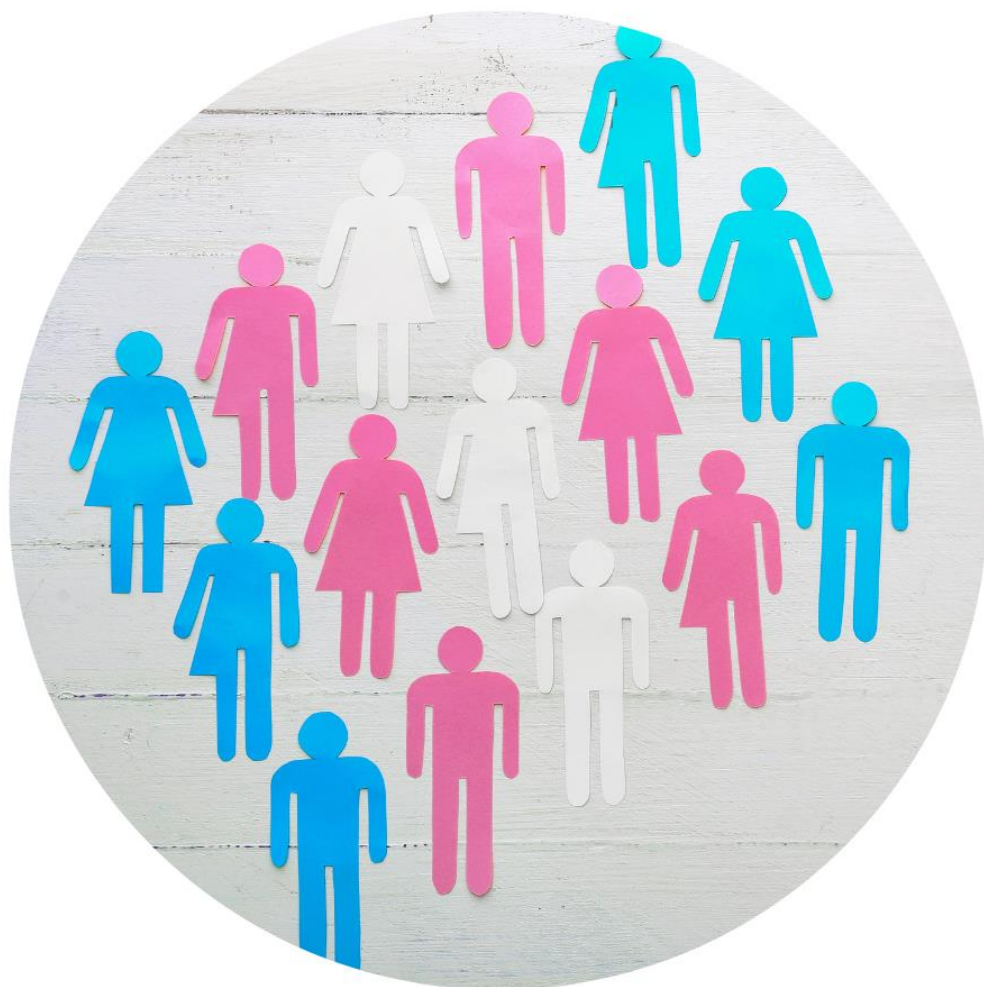


Analysis of Gender in the State of Caring Survey 2022

November 2023



Family
Carers
Ireland

No one should have to care alone

ANALYSIS OF GENDER IN THE STATE OF CARING 2022 SURVEY DATA

Summary of key findings and recommendations

- The majority of carers who responded to the State of Caring 2022 survey identified as women.
- Women were more likely than men to identify as a primary carer, care for a child (under and over 18), care for two or more people and provide personal care, emotional support and arranging care.
- Men were more likely than women to be caring for a spouse.
- Women were more likely to care for more hours per week than men.
- Women spend longer periods of time in unpaid caregiving roles.
- Women were more likely to be in lone-parent households; many of these households struggled to make ends meet.
- Women were more likely to report their employment status as caring/looking after the home.
- Both genders experienced high levels of loneliness and social exclusion but women are more likely than men to experience severe loneliness since the onset of the COVID-19 pandemic.

