schools were closed and people were advised not to travel to work unless they were providing an essential service which could not be undertaken from home.

5 CSO (May, 2020) *Employment and Life Effects of COVID-19*. <https://www.cso.ie/en/releasesandpublications/er/elec19/employmentandlifeeffectsofcovid-19/>

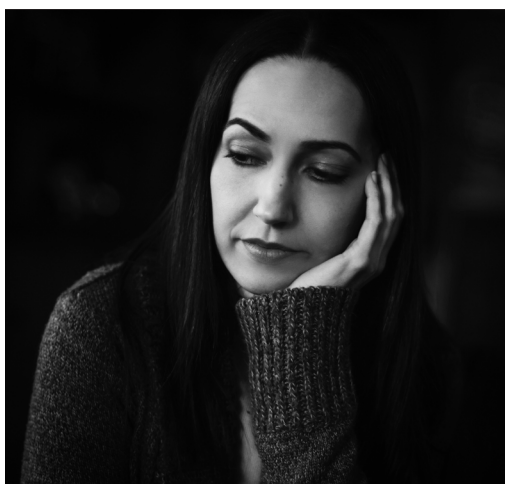
6 For example, see: Eurofound (2020) *Living, working and COVID-19, COVID-19 series*. <https://www.eurofound.europa.eu/publications/report/2020/living-working-and-covid-19>; 4 Day Week Campaign, Compass and Autonomy (October 2020) *Burnout Britain – overwork in an age of unemployment*. <https://www.compassonline.org.uk/wp-content/uploads/2020/10/Burnout-Britain-overwork-in-an-age-of-unemployment.pdf>; Women's Budget Group (2020) *Parent and COVID-19 Research Evidence*. LSE Department of Healthy Policy, Queen Mary University of London, Fawcett Society <https://wbg.org.uk/wp-content/uploads/2020/08/Coronavirus-the-impact-on-parents-20.08.2020.pdf>

7 Government of Ireland (1st May 2020) 'Government publishes roadmap to ease COVID-19 restrictions and reopen Ireland's society and economy'. <https://www.gov.ie/en/press-release/e5e599-government-publishes-roadmap-to-ease-covid-19-restrictions-and-reopen/mf>

Why examine women's caring during COVID-19?

Pandemics impact women and men differently and can magnify existing inequalities. In March 2020, as the country went into a state of emergency, it was clear that the pandemic was likely to have serious implications for women. While the COVID-19 pandemic is an extraordinary experience, we must also recognise that the pandemic has brought into focus existing structural inequalities women experience. Crises deepen existing inequalities, including those of gender, age, race and social status.

Women are more likely to be frontline health workers. Globally, women make up 70 percent of the health workforce.⁸ Women are more likely to be front-line health workers (nurses, midwives, community health workers) and health facility service staff (cleaning, laundry, catering) who are more likely to be exposed to the virus. In Ireland, 4 out of 5 workers in the health service are women.⁹ In the initial period of the pandemic in Ireland, **formal childcare was not available, even for healthcare workers.**



Women are more likely to take on informal caring responsibilities. Before the pandemic, we know there was a significant and **persistent imbalance in the gender division of unpaid care work in Ireland.** The ESRI and IHREC 2019 report, *Caring and Unpaid Work in Ireland*¹⁰, found that on average women spend double the time of men on caring and more than twice as much time on housework. The COVID-19 **pandemic exacerbated already existing gender inequities** in the sharing of caring responsibilities. The CSO *Employment and Life Effects of COVID-19* survey¹¹ showed that almost a fifth of the population was caring for someone as a result of COVID-19. More women (21%) than men (15%) were caring for a dependent family member

or friend. With schools closed, childcare issues were a significant life effect arising from the pandemic. Almost a quarter (24%) of those aged 35-44 reported experiencing childcare issues, with more women than men experiencing this life effect.

