

June 2025

# Submission to the Independent COVID-19 Evaluation

## Background

The National Women's Council (NWC) is the leading representative organisation working for women's rights and equality across the island of Ireland, founded in 1973. We are rooted in our membership. We work together with our almost 200 member groups across the island of Ireland and a growing community of individual supporters to deliver on our purpose – to achieve women's rights and equality.

NWC welcomes the independent COVID19 evaluation and hopes it highlights the profound gendered impacts of the pandemic on women. Women were disproportionately represented among frontline workers – in health, retail, and domestic sectors. School and childcare closures placed additional caring and support responsibilities on many women, especially lone parents. Women in precarious employment lost jobs at disproportionate rates. Women and children experiencing domestic abuse endured lockdowns with their abusers. Older women cocooning or in residential care faced unique threats to their health and well-being. Furthermore, many women had limited access to recreational and social activities or to the full-suite of women's healthcare services – including maternity, mental health, sexuality, and reproductive services.

This submission recognises that gender emerged as a significant factor in the social, economic, and health effects of COVID-19. To illustrate these impacts, we have focused on three thematic areas: women's health, Domestic, Sexual and Gender-Based Violence (DSGBV), and women's economic equality – with lessons for stronger, gender-responsive future planning.

### 1. Women's Health

The mental health impact of the COVID-19 pandemic on women in Ireland has been profound and unequal. Women were more likely than men to report feelings of anxiety, loneliness, and depression during the pandemic. CSO data from 2020 showed a significant increase in low life satisfaction among women, exceeding levels recorded during the 2008 financial crash. This reflects the unique pressures faced by women, including increased unpaid care work, economic precarity, and isolation.<sup>1</sup>

The COVID-19 Psychological Research Consortium (C19PRC) Study – a longitudinal, multi-country study which included Ireland – noted 79% of women felt that that COVID-19 would have long-term mental health impacts on their life and society.<sup>2</sup> Research has also demonstrated that women with mental health difficulties that pre-dated the pandemic experienced worsening symptoms during lockdowns, with higher levels of anxiety, depression, and eating disorders recorded. For groups experiencing entrenched health inequalities – like Traveller women, Roma women, and migrant women – the reported experiences were even more stark. Several national and international reports highlighted that members of ethnic minority groups were more likely to contract COVID-19, be hospitalised, and be continuously adversely affected.<sup>3</sup> These communities can also have limited access

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<sup>1</sup> Central Statistics Office (2020), *Social Impact of COVID-19 Survey, April 2020*.

<sup>2</sup> McBride et al. (2021). Monitoring the psychological, social, and economic impact of the COVID-19 pandemic in the population: Context, design and conduct of the longitudinal COVID-19 psychological research consortium (C19PRC) study. *International Journal of Methods in Psychiatric Research*.

<sup>3</sup> Pavee Point Traveller & Roma Centre (2023). Travellers Mental Health: Reflections on the Impact of COVID-19. <https://www.paveepoint.ie/wp-content/uploads/2024/07/Travellers-Mental-Health-Reflections-on-the-Impact-of-COVID19.pdf>

to protective factors, including reliable accommodation and digital access and literacy. While these inequalities in experiences and outcomes have been documented by some, the lack of standardised equality data collection across the health system means there are significant gaps in our understanding of the pandemic's impact on health and well-being.

Pregnant women's health was found to be severely impacted – the Health Protection Surveillance Centre Ireland's national specialist service for the surveillance, prevention, and control of communicable diseases reported – 47 ICU admissions of pregnant women with COVID-19 in 2021. This data illustrates that pregnant women were at higher risks of critical illness in 2021 compared with similar-aged non-pregnant women. In addition to pregnant women experiencing greater health impacts maternity care was significantly disrupted, with many routine antenatal appointments and scans cancelled or postponed and in-person antenatal and postpartum care was scaled back. This virtualisation and disruption contributed to heightened psychological distress. A survey conducted in mid-2020 found that 26% of pregnant women in Ireland exhibited clinically significant depressive symptoms far above pre-pandemic levels of approximately 10 -15% highlighting the emotional toll of limited face to face care and prolonged uncertainty (Crowe, 2022). The situation was further exasperated by strict restrictions on partner attendance at key maternity moments, including antenatal visits, 20-week scans, and postnatal wards, such as NICUs. These measures, while intended to limit virus transmission, often left women feeling isolated, anxious, and feeling a lack of the emotional support and advocacy due to the absence of their birth partners.

Women living in long-term residential care (LTRC) settings, including nursing homes, experienced detrimental effects during the COVID-19 pandemic, with approximately two-thirds of all COVID-related deaths in Ireland occurring in these facilities during the first three waves. There remain notable gaps in gender-disaggregated data, limiting understanding of the specific risks, experiences, and outcomes for women living in LTRC settings. This highlights a critical need for improved data collection to inform gender-responsive care in future public health crises.