The key responses required to address the issues presented in this paper are as follows:

- It is imperative that basic supports, including respite, are in place that allow both male and female family carers to have a break from their caring role. The 'Carers Guarantee' is an important mechanism in helping address this.
- A review of the Carer's Allowance scheme to include consideration of it as a means-tested, social assistance payment; the adequacy of the payment and the possibility of creating a 'participation income' to recognise the social and economic value of care. Whilst this is relevant to all carers, means testing based on the household income leaves family carers, the majority women, who don't receive Carer's Allowance financially reliant on their partner. Abolition of the means test for Carer's Allowance guarantees individual access to the payment and can therefore address this.
- Progress has been made on flexible working, which can promote gender equality by enabling women to remain in the workforce. However, more can be done to actively support family carers to remain in or return to paid employment, including the implementation of the Work-Life Balance and Miscellaneous Provisions Act. This, alongside practical measures by employers and the availability of high-quality, affordable, appropriate, and accessible formal long-term care services are tangible ways to address the imbalances between men and women carers engaging in paid employment.
- Future research areas that could lead to a better understanding of gender and family caring in Ireland are presented, including in-depth analysis of the State of Caring dataset, the impact of changing family norms on patterns of family caring, a better understanding of the obstacles and facilitators for male and female family carers remaining in or returning to employment. The inclusion of unpaid caring questions in a range of national datasets would also allow for more representative findings.

Introduction

Caring is still often thought of as being part and parcel of women's lives, and women are still most likely to be providing care and providing more hours of care. According to a recent report by Eurofound (2020), at least 44 million people across Europe (12% of the adult population) provide informal care¹ on a regular basis. In Ireland, women make up the majority of family carers in national statistics and social welfare data, whilst also spending more time on unpaid care work than men (Central Statistics Office 2020). This paper presents a descriptive analysis of gender in Family Carers Ireland's State of Caring survey (Family Carers Ireland 2022a), illustrating the distinct differences but also similarities in the ways in which men and women experience and provide care². The paper concludes by setting out measures to help address gender inequality in informal care provision, moving towards a more equal division of care among women and men.

A family carer is someone who provides care to a child or adult with additional needs, physical or intellectual disabilities, frail older people, those with palliative care needs, or those living with chronic illnesses, mental ill-health, or addiction.

About the Research

The data reported in this paper are from Ireland's second national State of Caring survey, undertaken by Family Carers Ireland between 19th January and 2nd March 2022. The online survey was completed by 1,484 current family carers who shared their views and experiences of what life is like for family carers in Ireland in 2022³. These carers care for a total number of 1,984 people and represent a range of caring situations – parents caring for a child with an illness or disability, those caring for an adult, carers of older people, and those caring for multiple people. The survey was completed by respondents aged 18 years and older. A link to the questionnaire was sent to Family Carers Ireland's membership and disseminated via our network reach e.g. social media, website, other carer organisations, condition-specific and community organisations.

Paper copies of the questionnaire were available on request via our Careline and local carer hubs. As not all respondents completed each question in the survey, a number of figures in the report are based on responses from fewer than 1,484 carers. Given the survey design, the sample is not representative of the wider Irish family carer population. This, together with the variations in the sample sizes of different groups of carers, should be taken into consideration when interpreting the results. It is also worth bearing in mind that some figures do not add up to 100% due to rounding. Details on the statistical analysis and findings can be found in Appendix 1.

¹ People aged 18 or over who provide care for one or more person with a disability or infirm family member, neighbour, or friend, of any age, more than twice a week.

² The survey asked respondents to indicate whether they identify as a man, woman or if they self-identify. Since the numbers of carers who self-identified in 2022 are very small, the figures presented in this report refer solely to those who identified as men and women in the survey.

³ Question asked in this survey 'Are you currently providing help or support to a family member, friend or neighbour (adult or child) who has a disability, mental health difficulty, chronic condition, dementia, terminal or serious illness, drug or alcohol dependency, or who needs care due to ageing?'