Life in lockdown is **particularly difficult for women parenting alone.** 86% of lone parents are women and 99% of those receiving the One Parent Family Payment are women.¹² Lone parents were five times more likely to experience deprivation in 2019.¹³

8 UN (2020) *Policy Brief: The Impact of COVID-19 on Women*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

9 CSO (2020) *Women and Men in Ireland 2019*. <https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2019/>

10 Russel, H., Grotti, R., McGinnity, F., Privalko, I. (2019) *Caring and Unpaid Work in Ireland*. ESRI, IHREC. <https://www.esri.ie/system/files/publications/BKMNEXT382.pdf>

11 CSO (13th May 2020) *Employment and Life Effects of COVID-19*. <https://www.cso.ie/en/releasesandpublications/er/elec19/employmentandlifeeffectsofcovid-19/>

12 CSO (2020) *Women and Men in Ireland 2019*. <https://www.cso.ie/en/releasesandpublications/ep/p-wamii/womenandmeninireland2019/genderequality/>

13 St Vincent De Paul (2019) *Working, Parenting and Struggling? An analysis of the employment and living conditions of one parent families in Ireland*. <https://www.svp.ie/getattachment/6cd5834e-a8cf-48bf-b14c-82227aa5bc61/Working,-Parenting-and-Struggling-Full-Report.aspx>

Many **women in abusive relationships** were under lockdown with their abusers. As reported by the United Nations¹⁴, the stressors of a pandemic, combined with close confinement during lockdowns, mean that women and girls are at a higher risk of violence from their partners and family members. Domestic violence reports to the Gardai increased by almost 25% after the lockdown period began, with higher spikes in some geographical areas.¹⁵

Women are also more likely to be the **informal primary carers of other relatives**. Evidence shows that informal carers are more likely to develop mental health difficulties than those without caring responsibilities.¹⁶ For intensive carers (over 20 hours a week) the mental health impact is particularly evident.¹⁷ In a 2019 survey of family carers in Ireland¹⁸ – 90% of those surveyed were women – almost half said they were diagnosed with depression and/or anxiety. Two thirds of these said this was caused or exacerbated by caring.

There also appear to be **implications for women's mental health resulting from COVID-19**. A Eurofound survey¹⁹, examining how Europeans were coping with life during the pandemic, found the strain caused by work/life conflicts may be affecting the mental well-being of women more than men, especially those with young children. Women with children aged 11 years old or younger were more likely to feel tense than men with children in the same age range (23% vs 19%); to feel lonely (14% vs 6%); and depressed (14% vs 9%). The World Health Organisation (WHO)²⁰ has identified specific groups at particular risk of **COVID-related psychological distress**. These groups include frontline health-care workers – of whom we know a majority are women – faced with heavy workloads, life-or-death decisions and the risk of infection. The WHO has also specifically drawn attention to the risk for women of COVID-related distress (particularly women juggling home-schooling, working from home and household tasks), for older persons and for people with pre-existing mental health conditions. In May, Family Carers Ireland²¹ reported that 60% of carers were worried about a decline in their own mental health and wellbeing during COVID-19. (95% of those surveyed were women.) Independent Living Movement Ireland expressed concerns about the impact of COVID-19 on supports that offer disabled people choice, control and freedom to live independent lives.²²

14 UN Policy Brief (April 2020) *The impact of COVID-19 on women*. <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-the-impact-of-covid-19-on-women-en.pdf?la=en&vs=1406>

15 Lally, C. (27th April 2020) 'Domestic violence reports up 30% in some areas since lockdown, says Garda'. The Irish Times. Retrieved from <https://www.irishtimes.com/news/crime-and-law/domestic-violence-reports-up-30-in-some-areas-since-lockdown-says-garda-1.4238362>

16 Pinguet, M., and Sorensen, S. (2003) *Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis*. Psychology and Aging, 18 (2), p. 250–267. <https://www.ncbi.nlm.nih.gov/pubmed/12825775>

