

Engender response to Mark Griffin MSP's consultation on a Proposed Scottish Employment Injuries Advisory Council Bill

1 February 2021

1. Introduction

Engender is Scotland's feminist policy and advocacy organisation. We work to make visible the inequalities that affect women in Scotland and advocate for women's rights, access to resources, safety and power. We work across the breadth of Scottish policy including social security, health, care and unpaid work, the economy and participation. We therefore welcome this opportunity to respond to Mark Griffin MSP's consultation on Proposals for a Scottish Employment Injuries Advisory Council Bill.

Engender has worked on social security for over a decade, during which we have consistently highlighted how UK - and increasingly Scottish Social Security - omits gender as a concern in its design. This includes failure to account for social norms that continue to place the vast majority of childcare and care for family and neighbours on women; increased rates of poverty for women, especially young, Black and minority ethnic (BME) women and lone parents, and men's violence against women. This historic omission of women's equality as a central concern of social security serves to embed these persistent hierarchies. Devolution of social security presents new opportunities to embed equality in the design of new payments and systems.

We have kept our comments to four broad themes – the changing nature of workplace risk, the need for and characteristics of a Scottish Employment Injuries Advisory Council (SEIAC), gender and health, and the additional concern that Covid-19 places on women's health and the nature of work.

2. Gender and Industrial Disease and Injury

While we recognise that the proposals do not extend to the design of a new employment-injury assistance (EIA) following the devolution of industrial disease payments to Scotland in 2016, we would take this opportunity to make a few observations about the gendered nature of workplace industrial injury and disease, as

any new body should play a significant role in the future development of a Scottish EIA payment.

Workplace inequality remains a significant cause of women's wider inequality and a cause of women's poverty. Scotland's gender pay gap is 13.3%¹ and is larger for women who face multiple structural inequalities. The recently published Scottish Gender Index measures the extent to which women and men have equal access to employment and good working conditions and rates progress towards full equality (100) as 76.² However occupational segregation³ is marked just 68.⁴

Occupational segregation means that women – especially women of colour and younger women – are more likely to be employed in a sector which is shut down or affected by social distancing restrictions.⁵ Additionally 77% of workers in “high risk” roles are women, work which is frequently undervalued and underpaid, and of the million workers in high-risk roles during the covid-19 pandemic response paid less than 60% of median UK weekly wages, 98% are women.⁶

Critically, these roles are poorly paid and precarious and in sectors that are undervalued explicitly because they remain associated with women's work. While accidents at work and in sectors that employ men have reduced with advances in health and safety and technology, there is evidence to show that accidents at work have increased for women over the same time period.⁷

¹ Close the Gap (2020) Gender Pay Gap Statistic 2019. Available at <<https://www.closesthegap.org.uk/content/resources/Working-Paper-21-Gender-Pay-Gap-statistics-2019.pdf>> Accessed 30 Jan 2021.

² Scottish Government (2020) Scotland's Gender Equality index. <<https://data.gov.scot/genderindex/gender-equality-index-2020.html>>. Accessed 30 Jan 2021.

³ Labour Market experts Close the Gap describe the phenomenon of occupational segregation as “Stereotyping about women's capabilities and skills results in women being clustered into predominantly female occupations that are associated with low pay. These include cleaning, catering, admin, care, and retail. There are also barriers, sometimes called ‘the glass ceiling’, which make women less likely to be found in management and senior positions.” Close the Gap ‘The Pay Gap’. Available at <<https://www.closesthegap.org.uk/content/gap/>>. Accessed 30 Jan 2021.

⁴ Scottish Government (2020) Scotland's Gender Equality index. <https://data.gov.scot/genderindex/gender-equality-index-2020.html#43_segregation_sub-domain>. Accessed 30 Jan 2021.

⁵ Close the Gap (2020) Disproportionate Disruption: The impact of Covid-19 on women's labour market equality. Available at <<https://www.closesthegap.org.uk/content/resources/DisproportionateDisruption---The-impact-ofCOVID-19-on-womens-labour-market-equality.pdf>>. Accessed 30 Jan 2021.

⁶ UK Women's Budget Group (2020) Crises Collide: Women and Covid-19. Available at <https://wbg.org.uk/wpcontent/uploads/2020/04/FINAL>. Accessed 30 Jan 2021.

⁷ Eurofound (2002) Statistics highlight gender aspect of workplace accidents. Available at <<https://www.eurofound.europa.eu/publications/article/2002/statistics-highlight-gender-aspect-of-workplace-accidents>> Accessed 30 Jan 2021.