Table 1: About the Sample⁴

	Male (n=143)	Female (n=1129)
Gender	11%	88%
Average Age	52 (SD 9.86)	49 (SD 10.98)
Primary carer⁵	83%	93%
Care duration – less than 5 years	35%	21%
Care duration – less than 10 years	64%	49%
Care duration – 10-20 years	30%	35%
Care duration – over 20 years	6%	15%
Caring for two or more people	19%	29%
Caring 90 hours and over	71%	80%
Providing care to a spouse	31%	12%
Providing care to a child (under and over 18)	41%	63%
Living in households with a total income of less than €30,000 per year	58%	53%
Difficulty Making Ends Meet	67%	68%
Employment status – looking after family/dependents full-time	56%	66%
Employment status - retired	11%	6%
Bad or very bad self-reported health	15%	14%
Severe loneliness since the onset of the pandemic	45%	52%

The Gendered Nature of Caregiving: Relationships, Tasks and Intensity

A general finding in the State of Caring 2022 survey is that the women who responded provide more informal care than men and that care is provided in gendered ways. Women were statistically significantly more likely to provide more demanding and intensive forms of care than men⁶. Women were more likely to care for two or more people, care for longer hours per week, and for longer durations. Differences in the duration of care are likely explained by the relationships between the carer and the people they care for. For example, a child with an intellectual disability is likely to require lifelong support whereas a spouse who becomes ill in their older years will likely not need decades-long care.

Women were more likely to undertake intensive tasks such as personal care which includes bathing, feeding, and continence care. There are also notable gendered differences in the relationships between carers and the people they care for. Women were significantly more likely to be caring for their child with additional care needs (including adults and under 18) and a person with an intellectual disability. That women were more likely to care for a child may not be surprising given the deeply embedded structural inequalities that associate women with caregiving roles (Barry & Jennings,

⁴ See Family Carers Ireland (2022) State of Caring report for more detail on the general sample. Note that the sample is not representative of the wider Irish family carer population. The 2022 census showed that the majority of carers are women (61%) and 39% of carers are men. The majority of respondents to the State of Caring 2022 survey are also women but in much higher proportion (88%).

⁵ The question asked 'Are you the primary caregiver for this person?' with response options 'yes', 'no' or 'caring is shared equally with another person'.

⁶ See Appendix for detail of statistical analysis and findings.

2020). These norms are often reinforced through public policies and legislation, such as the Irish Constitution, specifically Article 41.2.

Table 2: Differences in care relationship, care tasks and over 90 hours per week by gender

	Male % N = 143	Female % n= 1129
Primary carer	83%	93%
Caring for two or more people	19%	29%
Spouse	31%	12%
Child (over and under 18)	41%	63%
Personal care	71%	80%
Mobility	57%	45%
Hours per week caring - 90 hours	71%	80%
Care duration - over 20 years	6%	15%

However, the care provided by men should not be underestimated or undervalued. While a greater proportion of women reported that they are a primary carer it is important to acknowledge that the majority of male respondents also reported that they were a primary carer and 71% indicated they provide over 90 hours a week of care. This indicates that the majority of men who responded to this survey are caring intensively and provide high levels of personal care, emotional support, medication management, and transport. There may be cultural factors that condition some men not to identify as a primary carer or that may inhibit them from recognising their role as a primary carer, but these same factors may condition women not to identify as carers. This suggests an area for future research. The men in the survey were three times more likely than women to be caring for a spouse, with 31% of men caring for their spouse compared to 12% of women. They were also more likely than women to be undertaking tasks that supported functional activity such as such as supporting the person with mobility e.g. walking, getting out of bed.

Gender and financial distress

For many families, taking on caring responsibilities can increase the risk of long-term financial hardship, with the loss of income from employment exacerbated by higher household costs associated with caring for somebody with a disability (MacMahon, Boylan and Thornton, 2022). Carers responding to the State of Caring 2022 survey were more likely to live in lower-income households than the general population⁷, with more than half of female (53%) and male (58%) carers living in households with a gross income of less than €30,000. Different household types face different risks – for example, lone-parent households, typically headed by women, have the highest deprivation rates in Ireland in 2021 (Central Statistics Office, 2022). Amongst the State of Caring 2022 respondents, women were more likely to live in lone-parent households (15% of women, 3% of men) whereas men were more likely to live in couple households with no children (11% women, 22% men). Lone-parent

⁷ By comparison, 18% of the general population live in households with a gross income of less than €20,000 (CSO, 2016)

households in this sample were also significantly more likely to experience financial difficulty than other households.

