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Submission to Citizens' Assembly on Gender Equality

6th March 2020

Article 41.2 of the constitution states that *'by her life within the home, woman gives to the State a support without which the common good cannot be achieved'*. This archaic article shines a light on the persistent attitude in Irish society that housework and care work are women's work. Women have a disproportionate role in providing care in the home, yet this work is rarely valued or recognised. This gendered care challenge will be the primary focus of my submission to the Citizens' Assembly on gender equality. Reflecting work I undertook as a member of the 25th Seanad, I will also outline some issues of note for this Citizen's Assembly relating to sexual health and reproductive rights for all, and finally I will discuss the importance of recognising that an intersectional approach is necessary to ensure gender equality reaches and serves marginalised women.

The Gendered Care Challenge

Since whenever the gendered divisions of labour separating economic labour outside of the home and care labour within the home began, we have had a divergence in the value and valuing of each different kind of labour. Care is critical for life. We hear rhetoric about the importance of care, the saintliness of those "angels" who provide it, but the truth is that care is not valued. It is certainly not valued financially or economically.

In Ireland and elsewhere girls are reared to care and boys less so. That isn't to say that men don't care or do any caring. Many men are doing heroic levels of caring, but it is the exception. Women provide the vast majority of care, often starting from when their children are born.



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According to a joint report by Irish Human Rights and Equality Commission and the ESRI called 'Caring and Unpaid Work in Ireland'¹ published in 2019:

- 45 per cent of women and 29 per cent of men provide care for others daily (childcare and/or adult care)
- Women spend more than double the hours on care work (21.3 hours) than men (10.6 hours)
- Women perform on average of 7.2 hours more of care per week than men

An ESRI report named 'Ageing Workforce in Ireland: Working Conditions, Health and Extending Working Lives'² in 2019 found that:

- 7% of those leaving work between the ages of 55 and 59 years left because of care responsibilities, and women were five times more likely to exit for this reason than men"

From the CSO 2016 census we know that

- A total of 195,263 persons (4.1% of population) were providing unpaid assistance to others. Women made up just over 6 in 10 carers (60.5%, 118,151 carers) with 77,112 (39.5%) men
- Women are almost 3 times (2.8%) more likely than men to work 20 hours or less

Working part time of course may be a choice, but it also may be to do with needing to combine paid work and care, with all the implications for take home pay in the here and now and of course for pensions in the future.

Pension poverty and the gendered pension gap is another way we are letting down carers and therefore letting down women. As the statistics above show women are far more likely to

¹ Russell, Helen; Grotti, Raffaele; McGinnity, Frances & Privalko, Ivan (2019) Caring and Unpaid Work in Ireland. ESRI [<https://www.esri.ie/system/files/publications/BKMNEXT382.pdf>]

² Privalko, Ivan; Russell, Helen & Maître, Bertrand (2019) Ageing Workforce in Ireland: Working Conditions, Health and Extending Working Lives. ESRI [https://www.esri.ie/system/files/publications/RS92_0.pdf]



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engage in care work, far more likely to work part-time and far more likely to exit work because of care responsibilities. This has an impact on women's pensions later in life. According to the European Commission the gender pension gap in Ireland is 41 percent, this is the gap between female and male pensioners aged 65 and 79³.

Care work is often underpaid. Again, according to the CSO 83.5% of those in caring, leisure or other services are women. The Big Start campaign for early years has done much to highlight the low pay and poor terms and conditions for those providing early education and care, many of whom do not get paid during summer holidays, as an example. The gender pay gap in Ireland for 2019 was estimated at an average of 14% according to the Chartered Institute of Personnel Development⁴.

So, we can conclude that women do indeed have a disproportionate role in providing care. That care work is often unpaid or low paid, with poor terms and conditions. The price of caring is a high price to pay for the women and men who do it. It's a high price to pay for the emotional and physical wear and tear involved. It is a high price to pay in the forgone opportunities and income for carers and with significant implications for pension income in retirement and old age.

We can speculate the reasons for the gender nature of 'care work' and the divergences between women and men, in relation to it. Is it that women are conditioned to take up caring roles, or that it is genetic, that women want to care, or might it be that often women have no choice?

Do women have no choice because there is not an equal 'sharing of care' between men and women and between the state and the citizen? Is it because that today in Ireland an infrastructure of care doesn't exist in any meaningful, reliable way to allow fair sharing of care? So, it's a fact that it is overwhelmingly women who provide care in Ireland, and indeed the world over. And at some cost to women. This fact influences politics, public discourse and public

³European Commission (2015) Men, Women and Pensions. [http://ec.europa.eu/justice/gender-equality/files/documents/150618_men_women_pensions_en.pdf].

⁴ Chartered Institute of Personnel Development (2019) [<https://www.cipd.ie/news-resources/practical-guidance/employment-law/factsheets/gender-pay-gap-information-bill-2019>]



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policy. Caring is largely done behind closed doors by women, unpaid or sometimes shared with others, often badly paid women either part time or fulltime, it is often assumed, unacknowledged and unappreciated too.

