

Key Policy Recommendations

Refreshed, funded National Carers Strategy

- In programme for Government
- MUST include funding for actions
- Actions should be based in research and updated for 2021 (CAI/UCC project to provide evidence)

Gender-proofed supports

- Care a feminized activity
- Male carers face additional and different challenges
- Trans and non-binary family carers must be included in policy and supports

Amended Article 41.2 to reflect gender-neutral language

- Take account of broad cross-gender provision of care
- Need to conceptualise caring outside gender binary
- Need to take account of caring across generations (sandwich care)

Gender and Family Care - Citizens Assembly of Gender Equality

Care Alliance Ireland is the National Network of Voluntary Organisations supporting family carers. Our vision is that the role of family carers is fully recognised and valued by society in Ireland.

We work towards this by supporting our 95 member organisations, who range from disability specific national organisations, to local family resource centres. All of our members support family carers at some level, whether that is directly or indirectly. We provide information, develop research and policy, share resources, and collaborate nationally and internationally where appropriate.

It is important to outline clearly what is meant by the term 'family carer', and who the term refers to. The term itself can be confusing, and not all researchers, advocates and carers themselves will agree on using it. We in Care Alliance do find it useful to differentiate family caring from regular childcare. For this reason, the definition which comes from the 2012 National Carers Strategy is a good starting point.

It states that;

A carer is someone who is providing an ongoing significant level of care to a person who is in need of that care in the home due to illness or disability or frailty.

Sometimes, the terms 'unpaid carer' or 'informal carer' are used to describe this group of people providing care at home – however we don't think either of these terms fit well. 'Informal carer' in particular is one that can trivialise the significant care being provided by family and friends. There is nothing informal about that care, which is often provided on a 24-hour basis and can include significant personal and medical care.

Most recent estimates from the CSO indicate that there are in the region of 500,000 people in Ireland who provide some level of care to a family member who has a disability, long-term illness, mental health concern or who requires help with daily activities. This represents around one in eight (12.5%) adults in Ireland. However, it is important to note that young adults and children also provide care to family members.

If we were to ask you to picture a 'family carer', the image that likely has come into your mind is a woman in her 40's or 50's, caring for an ageing parent, and who is often also raising her own children – with or without the help of a partner. This is borne true in the statistics, as there is a high concentration of female carers in the 45-55 age group. This cohort of carers are often described as sandwich carers, as they are 'sandwiched' between caring for an ageing parent or other family member and caring for their own children.

According to the CSO 60% of family carers in Ireland are female, with 40% being male. The percentage of male carers has been increasing gradually at each Census since 2001, when a question about caring was asked for the first time. By age 80 and upwards, there is a much more even split of care between males and females.

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When the intensity of caring is examined, it becomes clear that female carers provide significantly more hours of care – in particular at the higher intensities of care. For example, twice as many female carers provide 43 or more hours of care per week than do male carers. In fact, if all the hours of care that are provided by family carers needed to be replaced by paid care, at a very conservative level of €12 per hour, it would cost the State well in excess of €10 billion. Considering that the annual budget for the HSE in 2021 is approximately €21 billion, that is a significant amount.

Family carers, in general, experience many challenges due to their status as family carers. These can include social isolation and loneliness, along with mental health difficulties such as increased likelihood of depression and anxiety. There is increased likelihood that family carers will experience poor physical health effects, such as back and muscular problems, high blood pressure, heart problems, and stroke. Family carers are more likely than the general population to live in poverty, with many family carers experiencing a sharp decrease in their earning ability – perhaps needing to give up work entirely – as well as bearing the costs of caring.

It can be very tempting to discuss caring from a female perspective, given the history of Ireland’s women being categorised as, and assumed to be, caregivers for those who need it. However, we in Care Alliance also want to take the opportunity to raise some of the issues facing male, transgender and non-binary family carers.

Many of the challenges facing family carers today will be the same regardless of gender – difficulties accessing respite and home care; the levels of isolation and stress experienced by family carers; physical health difficulties caused by caring. The point that we would like to make is that while the challenges may be the same, the solutions to those challenges may not be.

Some of the most successful support groups to bring male carers together, to gain some level of peer support, have been those focussed around an activity, such as the sailing group coordinated by the now closed group, West Cork Carers. We have also seen the work done and positive supports provided by Men’s Sheds across the country. Studies have shown that male carers are less likely to seek and accept some of the help and supports available and are more likely to feel uncomfortable with the traditional face-to-face carer support groups. Male carers may not even see themselves as carers but will see caring – in particular for their spouse – and part of the everyday fabric of life, and often marriage.

Due to the feminisation and devaluing of care work, male carers can be stigmatised in work environments – in particular where there are minimal additional family leave entitlements. Anecdotally, employers seem much more likely to understand a female member of staff’s need to care for an ageing relative. This has considerable knock-on effects for all family carers. Women may feel pressurised to take on caring roles they do not wish to undertake – and perhaps are not best suited for within the family – because they are more likely to garner understanding and flexible work accommodations from an employer. Likewise, men may not take on a caregiving role for similar reasons. Some research shows that male carers can experience stigma in caring roles – with traditional views of masculinity feeding into this.

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Before we move on to discuss some of the gender specific legislative and policy issues in family care in Ireland, we do want to briefly note that the issue of gender in family carer is a complex issue and we must also note that members of the transgender community also provide care – and just as earlier we mentioned that whilst many of the issues facing male carers are similar to those faced by family carers, the same is true for trans and non-binary family carers. However, there is also some evidence that family carer and disability organisations may not feel confident extending supports to those individuals, in particular where their gender and membership of the LGBTQ+ community is a barrier to supports.

Whilst all the issues facing family carers that are impacted upon by gender cannot be listed or discussed in this short paper, we would like to highlight three concrete legislative and policy-based actions which we in Care Alliance Ireland have identified which would go some way to addressing some of them.

We in Ireland are considered lucky, internationally, to have a series of national policy documents addressing issues which face family carers – in particular the National Carers Strategy, published in 2012. The document contains 42 actions – yet does not have an implementation plan or budget to move these actions forward. This has meant that progress which could be made, broadly speaking has not been. We, along with our colleagues in the sector, have been calling for a refreshed National Carers Strategy for a number of years, with a dedicated budget and implementation plan. We recommend that this Strategy highlight male, transgender and non-binary family carers as specific minority groups within caring that require tailored supports.

Secondly, we recommend that supports both at statutory and voluntary level have an element of gender-proofing in their delivery. Considerable effort should be made to engage male carers, along with trans and non-binary family carers who may not feel supported in the traditional support settings.

Finally, we although we understand that there will be a further discussion of Article 41.2 of the Constitution at a later date, we feel it is important to take this opportunity to state our position on the issue. We in Care Alliance are in favour of amending the article on care in the home to reflect gender neutral language, whilst retaining the recognition of Ireland’s family carers regardless of gender.

There are many more points that could be made on the topic of family care and gender – however we hope that we have provided some further food for thought on the topic. We in Care Alliance are always open to collaboration and discussion on any topic related to the support of Ireland’s 500,000 family carers.

For more information and references, please feel free to contact us at any stage.

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