Asking about difficulties in making ends meet is a useful way of capturing financial hardship,. Whilst a high proportion of both women and men reported difficulty making ends meet (69% and 67% respectively), the findings suggest that there are slight variations in the level of financial stress men and women report. Women respondents were more likely to report 'some' difficulty making ends meet (35% women, 25% men) but men respondents were slightly more likely to report greater levels of difficulty (34% women, 42% men). Some studies suggest that men and women may be different in how they perceive the adequacy of their income (Danigelis and McIntosh 2001, Litwin and Sapir 2009). Given the variation in household composition amongst men and women in the sample, and the different challenges these households face, multivariate analysis is needed to disentangle the relationship between financial distress, gender and variables such as age, household income and composition, employment status, and care relationships.

Gendered employment patterns

Over two thirds (68%) of carers who responded to the survey indicated they were caring full-time in the home when asked about their employment status. Whilst over half (56%) of men who responded to the survey reported this work status, women were more likely to report their employment status as caring/looking after home (66% of female respondents). This is associated with the high proportion of women in the sample identifying as primary carers and providing more intensive levels of care in terms of caring tasks, hours caring and duration of care. It also points to differences in the composition of the sample where men were more likely than the women surveyed to be retired (11% men, 6% women)⁸. Research evidence has found that informal care may negatively impact labour market outcomes and this impact varies by caregiving intensity and duration of caregiving. However, there is mixed evidence about the impact of hours-based caregiving intensity on men's employment (Simard-Duplain, 2022; Van Houtven et al, 2013). This points to the complex relationship between gender, family caring and employment, areas that can be explored further in future research.

Health, loneliness and social exclusion

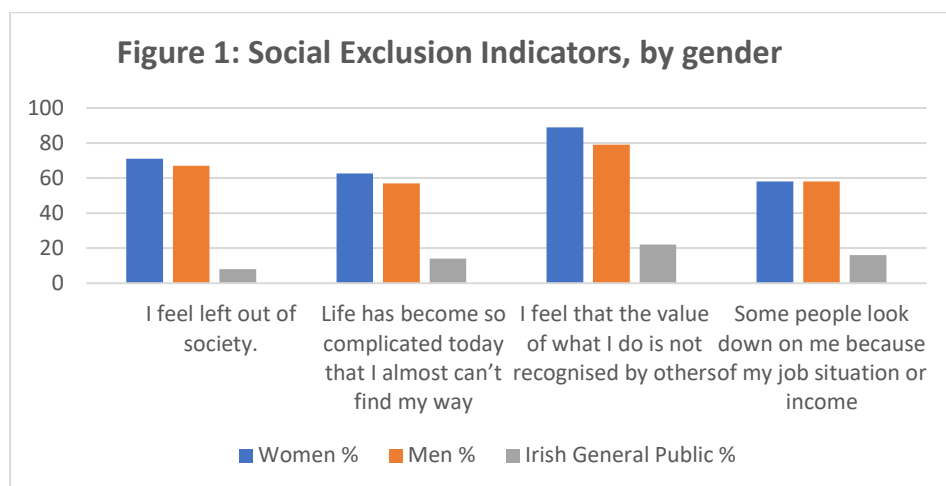
Whilst caring for a loved one can be a positive experience, research also indicates that caring can have significant negative impacts on a person's health and wellbeing – putting them at increased risk of poor health outcomes such as depression and physical pain. In the *State of Caring 2022* survey, we investigated health, wellbeing, loneliness, and social exclusion across a range of different measures. The family carers who responded to our survey were more likely than the general population to have poorer health⁹. With the exception of loneliness, there was no difference in health outcomes between the carers who identified as men and those identifying as women. Female carers were more likely to experience loneliness. Women were significantly more likely to experience severe loneliness since the