17 OECD (2011) *The Impact of Caring on Family Carers', Help Wanted? Providing and Paying for Long-term Care*. <http://www.oecd.org/els/health-systems/47884865.pdf>

18 Family Carers Ireland, College of Psychiatrists of Ireland (2019) *Paying the Price: Hidden Impacts of Caring* <https://familycarers.ie/media/1422/paying-the-price-the-hidden-impacts-of-caring.pdf>

19 Eurofound (2020) 'COVID-19 fallout takes a higher toll on women, economically and domestically'. <https://www.eurofound.europa.eu/publications/blog/covid-19-fallout-takes-a-higher-toll-on-women-economically-and-domestically>

20 WHO (14th May 2020) 'Substantial investment needed to avert mental health crisis'. <https://www.who.int/news-room/detail/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>

21 Family Carers Ireland (May, 2020) *Caring Through COVID: Life in Lockdown*. <https://familycarers.ie/media/1394/caring-through-covid-life-in-lockdown.pdf>

22 Independent Living Movement Ireland (12th March 2020) 'Statement on the Impact of Covid19 on the lives of Disabled People'. <https://ilmi.ie/ilmi-statement-on-the-impact-of-covid19-on-the-lives-of-disabled-people/>

About the women who participated in the survey



NWC's policy and campaigning work is led by women's priorities and life experiences. In our survey we sought to give space to women, through a mix of closed and open questions, to voice their experiences of caring during the pandemic.

Not all women answered all questions in the survey. Women's responses reflect the mix of unpaid care women provide: for children in the home; for children and adults with disabilities and chronic illness; for older relatives living with them or in their own homes; care for the home and housework; and emotional care to check-in with family and friends, often provided virtually during lockdown via phone calls and Zoom.

The majority of women who responded to the survey (62%) were aged between 36-50 years old. 17% were between 20-35 years; 17% between 51-65 years. **62% of women were employed and 12% were full-time homemakers. 9% were self-employed.** Others recorded they were unemployed or furloughed, retired, students, or unable to work due to a disability or illness. Of the women who were employed or self-employed, 21% were essential workers.



Of those who were providing care to children or adults in their home, 32% were also providing care to adults outside the home, including to older adults and those who were medically vulnerable and cocooning.

A large proportion of women were **managing their own paid work, care for children and/or care for other adults**:

- 1,002 women were employed or self-employed.
- Of these women, 649 were caring for children in their own home; 44 for adults in their own home; and 31 for both.
- 251 were caring for an older person outside the home; 38 for an adult with illness or disability; 27 for both.

Providing care to others

Of those women who were **caring for others in their own home** (987 women), the majority (87%) were caring for children; 8% were caring for adults; and 5% were caring for both.

Of those women who were **caring for others outside their own home** (427 women), 79% were caring for an older person; 13% were caring for an adult with an illness or disability; and 8% were caring for both.

A significant number of women were **caring for others both in their own home and in another's home**. 987 women were providing care to children, adults or both in their own home, and of those, 316 (32%) were also providing care in another's home.

Living with another adult without care needs

1,114 women were **living with another adult who did not require care**. The largest number (956) were living with a partner or spouse; 59 were living with their own parent; 39 were living with a relative; 36 with a sibling; 11 with a friend; and 67 with other (e.g. adult children). Women could choose multiple options to reflect living with multiple adults not requiring care.

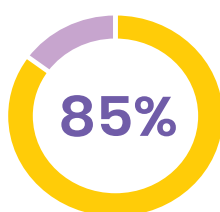
Of those women providing care in their own home to children and/or adults, **18% had no other adult living in the home with them** with whom they could share caring. This would include lone parents.



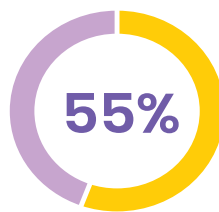
Overview of findings

Our survey found that COVID-19 had a profound impact on women's caring responsibilities and a significant impact on the time women had to look after their own mental health.