It benefits the State, employers and society as a whole that women provide this often unseen, unpaid for or badly paid for care. By not valuing or paying for care Governments can keep public spending down or to spend on things other than care. And so, the children arrive at school on time. The children go on to be good little cogs in the machine of work, and our economy thrives, without the 'deadweight' effect of recognising the 'costs' of caring to the people providing it; the cost to their health; the cost to their life chances; the cost to their prosperity; the cost and loss to their pensions. A lifetime of caring is often a life ended in poverty.

CW Mills brilliant insight in the Sociological Imagination⁵ written back in the 1960s, and still holding true, that "all private troubles are public issues". Our challenge today is making these private realities into public issues, and this Citizen Assembly on gender equality, and what it might recommend to Ireland on how to addresses the Gendered Care Challenge is a great step in the right direction. These include the challenges of providing 24/7, 365 care to a sick child, a child with a disability, a person with dementia, a person with Parkinson's, MS, Motor Neuron Disease, a person with chronic mental illness, a person with an addiction, a baby. The care that each of these citizens need and deserve is not simply a private matter, left to women in the home. We need to turn the price of providing that care, of making that gift of care given in love, of making that unseen care provided in private spaces and in private lives, 'seen', to turn these private realities into the public concerns they are.

With better infant mortality, as we live longer and with smaller, dispersed families, the care challenge is one of the major challenges, and still unresolved, of our time. This care challenge has got to be faced, and indeed its gendered dimensions.

⁵ Mills, C. (1959). Sociological Imagination. Oxford University Press.



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As James Baldwin, the great civil rights activist said *“not everything that is faced, can be changed. But nothing can be changed until it is faced”*. So, we must face the gendered care challenge. Care and caring exist in the private domain but are public issues which must be framed and presented as such., not simply abandoned to market forces.

It’s time to change the public conversation and public policy conversation about care. It’s time to move away from Irish Social policy being characterised in the words of this year’s IHREC/ESRI ‘Caring and unpaid work in Ireland’ report from a *“Liberal modified male breadwinner regime, in that the provision of care services (e.g. childcare, care for older people) by the State is relatively low, leaving households to provide these services themselves or to source them from the market if they can pay”*.

The report also states that *“in order to move to a situation where caring and household work is both valued and more equally shared between men and women there is a need for changes in social and employment policies that support carers, facilitate the combination of care and employment and at the same time encourage greater male participation in care”*.

This Citizens’ Assembly on gender equality is an important opportunity to start a new conversation about care and to set a new policy direction that values care; that values carers including valuing them financially; and to create different societal possibilities for sharing care between women and men, and for a new contract between the citizen and the state. The value and distribution of care work is an important question for Irish society to consider. Both carers and the cared for are falling through the cracks ⁶ of our current and wholly inadequate care infrastructure, which needs to include preventative adult safeguarding measures, including support for carers as well sanctions when abuse occurs.

Care and caring must be politicised. Across all political parties and independents. That is why I convened the All Party Oireachtas Group on Dementia. It has been a very hard work for the most modest of breakthroughs on Dementia Advisers and Homecare pilots in the 2020 budget

⁶Donnelly, Sarah & O’Brien, Marita (2019) Falling Through the Cracks: key developments and next steps for adult safeguarding in Ireland [<https://researchrepository.ucd.ie/handle/10197/11242>]



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But just like broadband and a proposed investment of 3 billion euro⁷, we need an infrastructure of care in Ireland and a commensurate investment. Our childcare system is expensive and low quality. The well-intentioned recent reforms and investment are patchy, bureaucratic and inadequate. Almost 20 years ago, in 2000 when I was working as special Adviser to Minister Hodge in the UK, I was part of the OECD review⁸ team and we told the Government what to do then. We told the Government to put in place a publicly funded national system of early years and childcare, complemented with good paid maternity and parental leave. There has been good progress on Leave but much more to do for an infrastructure of high quality, free and affordable early education and childcare. We produced a good report, another one gathering dust.

We also need a national home care system. Other small countries like Denmark have such systems in place. Such systems allow people with care needs to be looked after, and relatives to do as much as they can, sharing the care but not doing more than they are able to do for reasons of health, sanity; allowing people with relatives needing care to work, to earn, to provide for their pensions, to do all this knowing that loved ones are getting the care they need to live well.

And the question is if home care and indeed good publicly funded childcare can be afforded in Denmark, why not here? And why is care not a political issue? Why aren't the 200,000 carers and the people who need care not making it so? Why are we not all making a fuss or enough of a fuss to get political attention? The messages on care and the scale of infrastructure and investment are not getting heard or getting through in terms of the kinds of measures and resources that are needed to tackle this issue in a serious way.