⁸ it is also worth noting that 31% of retirees were aged 65 years or younger, suggesting that early retirement is a feature amongst this sample

⁹ By comparison, the Irish Health Survey 2019 found that 3% of the general population aged 16 and over reported 'bad or very bad health' compared to 14% of the State of Caring respondents. Whilst 85% of the general population reported very good or good health, 43% of the State of Caring respondents reported very good/good health (CSO, 2020)

onset of the COVID-19 pandemic (91% women, 85% men) and more likely to feel lonely as a result of their caring role (91% women, 71% men)¹⁰. Research has shown that loneliness has a serious impact on people’s physical and mental health and quality of life, with loneliness comparable to risk factors such as smoking and obesity in terms of its impact on life expectancy (Holt-Lunstad and others 2015) so it is important that these gender variations are properly understood in the development of appropriate interventions.

The European Quality of Life Survey uses the ‘Social Exclusion Index’ to measure the extent to which people feel disconnected from society (Eurofound 2014). The index is made up of four questions that were included in the State of Caring 2022 survey. Figure 1 shows the extent that carers feel excluded from Ireland society compared with the general public in Ireland. Men and women both fared poorly in comparison to the general population in Ireland (Eurofound 2014) and scored similarly. However, women were more likely than men to agree/strongly agree that the value of what they do is not recognised by others (89% women, 79% men). This may be related to women caring over much longer durations than the men in the study, and feeling the lack of recognition more intensively over time. However, it is difficult to know why women are more likely to feel this way. Future research could qualitatively explore this relationship between care, recognition, social exclusion and gender.



Comparison across two waves of State of Caring surveys 2020 – 2022: Observed Changes in Gendered Dimensions of Caring

The first State of Caring survey took place in January and February 2020, just before COVID-19 reached Ireland. That study painted a stark picture of family carers’ lives pre-pandemic, with many struggling financially, facing indebtedness and without access to essential supports. Two years on, the State of Caring 2022 survey shows that these pre-existing challenges have not abated and, in some instances, have been exacerbated as the impacts of the pandemic continue to unfold amidst a cost of living crisis.

¹⁰ The level of emotion (subjective) loneliness before and during COVID-19 was measured with the modified 5-item UCLA Loneliness Scale. The questions were measured on a 3-point Likert scale, where 1 meant hardly ever or never, 2 stood for some of the time, and 3 was defined as often. These responses provided scores between 0 and 10 with higher scores indicating more severe loneliness. The scores were categorized and responses ranging from 0 to 4 were defined as no/low loneliness, 5 to 6 as moderate loneliness, and 7+ as severe loneliness.

The demographics and most notable findings from the two surveys in terms of gender are compared and summarised below¹¹:

Table 7: Change over time by gender

	Family Carers in 2020		Family Carers in 2022	
	Male (n=119)	Female (n=983)	Male (n=143)	Female (n=1129)
Gender	11%	88%	11%	88%
Average Age	52 (SD 11.93)	48 (SD 10.27)	52 (SD 9.86)	49 (SD 10.98)
Caring for two or more people	22%	25%	19%	29%
Caring 90 hours and over	72%	83%	71%	80%
Providing care to a spouse	30%	11%	31%	12%
Providing care to a child (under and over 18)	46%	71%	41%	63%
Living in households with a total income of less than €30,000 per year	58%	50%	58%	53%
Difficulty Making Ends Meet	70%	72%	67%	68%
Employment status – looking after family/dependents full-time	50%	53%	56%	66%
Bad or very bad self-reported health	15%	15%	15%	14%

Caring Tasks & Relationships

Little has changed over time in terms of the demographics of the sample of carers responding to the State of Caring surveys in 2020 and 2022. The majority of respondents to both surveys were women and the age profile has remained largely the same. In both surveys, men were more likely than women to care for a spouse whilst women were more likely to care for a child. Women were also more likely to undertake intensive caring tasks such as personal and intimate care. However, it is also important to note that many men in both surveys provided high levels of support to the people they cared for.