Not only were many women looking after their own homes and families, working in paid employment and providing home-schooling to children, many were also looking after loved ones outside the home, checking in on older adults who were cocooning, shopping for vulnerable parents and relatives and supporting the emotional wellbeing of those around them.



of women said their **caring responsibilities had increased** during lockdown



of women said **they had less time for their mental health and wellbeing**

- **85% of women said their caring responsibilities had increased since the outbreak of COVID-19.** 52% said their caring had increased 'a lot'; 33% said their caring had increased 'a little' and 15% said 'not at all'. Many women living with another adult reported caring was not shared equally in their household, with the 'lion's share' falling to them.
- Women reported **added pressures of childcare** with the closure of schools and childcare during COVID-19.
- Women were impacted by the **loss of formal supports** which supported their caring prior to lockdown, such as support services for disabled people and homecare for older adults.
- Women were also impacted by the **loss of informal care supports** previously provided by grandparents and others.

- **Women parenting alone felt particularly under pressure.** Many lone mothers had to look after children, provide home-schooling, manage the household, check in on older relatives and work to financially support their families, all without support.
- **55% of women said they had 'less time than usual' to look after their own mental health and wellbeing.** 22% said they had the 'same amount of time'; and 23% said they had 'more time than usual'. Many of the things women had relied on to look after their own mental health pre-COVID-19, including socialising with friends and having time to themselves (often during their commute), were no longer possible due to health restrictions and increased caring responsibilities.
- **Women offered tangible suggestions of what would support their mental health and wellbeing,** including: childcare (especially for frontline workers); supports for new mothers; state supports for carers of older people; social care supports for disabled people; access to affordable counselling; outdoor space; and increased support from their partner.
- **Women raised a number of thoughts and concerns about how COVID-19 was impacting on women and on society more generally, including:** the lack of women in COVID-19 decision-making positions; concerns for women experiencing violence during lockdown; fears about the country's economic future and the impact of COVID-19 on women's economic equality; the challenges of informal caring as a frontline worker; and the opportunity presented by the pandemic to restructure society and how we support care across society.

What women told us

Women provided detailed accounts of their experiences in the survey's open text questions. While no two experiences were exactly the same, showing the dynamism of women's lives, key themes emerged from what women told us. In this section we use quotes²³ which describe and explain key shared experiences and issues women reported.

Women's caring responsibilities

Although 79% of women said their caring responsibilities were shared with other adults they lived with, many women described the **division of care as less than equal**:

"It's never 50/50."

Women talked about how they felt like **leaders of the home**, responsible for managing everything, delegating tasks to their partners and doing the jobs that often go unnoticed:

"We share the parenting role fairly but as the woman in the house I effectively end up running the house – I do all the thinking, planning and remembering."

"Women do the lion's share of it all and always are the ones to think a few steps ahead."

Women also spoke about feeling **responsible for the emotional wellbeing of their loved ones**. This emotional support appeared to be seen as a 'woman's job' due to a gendered perception that listening and talking about emotions are feminine traits:

"As the female in the relationship I do feel I carry the bulk of the mental load."

²³ Quotes are provided in italics in the text. In some cases quotes have been minimally edited for clarity.

For **women with same sex partners** the sharing of care seemed to be split more evenly:

“My wife gets up earlier with the baby to let me rest. We split household chores; she minds the baby where possible to give me a break.”

“My wife and I normally split chores evenly.”

Differences in women and men’s paid work were reflected in women’s responses. Many women reported their **employment was more flexible** and their **income was lower than their higher-earning partner**. This corresponds with women’s general employment status in Ireland, with women more likely to be in part-time or precarious employment and to earn lower wages than men.²⁴ Some women seemed to feel their paid work was less prioritised in the family:

“The balance is usually much better but due to COVID we have had to focus on supporting his work as it is the highest income and I have more flexibility.”