Yet, the consultation paper highlights the inequality in the number of payments made under the UK Industrial Injuries Disablement Benefit (IIDB), with just 13.5% of payments made to women in Scotland and under the prescribed diseases route just 6.8% of payments were made to women.⁸ This casts significant doubt on the IIDB's fitness for purpose in the context of ever-changing workplaces, as suggested within the EQIA for the Social Security Bill.⁹

Data suggests that there are clear gender differences in the types of injuries and illnesses men and women experience and their outcomes, but that women's work-related injuries and diseases are less accurately reported.¹⁰ One EU-wide study from 1999 however found that women were 1.5 times as likely as men to suffer work-related health problems other than an accident, and that rates had grown as women had entered the workplace in greater numbers.¹¹ In the UK, the Health and Safety Executive acknowledges that "the impact of gender on both men's and women's occupational health and safety is generally under-researched and poorly understood."¹²

The consultation envisions a proactive role for the SEIAC in commissioning research into workplace hazards, injuries and diseases that can inform the design and ongoing development of the new Scottish EIA. We consider this to be a welcome suggestion. Previous analysis of studies into occupation risks have tended to be gender-blind.¹³ The exclusion of sex and gender as relating to workplace risk leads to assumptions that risks are identical in form and frequency for men and women, and leads to risks to women being underestimated or ignored. For example, one EU-wide survey found that

⁸ M. Griffin MSP (2020) Towards a 21st Century Employment Injuries System for Today's Workers: Proposed Scottish Employment Injuries Advisory Council Bill. Available at <https://files.smartsurvey.io/2/0/2ZS4IPUM/20201109_SEIAC_Consultation_Document_FINAL_ForPublication.pdf> Accessed 31 January 2021.

⁹ Scottish Government (2017) Social Security (Scotland) Bill: equality impact assessment. Available at <<https://www.gov.scot/publications/social-security-scotland-bill-equalityimpact-assessment/>> Accessed 30 January 2021.

¹⁰ WHO (2004) Gender, Health and Work. Available at <https://www.who.int/gender/other_health/Gender,HealthandWorklast.pdf>. Accessed 30 January 2021.

¹¹ European Agency for Safety and Health (2003) Gender issues in safety and health at work. Available at <https://osha.europa.eu/en/publications/reports/209>. Accessed 30 January 2021.

¹² Health and Safety Executive. Gender. Available at < <https://www.hse.gov.uk/vulnerable-workers/gender.htm>>. Accessed 30 January 2021.

¹³ K. Hohenadel et. al (2012) The Inclusion of Women in Studies of Occupational Cancer: A Review of the Epidemiologic Literature From 1991-2009. Int J Environ Res Public Health. Available at <<https://tspace.library.utoronto.ca/bitstream/1807/76712/1/The%20Inclusion%20of.pdf>> Accessed 30 January 2021.

women were more likely to undertake repetitive tasks and have greater difficulties in taking breaks, which increases the risk of musculoskeletal injuries.¹⁴

The European Agency for Safety and Health at Work¹⁵ also provides a breakdown of risks at work, including chemical, biological, physical and also psycho-social risks for traditionally 'women's work' such as cleaning, clerical work, beauty and hairdressing, nursery work and healthcare. In addition to injury associated with repetitive work, they include chemical exposure to cleaning products, contact with infected linens, vocal problems, the risk of experiencing violence from members of the public, and emotional distress. Risks associated with these sectors are likely to affect particular groups of women to a greater degree given young women and BME women's greater rates of employment in these sectors.

Women employed in traditionally male sectors may face risks that male co-workers do not, in addition to the sector-wide hazards. Several studies have found that more women than men report bullying or harassment and gender-based discrimination in trade industries.¹⁶ Women in construction have reported problems with the design of PPE,¹⁷ a wider problem that has come to greater public consciousness over the past year due to the PPE available to health workers. Other research suggests that while men are more likely to report experiencing violent events at work women are more affected by post-traumatic stress.¹⁸ Women also appear to be more affected by health conditions accumulated earlier in their career which impacts their likelihood of remaining in paid work later in life, exacerbating income inequality for older women.¹⁹

Women are also considerably more likely to experience sexual harassment and sexist bullying, which can have long lasting effects on mental health and future career

¹⁴ Hazards Magazine 'Women under strain'. Available at <<https://www.hazards.org/women/understrain.htm>> Accessed 30 January 2021.