Finances

Findings relating to income and finances for men and women has remained relatively stable over the two years. Both male and female carers were more likely than the general population to be in low-income households and to experience difficulties. Notably, more women in 2022 report their employment status as looking after family/dependents full-time compared with 2020. This may speak to longer-term impacts of the pandemic, where women with caring responsibilities who were in employment prior to the pandemic have since left the labour market.

Carer Health & Wellbeing

Overall, survey results indicate persistent negative health and wellbeing outcomes for carers. Both male and female carers experienced similar levels of poor health over time, and this was significantly

¹¹ Note that these two surveys are not directly comparable because they are both based on convenience samples which means that different carers could have responded to each survey. Nonetheless, the sampling process was the same in both surveys.

so, we can assume the same biases are present. While the surveys may be not representative of the carer population, they can be meaningfully compared.

worse than in the general population. Loneliness and social isolation were investigated in detail in the 2022 survey using several different measures. Across these measures, carers were found to be at relatively higher risk of loneliness and isolation (see Eurofound). Whilst measures on loneliness were not included in 2020, many carers who participated in the 2020 survey expressed feelings of loneliness in their roles, describing the isolation and emotional distress they experienced. In 2022, women reported higher levels of loneliness than men. The results of the two surveys indicate that there are multiple aspects to gender and carers' well-being such as financial distress, depression and loneliness. Future work will continue to investigate the factors that contribute to this.

Recommendations & Implications for policy, practice and research

This analysis shows that gender plays an important role in understanding the multifaceted experience of caring among those who responded to the State of Caring surveys.. This is in keeping with all large surveys that include questions on care. The analysis identified the impact gender can have on caring relationships, the type, duration and intensity of care provided by carers and the financial and social impact of providing family care. Women, who were the majority of respondents to the survey, are more likely to be the primary caregiver, care for a child and provide more hours of care per week over a longer period of time. However, care provided by men should not be underestimated as many of the men who responded to this survey provided high levels of care in terms of hours per week, care tasks and duration. Both men and women experience high rates of financial distress although men are slightly more likely to report greater difficulty making ends meet. Both groups experienced high levels of loneliness and social exclusion, with higher levels more prevalent among women. Whilst the below recommendations pertain specifically to the findings from the State of Caring 2022 survey, a broader analysis of the gender dimensions of care in Ireland and a full set of recommendations can be found in Family Carers Ireland's paper '*Gender Dimensions of Care: An Irish Perspective*' (2022b).

Addressing carer loneliness and social isolation

Whilst many people feel lonely at some stage, the evidence suggests that some life transitions, such as becoming a carer, can be a risk factor for chronic loneliness. The evidence is growing that loneliness has serious consequences for individuals' health and wellbeing. It is increasingly seen as a public health issue, associated with social and structural factors such as poverty, inequalities and housing. This research suggests it is also associated with caring. In the State of Caring 2022 survey, women were more likely to report severe levels of loneliness than men. However, the majority of both male and female carers who responded to the survey experienced high levels of loneliness and social isolation compared to the general population. Whilst there is no one-size-fits-all approach to addressing loneliness, social isolation, poor health and wellbeing, these findings underline that carers are at higher risk, but they are not a homogenous group; male and female carers may have different needs for support. Therefore, there must be a range of options available.

The *Programme for Government* (Department of the Taoiseach 2020) committed to deliver a 'Carers' Guarantee' to provide a uniform basket of services to family carers regardless of where they live, including access to respite, training and peer support. The 'Carers' Guarantee' is an important mechanism to helping address loneliness and social isolation amongst carers, by giving them respite cover to pursue hobbies, meet friends, or participate in training. The 'Carers Guarantee' also aims to

provide peer support for family carers through support groups where they can meet and form friendships with other carers in a similar situation. In order to begin to address the loneliness and isolation experienced by so many family carers, it is imperative that basic supports, including respite, are in place that allow them to have a break from their caring role.