Women highlighted how their **caring responsibilities were continuous** and that often men’s caring took place outside of their working day:

“I do most of the work. My husband occasionally does the washing up and also does household maintenance tasks that arise (e.g. lawn mowing, plumbing issues), but this is a lot less frequent than my contributions and also do not impinge on his working day, as his contributions are mostly at the weekend.”

Women also spoke about the efforts their families have made to **adapt to COVID-19 restrictions** and how their families had figured out what works for them:

“We both share but it is incredibly stressful. We are both working full-time from home; 3 children in primary school at home. [We’re] totally exhausted by end of the week trying to juggle meals, shopping, cleaning, cooking, working, school work and trying to be with our kids as they adapt.”

Families managing to determine what works for them had not been without its challenges. A number of women reported taking **annual leave** and **unpaid leave** in order to juggle their caring responsibilities and employment:

“I have taken additional unpaid extended maternity leave to home-school our 7 year old and care for 1 year old whilst my husband works from home.”

²⁴ National Women’s Council of Ireland (2019) ‘Women and Employment’. https://www.nwci.ie/discover/what_we_do/womens_economic_independence/women_and_employment

"We are both essential health workers. I am working from home now, my husband works on site in the hospital... [We have] no access to childcare, but told to take annual or unpaid leave to complete hours."

Some women, who were able to work out arrangements with their partner, saw themselves as **lucky** or **unusual**:

"We try to share our responsibilities 50-50...I am aware, though, that we are not the norm and we still encounter the odd comment from people... who say that 'I am lucky to have a husband who helps me'. Even though he is just acting as a functional grown adult and our home is as much his house as it is mine."

"We are both sharing, a real 50-50%, which I am conscious is not the reality for many women... Thanks to very, very good progressive mothers, like my mother-in-law who raised a self-confident man who is happy to learn new ways to help."

Women also spoke about how the **gendered nature of care** is reflected in how male partners participated in caring. Women talked about how men see their care work as 'helping out', compared to the care work that women do, which is expected:

"The stereotypical gender roles hit me hard. We both work from home but it's me who does all the chores, he just says they are not necessary to survive."

"Once a week, he offers to cook, but this means that I prep all of the vegetables while he steps in right at the end to quickly fry steaks. I am now cooking three meals per day, every day, and doing all of the associated washing-up, meal-planning, etc."

There is a concern globally that **the pandemic will exacerbate the gendered nature of caring work** as women's work.²⁵ This was reflected in women's responses that they needed to ask for 'help' at home and had to identify and delegate tasks:

"He does quite a lot which is great, but I still do the majority and tend to have to 'project manage' everything."

"If my husband could see the needs – without being told – of the girls, or my Dad, it would help."

25 UN (2020) *Policy Brief: The Impact of COVID-19 on Women*. https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_women_9_apr_2020_updated.pdf

How women's caring has changed during COVID-19

Women reported many ways in which their caring responsibilities had changed due to COVID-19:

"The main thing I'm finding difficult is that I've gone from parent to full-time parent, teacher, entertainer, friend and mental-health coordinator. That feels like a huge extra mental load."

With the closure of school, women spoke about the **added pressures of home-schooling**, which was particularly difficult for children with additional needs:

"My child's schooling is all my responsibility. Then there is no afterschool, where she was also fed."

"My eldest boy has special needs and attends a special school. I am finding it very hard to home-school, entertain and mind him full-time while also taking care of his younger brother and holding down my full-time middle management civil service job by working from home."

Women were also concerned about the **mental health of their loved ones** and were looking after their **emotional needs**:

"The emotional needs of both my daughter and my partner and my mother are constant and very exhausting."

"I'm a Traveller woman and caring for my elderly parents and relatives... COVID has frightened them and restricted them so their mental health and well-being has suffered. They are cocooning...It has placed a lot of stress on me. My reserves are beyond depleted."

Women in paid employment spoke about how their increased caring responsibilities were impacting their work outside the home. Women felt **guilty trying to balance their paid work and unpaid care work**:

"I feel really torn between working full-time and caring for our daughter. The guilt is something else! I'm not doing either very well."