¹⁵ European Agency for Safety and Health at Work (2003) Including Gender Issues in Risk Assessment. Available at <<https://osha.europa.eu/en/publications/factsheet-43-including-gender-issues-risk-assessment>> Accessed 30 January 2021.

¹⁶ N. Cherry et al. (2018) Health and Work in Women and Men in the Welding and Electrical Trades: How Do They Differ? *Ann Work Expo Health*. 2018 May; 62(4): 393–403. Available at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5905604/>> Accessed 30 January 2021.

¹⁷ H. Curtis et al. (2018) Gendered Safety and Health Risks in the Construction Trades. *Annals of Work Exposures and Health*, Volume 62, Issue 4, May 2018, Pages 404–415. Available at <<https://academic.oup.com/annweh/article/62/4/404/4868555?login=true>> Accessed 30 January 2021.

¹⁸ S. Geoffrion *et al.* (2018) Post-traumatic Reactions and Their Predictors among Workers Who Experienced Serious Violent Acts: Are There Sex Differences? *Ann Work Expo Health*. 2018 May; 62(4): 465–474. Available at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5905646/>> Accessed 30 January 2021.

¹⁹ Aging Better (2017) Older women bearing the burden of a lifetime of lower pay and unequal working conditions. Available at <<https://www.ageing-better.org.uk/news/older-women-bearing-burden-lifetime-lower-pay-and-unequal-working-conditions>>. Available at <<https://www.ageing-better.org.uk/news/older-women-bearing-burden-lifetime-lower-pay-and-unequal-working-conditions>>. Accessed 30 January 2021.

progression.²⁰ A TUC 2010 survey of safety reps found that harassment and bullying was the second most common health and safety concern.²¹ The International Labour Organisation notes that “the employer’s duty of care may be interpreted as implicitly covering also the threats to workers’ health and safety deriving from the occurrence of violence and harassment at the workplace.”²² While the Health and Safety Executive has thus far resisted significant responsibility over sexual harassment in the UK,²³ it has noted that harassment can cause psychological and physical health problems for victim-survivors and for witnesses.²⁴

Workers in domestic contexts face additional and specific risks, including risks of abuse, exploitation and lower safety standards and other human rights abuses. The ILO Convention No. 189 on decent work for domestic workers was adopted in 2011,²⁵ and recognises that at domestic work continues to be undervalued and invisible and is mainly carried out by women and girls, many of whom are migrants or members of disadvantaged communities. The UN Committee on Economic, Social, and Cultural Rights has further expressed its concerns about “the high and increasing concentration of migrant workers in low-paid work and that migrant domestic workers are at greater risk of being victims of abusive working conditions” and called on the UK Government to “adopt all necessary measures to ensure that all migrant workers, including migrant domestic workers, enjoy the same conditions as other workers.”²⁶

²⁰ TUC (2018) Violence against women in the workplace - time for employers to wake up. Available at <<https://www.tuc.org.uk/blogs/violence-against-women-workplace-time-employers-wake>> Accessed 30 January 2021.

²¹ UNISON (2014) Harassment at Work. Available at <<https://www.unison.org.uk/content/uploads/2014/05/On-line-Catalogue223942.pdf>> Accessed 30 January 2021.

²² ILO (2020) Safe and healthy working environments free from violence and harassment. Available at <https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_751832.pdf> Accessed 30 January 2021.

²³ Women and Equalities Committee (2018) Sexual harassment in the workplace. Available at <<https://publications.parliament.uk/pa/cm201719/cmselect/cmwomeq/725/72506.htm>> Accessed 30 January 2021.

²⁴ UNISON (2014) Harassment at Work. Available at <<https://www.unison.org.uk/content/uploads/2014/05/On-line-Catalogue223942.pdf>> Accessed 30 January 2021.

²⁵ Available at <https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C189>. Accessed 30 January 2021.

²⁶ UN Committee on Economic, Social, and Cultural Rights (2016) Concluding observations on the sixth periodic report of the United Kingdom of Great Britain and Northern Ireland. Available at <<http://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=4sIQ6QSmIBEDzFEovLCuW3XRinAE8KCBF0qOHNz%2FvuCC%2BTxEKAI18bzE0UtfQhJkxxOSGuoMUxHGypYLjNFkwxnMR6GmqogLJF8BzscMe9zpGfTXBkZ4pEaigi44xqil>>. Accessed 30 January 2021.