Immediate Review of Carer's Allowance with an increase in the rate of Carer's Allowance in the interim

Research by the Vincentian Partnership for Social Justice published in 2022 (MacMahon, Boylan and Thornton 2022) shows that even before the cost of living crisis, income supports for family carers were inadequate in supporting low-income households caring for a child with a profound intellectual disability to meet a Minimum Essential Standard of Living (MESL). These households, which are representative of many caring situations, incur average additional weekly costs of €244 compared to a similarly composed household with no disability or care needs. The gross inadequacy of Carer's Allowance is clear, with 74% of carers in receipt of Carer's Allowance in 2022 struggling to make ends meet (Family Carers Ireland 2022c, 17). The *State of Caring 2022* research also shows that 45% of family carers who were struggling financially had to make up for the shortfall by cutting back on seeing friends and family.

Overall, the men and women who responded to the survey are on lower household incomes than the general population and experience high levels of difficulty making ends meet. The analysis of gender in the *State of Caring 2022* survey indicates that the extent of these impacts, with many caring for long hours and over many years which impacts on their ability to remain in employment. Results also indicate that the level of these impacts varies according to gender and household composition, especially spouse carers (male) and lone parents (women).

In response to this, Family Carers Ireland (2022d) recommends fundamental changes transitioning away from the means-tested Carer's Allowance scheme and work towards a more equitable and gender-balanced scheme for carers in the form of a Participation Income that would give full-time carer's a secure income in return for the care they provide (Murphy et al, 2023). Whilst this is relevant to all carers, means testing based on the household income leaves family carers, the majority women, who don't receive Carer's Allowance financially reliant on their partner. Abolition of the means test for Carer's Allowance

Active support to remain in or return to paid employment

Many working carers have to perform a difficult balancing act juggling their work with their caring responsibilities. As a result, carers may be compelled to reduce their working hours (involuntary part-timers) or eventually give up paid employment, thereby reducing their income and pension entitlements. Within this sample population, there are very low levels of employment. Where the caring situation allows, engagement in employment remains one of the most important ways to support carers and prevent them from experiencing loneliness, isolation or financial hardship. Policies that aim to assist working carers should include flexible measures for carers (access to remote, part-time, flexible working time, carer's leave paid at an adequate level etc.) as well as robust rights and regulations for family carers. The impending introduction of the Work Life Balance and Miscellaneous Provisions Act will bring some improvements by legislating for carers' right to five day unpaid Carer's Leave each year and giving them the right to request flexible working arrangements.

There are also practical measures that can be implemented by employers at company level, where caring responsibilities are supported with carer-friendly policies. Such policies promote a healthy balance between work and home life. Organisations could also look at developing links with carer organisations. For example, Family Carers Ireland is working with a number of large employers to improve supports for family carers in the workplace and to enable them to remain in employment. This not only benefits carers, but also delivers real benefits to employers. The Caring Employers Programme assists employers to build a supportive and inclusive workplace for staff who are, or will become, carers, ensuring they feel supported and empowered in the workplace.

Of course, the availability of high quality, affordable, appropriate and accessible formal long-term care services is critical to a sustainable work-life balance for family carers as recommended by the European Commission in the EU Care Strategy. When these services are provided, the intensity of providing care can be reduced and reconciling paid work with care in the home can be easier. Investment in long-term care services across the life course should therefore be regarded as a priority. All of these measures would support the increased participation of women balancing care and work in the workplace and create conditions to encourage men to take on more of this care.

Recommendations for future research

Whilst the analysis presented here illustrates some of the gender dimensions of care and caring, it also raises questions which sets the stage for future research. Firstly, multivariate analysis of the State of Caring dataset is needed to examine the underlying mechanisms in the associations between gender, age, household income and composition, employment status, health, loneliness and social exclusion. Thematic analysis of qualitative comments will also add more nuanced insight into these relationships. This will allow for better understanding, for example, of the relationship between social isolation and loneliness for different genders and age groups and the influence of factors such as socioeconomic and employment status on loneliness. Secondly, future efforts should focus on understanding how shifts in Irish society and culture, such as changing family norms and structures and changing demographics, interact with gender and shape patterns of care. Analysis of the State of Caring datasets over time is one way of doing this. Thirdly, a better understanding of the facilitators and obstacles to carers remaining in employment is not only critical to the inclusion of family carers in the paid workforce, but also towards building a more gender-balanced workforce. Finally, the inclusion of 'unpaid care' questions in regular national surveys would allow for more representative data about carers. This includes surveys such as the national Labour Force Survey, the Personal Work Life Balance Survey as well as including a module on caring in the Quarterly National Household Survey. Critical to this is the operationalisation of a broad concept of care in survey questions on unpaid caring.