"Kids see [their] mother at home and it is hard for them to comprehend that I have to work...They want me to be with them. And frankly, I also want to be with them. It is a pandemic and if something happens I don't want them to think that at the time of crisis I chose work over them...This is very much impacting my work though and the levels of stress are through the roof. I cannot finish any work within deadlines."

Women spoke about the **loss of formal care supports**, including childcare, supports for disabled children and older relatives:

“My daughter is profoundly disabled and needs full-time care while managing a 25 hour working week and cooking, cleaning laundry etc. I used to manage when she went to school and we had a care team.”

“Moved in with my mother who usually had two carers daily – [I’m] worried about her health as she has underlying conditions.”

Women also spoke about the **loss of their informal support systems**, such as grandparents, friends and family, who normally helped them with care work:

“I have absolutely no support like I used to, whether that be friends or family. No creche, no school, no work. I just cook and clean from morning to night, with no end in sight.”

“My daughter was born at the end of January...It has been very difficult looking after her with essentially no support network, except for my husband.”

Women spoke about just being able to manage their caring responsibilities before the pandemic. Since COVID-19, many felt they had **reached a tipping point**:

*“Before this it was a struggle but I was managing.
Now, I am honestly at breaking point.”*

“I’m hanging on by a thread.”

*“All the stresses have increased
I feel like I can’t cope and am very isolated.”*

“I’m burnt to a crisp mentally and physically right now.”

“I feel broken.”

“I feel exhausted and overwhelmed.”

“I have no support. I am really struggling.”

Despite the myriad challenges women were facing during COVID-19, some women did talk about how **lockdown has impacted their lives in a positive way**. In particular, mothers valued having more time with their children:

"I really love spending extra time with my child but days are a blur trying to juggle everything."

"Children are getting to see me more than when I worked in the office. No long commute."

"We play hurling, go for walks, do quizzes, bake so it's not all bad. My kids are getting to see me more than when I worked in the office."

How women look after their mental health and wellbeing

We asked women to tell us about how they were looking after their own mental health and wellbeing during this period. Women mentioned a range of activities, including: walking; yoga; meditation; gardening; crafting; speaking with family and friends; and formal supports such as HSE online resources:

"Exercising but time for this is more limited."

"Knitting, reading, baking."

"Video calls with friends and family."

"Time outdoors and gardening."

"Walks every day."

"Online exercise."

"Stress control course from HSE."

"Thankfully, I have availed of counselling for 40 minutes every 2-3 weeks over the phone."

*"Weekly counselling now on phone.
Classes and things for self care are cancelled."*

Women also reported a **loss of the things that had previously supported their mental wellbeing before COVID-19**, such as: time to themselves (often during their commute); in-person counselling; reading; sleep; and face-to-face interaction with friends:

“My mental health and wellbeing is definitely not as good as it was before COVID-19 and it’s made worse recently by the fact that I rarely get any time to myself.”

“I speak less with friends and miss face-to-face contact.”

“Unfortunately, most of the outlets I rely on such as socialising, hiking and travelling are unavailable. It is getting increasingly harder to deal with anxiety and depression.”

“I have lost face-to-face counselling support for anxiety and do not know about online supports.”

Women referred to trying to **carve out specific time for themselves**. This was not without its challenges and women often referred to feeling that taking such time was self-indulgent:

“Self indulgence is last on the list, in reality it doesn’t happen.”

“I’ve been trying to go out for a walk or a run and I’ve also tried meditation. But it’s very hard to find time for myself at the moment and I’m often too tired.”

“I feel very guilty to be working all the time and what time I do have I spend it with the kids.... I don’t spend anytime for myself.”

The **economic and social impacts of the pandemic** came through strongly in women’s responses. Some women in paid employment felt uncertainty about their future job security. Women reported how difficult it was during COVID-19 to work from home while caring for children. Frontline workers spoke of increased responsibilities during the pandemic. This **uncertainty and lack of control over their own lives and the future** had a palpable impact on women’s mental health and wellbeing:

“I have never felt as desperate and low. Anxiety is commonplace for me now. I don’t know what the future holds for my job. I feel I don’t have any control.”