Healthcare and frontline workers, often operating under intense stress during this period, were also disproportionately women. Four of every five Health Service Executive (HSE) staff during the pandemic were women and faced unprecedented pressure and heightened risk of burnout.<sup>4</sup> At the same time, women continued to carry out most of the unpaid care work. More than 60% of unpaid carers in Ireland were women, and 75% of people in receipt of Carer's Allowance in 2018 were women.<sup>5</sup> As schools, childcare services, and disability supports closed, women absorbed the bulk of increased care demands. The CSO's *Employment and Life Effects of COVID-19 survey* in 2020 showed that nearly a fifth of the population was caring for someone due to COVID-19, with women (21%) more likely than men (15%) to have taken on this role.<sup>6</sup> These caregiving responsibilities intensified women's exposure to emotional stress and increased their risk of long-term health impacts.

The intersection of poor mental health, economic insecurity, and gender inequality should have been critical in informing the response to the pandemic. Young, low-paid, part-time workers – all disproportionately women – were among the first to lose their jobs. This loss of income and routine is a known risk factor for poor mental health, particularly for women already facing marginalisation.<sup>7</sup>

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<sup>4</sup> Census (2016), CSO, Profile 10: Education, Skills, and the Irish Language.

<sup>5</sup> Department of Social Protection (2018), *Carer's Allowance Statistical Report*.

<sup>6</sup> CSO (2020), *Employment and Life Effects of COVID-19 Survey*.

<sup>7</sup> NES (2021), *Ireland's Well-being Framework and the COVID-19 Pandemic*.

### Lessons Learned – Women’s Health

- Women’s health (including maternity care) and mental health services should be considered essential, with gender equity impact assessments embedded in any crisis continuity planning.
- Mental health supports, including perinatal and youth mental health services, must be prioritised and resourced during future crises. Continuity of care must be maintained for women with pre-existing mental health difficulties.
- Invest in community-based, gender-sensitive mental health services. Mental health supports – particularly those in the community – must be adequately funded to ensure they are accessible to women in all their diversity.
- Pandemic responses must be intersectional, recognising that there are gendered differences in health risks – including for young women, older women, lone parents, ethnic minority groups, and disabled women – facing heightened health challenges during pandemics. Future strategies must incorporate intersectional data collection and inclusive service design.
- Ensure digital inclusion in health service delivery. The rapid shift to remote health services (e.g. telemedicine and online counselling) must be designed to accommodate women in all their diversity, including women with limited digital access or low digital literacy.
- Provide targeted mental health supports for frontline workers and carers. Women working in healthcare, social care, and unpaid caregiving roles faced extreme stress and burnout. Future preparedness must include tailored mental health supports for these essential roles.

## **2. Domestic, Sexual, and Gender-Based Violence**

The COVID-19 pandemic created a parallel "shadow pandemic", with reports in Ireland and abroad demonstrating higher rates of violence against women and girls during that period.<sup>8</sup> The experience of prolonged lockdowns, economic stress, and enforced proximity to abusers placed women and children at heightened risk. According to data collected by An Garda Síochána, reports of domestic violence increased by almost 25% in the first year of the pandemic, with higher spikes in some geographical areas.<sup>9</sup> This increase in reports is also reflected in spikes in demand for community and voluntary sector supports, including, for example, a 51% increase in calls to Aoi bhneas women’s refuge helpline in March 2020.<sup>10</sup> COVID-19 presented a major challenge for migrant women in Ireland with COVID-19 and associated measures to reduce the spread of COVID such as lockdowns. For example, women living in direct provision, and their families, were at particular risk of domestic violence due to their living conditions and economic inequalities<sup>11</sup>.

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<sup>8</sup> UN Women (2020). *The Shadow Pandemic: Violence Against Women during COVID-19*.

<https://www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19>

<sup>9</sup> An Garda Síochána (2020). *Operation Faoiseamh – Domestic Abuse Incidents during COVID-19*.

<https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2020/june/operation-faoiseamh-phase-2.html>

<sup>10</sup> McGuire, P. (2020, April 20). "I feel constantly suffocated": The domestic violence epidemic raging behind closed doors of Covid-19. Thejournal.ie. Retrieved from <https://www.thejournal.ie/domestic-violence-investigation-coronavirus-crisis-part-one-5076812-Apr2020/>.

<sup>11</sup> AKIDWA (2022) STRATEGIC PLAN 2022-2025. Available at: <https://www.akidwa.ie/assets/uploads/media-uploader/strategic-plan-for-print-11715435331.pdf>

The period of the COVID-19 pandemic also saw several positive policy measures be introduced in response. Domestic violence services were designated as essential, allowing refuges, outreach work, and helplines to remain operational.<sup>12</sup> The *Still Here* campaign, launched in 2020, developed through a collaboration between Government and the community sector, aimed to raise public awareness of the measures available for victim-survivors of DSGBV from support services to state agencies and it was a powerful public signal of support for survivors.<sup>13</sup> Increased emergency funding, remote court sessions and protection and barring order applications treated as urgent, and Garda measures (such as Operation Faoiseamh) played a vital role in maintaining access to justice and safety supports.<sup>14</sup> During the Covid-19 pandemic, Sexual Assault Treatment Units continued to operate, but not all crucial supports for victim-survivors remain accessible, such as accompaniment, often provided by civil society organisations, was restricted<sup>15</sup>. Moreover, specialist organisations welcomed that the emergency posed by Covid-19 resulted in an injection of funding by the Government, but levels remained inadequate due to historical inadequate levels of funding<sup>16</sup>. Safe Ireland reported that 180 women and 275 children looked for shelters every month between March and December 2020, but 2,159 of these requests could not be accommodated due to a lack of capacity<sup>17</sup>. However, many of these supports were introduced in an ad hoc manner, without advance contingency planning. While some pandemic-era initiatives have been embedded in policy, including the 2025 Bill facilitating the use of technology in court proceedings, others were deprioritised or saw their funding cut.<sup>18</sup>