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Appendix – Statistical analysis and findings

Statistical analysis of the dataset is presented in terms of statistical significance and odds ratios (and risks ratios for financial stress) with women as the control group. The latter calculates the relationship between a variable (e.g. sex) and the likelihood of an event occurring (e.g. caring for a spouse). An odds ratio greater than one means that there is a greater likelihood of men compared to women of experiencing an event (such as difficulty making ends meet). An odds ratio lower than one means that there is a lower likelihood for men to experience such an event compared with women. In some of the statistics presented, the range of the confidence intervals¹² is big because the sample size of men is much smaller in comparison to the women who responded to the survey.

Table 1: Care relationship, care tasks and over 90 hours per week by gender

	Male % N = 143	Female % n= 1129	OR	Confidence Interval 95%
Primary carer	83	93	0.38	0.23-0.63 ¹³
Caring for two or more people	19	29	0.58	0.37-0.9
Spouse	31	12	3.29	2.21-4.9
Child (over and under 18)	41	63	0.4	0.28-0.57
Personal care	71	80	0.59	0.4-0.86
Mobility	57	45	1.62	1.14-2.3
Hours per week caring - 90 hours	71	80	0.62	0.42-0.91
Care duration - over 20 years	6	15	0.37	0.2-0.7

Table 2: Household composition by gender

	Men (n=143)	Women (n=1129)	Odds Ratios	Confidence Interval 95%
Single person household	6%	6%	1.16	0.56-2.38
Couple with no children	22%	11%	2.38	1.54-3.69
Couple with children	46%	52%	0.77	0.54-1.1
Lone parent household	3%	15%	0.17	0.06-0.45
Two or more family unit household e.g. where there are multiple generations living together	21%	15%	1.53	0.99-2.36

Table 3: Level of difficulty making ends meet by gender

	Men (n=143)	Women (n=1129)	Risk Ratios	Confidence Interval 95%
No difficulty	32%	31%	1.01	0.7-1.47
With some difficulty	25%	35%	0.71	0.53-0.95

¹² Confidence intervals are one way to represent how "good" or 'precise' an estimate of the population represented by the sample is. The wider a 95% confidence interval is for a particular estimate, the more caution is required when using the estimate. The Confidence Intervals presented here relate to the odds ratios.

¹³ Findings in red text indicate a significant association between the two variables.

With difficulty/great difficulty	42%	34%	1.32	1.08-1.63
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Table 4: Employment status by gender

	Male % n = 143	Female % n=1129	OR	Confidence Interval 95%
Caring/looking after dependents full-time	56	66	0.63	0.45-0.91
My employment has ceased due to COVID-19	1	1	1.05	0.24-4.65
Employed (full or part-time)	23	19	1.25	0.82-1.89
Self-employed (full or part-time)	4	2	1.48	0.56-3.9
In education or training	0.7	0.4	15.67	1.82-134.96
Unemployed/looking for work	0	0.4	0	0
Retired	11	6	2	1.12-3.55
Unable to work due to sickness/poor health	4	4	1.05	0.44-2.52

Table 5: Health and wellbeing indicators by gender

	Men (n=143)	Women (n=1129)	Odds Ratios	Confidence Interval 95%
Bad or very bad health	15%	14%	1.09	0.67-1.78
Severe loneliness since the onset of the pandemic	85%	91%	0.55	0.33-0.91
Loneliness as a result of the caring role	71%	91%	0.42	0.26-0.68



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For more information about this document, please contact:

Dr. Nikki Dunne
Research Manager
ndunne@familycarers.ie
www.familycarers.ie