“I am an essential worker. I have no time to look after myself. I have been redeployed to a very high intensity work environment with no training and longer hours.”

For some women, there have been **positive impacts of the pandemic**, particularly in gaining time previously spent commuting and having their partner at home:

"I walk every morning, which is when I used to be driving to work or stuck in traffic. It's great for the soul."

"I've had a bit more support with my husband working from home, so I'm able to knit, read or practice mindfulness when he's finished."

For those women who said they had less time than usual for their own mental health and wellbeing (55%), **we asked what would be helpful to support them**. One of the resounding answers was that **having more time alone** would allow women to do the things they need to look after their own mental health and wellbeing:

"Time alone. It really is that simple."

"I am rarely alone though and need to make more time for that."

Women also offered **tangible suggestions** that would support their mental health and wellbeing. These included: childcare (especially for frontline workers); supports for new mothers; state supports for carers of older people; social care supports for disabled people; access to affordable counselling; outdoor space; and increased support from their partner.

"Childcare, childcare, childcare. Even one day a week."

"Greater government supports for new mothers, like zoom calls with public health nurses, or virtual breastfeeding groups."

"Shared responsibility for caring for our children."

"Access to affordable counselling."

"Respite or another adult, services, family, friend or anyone assisting."

Women parenting alone

Women who were lone parents spoke about the **constant care** they were providing for their families. Many lone mothers were not just providing care for their own children and for their home; they were also supporting relatives and loved ones and working in paid employment:

"I'm a solo parent and have elderly parents who are mostly self-sufficient but need increased contact and visits to check that they're doing OK. Managing home schooling and the care of my children alongside my workload has been particularly stressful."

"I have taken in my niece to allow my sister to cocoon with our mother who has dementia. We are both single parents... I feel like my home workload has increased and the time I have to do it all has lessened."

"We are a one-parent family with no extended family in Ireland... If I was to get sick requiring hospital where would [my 10-year-old daughter] go?"

Women parenting alone spoke about having **no time to themselves**:

"As a single parent, my parenting is full on with no break, no-one else to interject, no-one else to support me."

Some lone mothers said they felt **more prepared for lockdown** because they were used to relying on themselves:

"As a single parent I am used to doing everything without support, so I'm arguably finding it easier than others who are perhaps used to a wider support system."

Women felt the **pressures of paid employment whilst parenting alone without any childcare**:

"I am currently expected to continue my 38 hours full-time job, as well as home school two children in different classes. I am a lone parent so I have to do all the cooking, cleaning, shopping, nurturing and listening with absolutely no help, as everyone is banned from my life right now. It's beyond stressful."

As the sole person providing care for their children, lone mothers reported having **no time to look after their own mental health and wellbeing**:

"I'm a single parent. 4 kids. One can't walk far. I can't get out for exercise... There's no support. No help. Home-schooling 4 kids. They go to bed by 9.30pm. I tidy and go to bed myself."

"I haven't been alone since 12th of March. No walks. I'm a single parent of one [who is] medically vulnerable, so I can't even go to a shop."

Women parenting alone also expressed **concern about the emotional wellbeing of their children** and loved ones with such limited access to people outside their household:

"I'm having to spend a lot of time being aware of and providing emotional support... I'm cooking, home-schooling, entertaining, supporting, encouraging and caring on my own, with hardly any contact to the outside world."

Women's thoughts for the future



At the end of the survey, we asked women if they had any further thoughts. In this section a number of women said that, while they were feeling stressed, overwhelmed, and tired, they appreciated the opportunity the survey provided to reflect on and document their experiences.