### Lessons Learned – DSGBV

- Declare and maintain DSGBV services as essential during all crises, taking into account the diverse and intersectional experiences of violence amongst minority and minoritised women.
- Build on trauma informed practices introduced during COVID-19, including remote access to courts, technological innovations, and sustained public awareness campaigns.
- Ensure that increases in emergency funding during crisis periods are not withdrawn prematurely and are transitioned into long-term, multiannual and adequate investment.
- Include survivors and victims of DSGBV – and the community and voluntary organisations that work in this area – in emergency planning, ensuring that safe accommodation, helplines, and trauma-informed services remain accessible.

## 3. Women's Economic Equality

The economic consequences of the COVID-19 pandemic exposed and deepened existing gender inequalities in the labour market and social protection system in Ireland. Women, who are

<sup>12</sup> Department of Justice (2020). *Minister Flanagan designates domestic abuse services as essential services*. <https://www.justice.ie/en/JELR/Pages/PR20000074>

<sup>13</sup> Department of Justice and Community Partners (2020). *Still Here Campaign*. <https://www.stillhere.ie>

<sup>14</sup> Courts Service of Ireland (2020). *Update on Access to Domestic Violence Orders during COVID-19*. <https://www.courts.ie/news/update-access-domestic-violence-orders>

<sup>15</sup> Dublin Rape Crisis Centre, Annual Report, Navigating 2020 (DRCC, 7 September 2021)

<sup>16</sup> Irish Observatory on Violence against Women (2022) National Observatory on Violence against Women and Girls Shadow Report to GREVIO in respect of Ireland. National Women's Council. Available at: [https://www.nwci.ie/images/uploads/IOVAW\\_GREVIO.pdf](https://www.nwci.ie/images/uploads/IOVAW_GREVIO.pdf)

<sup>17</sup> Safe Ireland, Women's Domestic Abuse Refuges, Safe Ireland Submission to Oireachtas Justice Committee (Safe Ireland, August 2021)

<sup>18</sup> Courts and Civil Law (Miscellaneous Provisions) Bill 2025 (anticipated). *Facilitating remote hearings and use of video technology in family and domestic violence cases*.

overrepresented in precarious and part-time employment, were disproportionately affected by job losses. The closures of schools, childcare services, and social activities more broadly (which was already falling primarily to women by a factor of about 2 to 1<sup>19</sup> before the pandemic), had a significant impact for many women in restricting their ability to engage in employment and education, alongside the wider barriers created by the pandemic in relation to social, community and cultural life. This lack of access to childcare and the school closures increased the caring responsibilities on women and families, impacting their ability to engage in paid employment, including returning to paid employment, and education.<sup>20</sup>

The introduction of the Pandemic Unemployment Payment (PUP) was a vital support during this period and demonstrated the potential for swift and transformative reform in the social protection system when political will is present.

One of the most significant aspects of the PUP was its individualised approach. Unlike the traditional social protection system that often classifies women as “Qualified Adults” dependent on a partner’s claim, the PUP recognised individuals in their own right. This move toward individualisation must be embedded into the wider reform of Ireland’s social protection system, including the forthcoming Working Age Payment, to ensure women have direct access to income and employment supports.

The relatively high rate of the PUP also drew attention to the inadequacy of standard unemployment payments in enabling recipients to maintain a decent standard of living. The experience of the pandemic, followed closely by the cost-of-living crisis, underlined the importance of benchmarking and indexing social protection rates and eligibility thresholds to inflation and real living costs.

The pandemic also reinforced the centrality of care work to society and the economy. Women continue to bear a disproportionate share of unpaid care, and those working in the formal care economy – predominantly women – are among the lowest paid. The crisis highlighted the urgent need to invest in care and social infrastructure. Sustained investment in public care services, including a Public Model of Care and Support, is essential to address structural gender inequalities and to value care work appropriately.

### **Lessons Learned – Women’s Economic Equality**

- Embed individualisation as a guiding principle across social protection measures, ensuring direct access to income and supports for women.
- Benchmark and index social protection payments to a level that ensures a minimum adequate standard of living.
- Recognise care as essential social infrastructure and significantly increase investment in public care and support services.

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<sup>19</sup> ESRI/IHREC (2019) Caring and Unpaid Work in Ireland

<sup>20</sup> Rethink Ireland/NWC (2021) The Impact of COVID-19 on Women’s Economic Mobility