⁷(<https://www.irishtimes.com/business/technology/european-commission-approves-ireland-s-3bn-broadband-plan-1.4083997>)

⁸OECD (2004) Early Childhood Education and Care Policy. [<http://www.oecd.org/ireland/34425332.pdf>]



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This Citizens' Assembly on gender equality can make care a public issue, can politicise care, can prioritise spending on care. Previous Citizens' Assemblies, like the ground shifting one on abortion, can be transformative. The Citizens' Assembly on Gender Equality has the potential to change the political and public conversation on care. It can make clear that care is not a private matter to be left to mostly women behind the closed door of the home, but a public matter, whose rectification will benefit us all.

Unfinished Business - Sexual Health and Reproductive Rights

In November I attended the Nairobi Summit of the International Conference on Population and Development. Ireland committed to reducing the gender pay gap, ensuring that termination of pregnancy services are provided as a normal part of the Irish health care system and to changing societal attitudes to domestic, sexual and gender-based violence, to improving services to survivors of violence, and holding perpetrators to account among other commitments. Read the full list in the Irish Family Planning Association's Unfinished Business Civil Society Dialogue Report⁹.

Realisation of these commitments and full realisation of sexual health and reproductive rights is necessary to reach true gender equality in Ireland and globally. That includes access to information and choice surrounding contraception and reproductive choices for all. No women or trans men should be left behind in realising this goal. The maxim holds true and the evidence supports that, as United Nations Secretary-General Ban Ki-moon said, as women thrive, so will we all.

⁹ IFPA (2020) Unfinished Business Civil Society Dialogue Report.
[https://www.ifpa.ie/app/uploads/2020/03/Dialogue-Report-Design-Feb-2020_small-compressed.pdf]



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Gender equality for Marginalised Women

Gender equality does not exist in a vacuum. Achieving gender equality must consider wider inequalities which impact on women. An intersectional approach is necessary to ensure gender equality means gender equality for all.

- Lucy Peprah of Aims Ireland highlighted in 'Ireland's Unfinished Business; Civil Society Dialogue Report' that 40% of maternal deaths in Ireland are migrant women despite only making up 17% of the population.
- Traveller women are impacted by infant mortality at far greater levels than the wider population, with infant mortality among Traveller children three times higher than the general population¹⁰.
- Life expectancy for Traveller women is 11.5 years less than the general population. 1 in 20 members of the Traveller community will die by suicide¹⁰. Furthermore Traveller women face a risk of imprisonment as much as 18 to 22 times higher than that of the general population¹¹.
- The average life expectancy of a single homeless woman in Ireland is 38 years old. Women now account for 42 per cent of the adult homeless population, and this rises to 44 per cent in the Dublin area but there are only two women only homeless hostels in the Dublin area¹².
- Women are far more likely to develop dementia and the symptoms they live with are often more severe¹³. Dementia supports are extremely limited with many people with dementia and their carers facing an uphill battle for adequate care and supports.

¹⁰ All Ireland Traveller Health Study (2010) [<https://www.gov.ie/en/publication/b9c48a-all-ireland-traveller-health-study/?referrer=/healthy-ireland/health-inequalities/traveller-health/>]

¹¹ Irish Penal Reform Trust (2014) Travellers in the Irish Prison System. [https://www.iprt.ie/site/assets/files/6339/iprt_travellers_report_web.pdf]

¹² Shannon, June (2020) Most women live into their 80s. These women die in their 30s. Why?. The Irish Times. [<https://www.irishtimes.com/life-and-style/health-family/most-women-live-into-their-80s-these-women-die-in-their-30s-why-1.4183334>]

¹³ Alzheimer Society UK (2020) [<https://www.alz.co.uk/women-and-dementia/>]



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- Many women in Ireland live in direct provision centres, physically marginalised from communities. Current laws surrounding family reunification often prevent women from being reunited with their parents, brothers, sisters and other family members.
- There are over 300,000 women in Ireland with a disability¹⁴. Women with disabilities are more likely to experience poverty, to experience discrimination when accessing to adequate and correct sexual and reproductive health information and face greater barriers when accessing employment¹⁵.

Thank you for taking the time to consider my submission. Removal of Article 41.2 is necessary but not sufficient to achieve gender equality in Ireland. I urge the Citizens' Assembly on Gender Equality to be bold and pave the way for a better more equal Ireland for women through valuing and supporting carers, tackling the gendered care challenge and realising full sexual health and reproductive rights for all. This Citizens' Assembly on gender equality needs to bring marginalised women to the fore and to recognise the specific challenges and barriers they face in achieving equality. No women should be left behind in the realisation of gender equality in Ireland or anywhere.

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¹⁴ Disabled Women Ireland (2020) [<https://www.disabledwomenireland.org/>]

¹⁵ National Women's Council of Ireland (2008) Disability and Women in Ireland: Building Solidarity and Inclusion. [<https://www.nwci.ie/download/pdf/disability.pdf>]