Women raised a number of thoughts and concerns about how COVID-19 was impacting on women and on society more generally:

- The **benefits of lockdown:**

“Overall I find this a positive experience, it’s exhausting at times but it will be an unforgettable time for the kids and I am getting to know myself better.”

- The particular **challenges of caring as a frontline worker:**

“I feel guilty when working on the front line as I’m not at home with my family, and guilty when at home, as I should be working helping on the front line. Getting the balance is difficult, as well as fitting in me time.”

- The **lack of women in COVID-19 decision-making:**

“There are so few women that I can see in the decision-making positions in this.”

“This crisis has shown how desperately we need more working-class women in policy-making and national politics.”

- Concerns for **women experiencing violence** during lockdown:

“[I’m] very concerned for women and children living with domestic abuse in this. I come from a background of violence... I can imagine the living hell it is for others during this.”

- How the pandemic could provide an **opportunity to restructure society**:

"This crisis is shining a light on inequalities in Irish society – gender inequality, economic inequalities, mistreatment of the vulnerable and the intersectional nature of these challenges."

- Fears about the country's economic future and the **impact of COVID-19 on women's economic equality**:

"Many women will have lost their jobs, lost productivity, lost promotion opportunities and lost their sanity. Women are angry, we are tired, we are burned out."

"[Women] are suffering/will suffer more financially because of this crisis and the pension/pay gap is only going to worsen. This makes me worry for my future and that of my daughters."

- A number of women also wanted to recognise **the privileges they have**, which made COVID-19 an easier experience for them than for other women:

"I am very fortunate to live in a home that I own. I think the stress must be horrendous for women in homeless hubs, direct provision, and in abusive situations."

Conclusion

The inequitable division of care between women and men has been central to the perpetuation of gender inequalities in Ireland and internationally. COVID-19 has brought a new visibility to the caring needs of society and – if we grasp it – the potential to change. A pressing priority emerging from the COVID-19 pandemic should be to **build up the caring infrastructure**, removing the heavy burden on women to provide informal social care in the absence of state services.

During COVID-19, women have been looking after their children, providing home-schooling, supporting older parents, loved ones and neighbours and thinking about the emotional needs of those around them. Women have also had less time to look after themselves. We will need to **address the trauma of the pandemic, including through women-specific mental health supports and services.**



Drawing on the findings of this survey, in June NWC launched a digital campaign *‘When you care for others it can be harder to mind yourself’*, focusing on how caring can impact women’s mental health and wellbeing. In the campaign we wanted to draw attention to issues impacting women’s wellbeing, to affirm women’s experiences and to signpost women to HSE YourMentalHealth.ie supports. We wanted women to know that their experiences are valid and need to be taken seriously. To do this we need to ensure a **better sharing of care responsibilities between men and women**, better state supports including **public and affordable childcare, universal mental health services, universal social care services** and **supports for unpaid and paid care.**

As we continue to live with measures to contain COVID-19, it is important that we collect and respond to women’s needs. As we move to live with and beyond COVID-19, we must address the effect of the pandemic on women’s care work, women’s paid employment and on women’s wellbeing.

**WHEN YOU
CARE FOR OTHERS
IT CAN BE HARDER
TO MIND YOURSELF**

#WomensMentalHealth



“ I FEEL GUILTY WHEN WORKING ON THE FRONT LINE FOR COVID-19 AS I'M NOT AT HOME WITH MY FAMILY. AND GUILTY WHEN AT HOME, AS I SHOULD BE HELPING ON THE FRONT LINE. GETTING THE BALANCE IS DIFFICULT. ”

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“ I REALLY LOVE SPENDING EXTRA TIME WITH MY CHILD DURING COVID-19 BUT THE DAYS ARE A BLUR, TRYING TO JUGGLE EVERYTHING. ”

#WomensMentalHealth



**86% of lone
parents are women**



#WomensMentalHealth



“ I AM IN MY 50'S AND RESPONSIBLE FOR THREE AGEING PARENTS, MINE AND MY HUSBAND'S. ”

#WomensMentalHealth




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