3. Proposals for a Scottish Employment Injuries Advisory Council

The consultation proposes that a “SEIAC is essential to provide scrutiny and advice to the Scottish Government and Parliament on the ever-changing world of work, and the hazards and diseases employees face.” We are clear that when introduced the new EIA must avoid replicating the outdated understanding of workplace risk. We are therefore at this stage minded to support the proposals to establish a SEIAC where such a refreshed and discursive model of dialogue between government and independent experts could be cemented.

We note that others have suggested the same ambition could be achieved by an expansion of the remit of Scottish Commission on Social Security (SCoSS) under s22(1)(e). However, we do note that SCoSS currently has no obligation to include persons with expertise on employment related injuries or workplace risk²⁷ and that SCoSS’s remit extends to scrutiny of legislation and not to research and evidence commissioning. We are persuaded that an independent body with an explicit research and commissioning function could better facilitate the necessary discussion between developing evidence and social security policy. The alternative of relying on, but having no opportunity to direct, research into emerging trends risks re-embedding the inequality and outdated perception of work into the new Scottish social security payment.

The Disability and Carers Benefits Expert Advisory Group (DCBEAG) came to the position that SCoSS should continue to have responsibility for the scrutiny of all social security regulations and that “For scientific advice, in the first instance, the Scottish Government could rely on UK Industrial Injuries Advisory Council (IIAC)’s published reports.” In delivery of IIDB, the Industrial Injuries Advisory Council (IIAC) provides an advisory role in security of industrial injuries benefits and makes recommendations regarding the prescribed diseases, which as we have outlined, focus on predominantly male workplace risks. IIAC can play no formal role in advising the Scottish Government on devolved payments.

This suggestion would therefore not provide the opportunity to address the fit for purpose questions, nor enable Scotland to develop a modern and Scottish approach to employment related injuries. DCBEAG also noted that with increased divergence the Scottish Government could “explore commissioning ad hoc reports or setting up a panel of experts”, an approach which would not enable equality to be developed from

²⁷ Social Security (Scotland) Act 2018 Schedule 1

the ground up or ensure the permanent focus of evidence and advice is rooted in equality.²⁸ The clarity and security of a SEIAC is a clear advantage for the presence of equality, and if a new specific body is not established, the Scottish Government should make clear how it will ensue that this is otherwise secured.

While the Scottish Government has repeatedly and publicly committed to ‘doing things differently’ with regards to social security and frequently advocates for a more equal and fair delivery of state entitlements,²⁹ the competing need to ensure a ‘safe and secure transition’ as responsibility for delivery transfers has restricted practical freedom to radically redesign entitlements. Devolution of EIA powers can result in a more equal and modern approach where we take advantage of the opportunity to create something new. There are clearly limitations in relying on IAC for evidence when it cannot give formal advice on Scottish payments and cannot be directed by Scottish Ministers to explore specific gaps in protection.

Unless remedying the outdated and gendered disease categorisation and exploring the gender gap in awards is an explicit mission of the Scottish Government in light of social security equality and non-discrimination principles, this is extremely unlikely to be achieved. Experience shows us that unless gender equality is a stated and cemented goal of policy instruments it becomes deprioritised and unresearched, and women see no progress.

A SEIAC must embed the Social Security principles, including equality and non-discrimination,³⁰ into its work from the beginning to support the approach to social security foreseen by the 2018 Act. The body must have an equal representation of women among its membership and ensure the diversity of panellists and experts to ensure representation of women from diverse groups, including BME women and disabled women and young women, all of whom have distinct experiences of the labour market.

The body must also facilitate engagement between policymakers and researchers and ensure access and delivery of research into gendered differences in men’s and women’s experiences among its priorities. This should include public health experts, occupational expertise and gender competence as well as the views of workers - not only those at senior levels where there are fewer women - and representatives who

²⁸ Scottish Government (2017) Disability and Carers Benefits Expert Advisory Group – independent scrutiny report: advice. Available at < <https://www.gov.scot/publications/disability-and-carers-expert-advisory-group-independent-scrutiny-report/> > Accessed 30 January 2021.

²⁹ Scottish Government (2019) Social Security Improvements. Available at <<https://www.gov.scot/news/social-security-improvements/>> Accessed 30 January 2021.

³⁰ Social Security (Scotland) Act 2018 s.1

can provide experience and advanced indication of possible issues for further research. For example, at the start of the Covid-19 pandemic social care workers and trade unions were instrumental in awareness raising about insufficient PPE provision.³¹ In this way, the SEIAC would provide the joint pre- and post-policy scrutiny roles foreseen by the consultation: “this SEIAC should be a permanent and consistent source of expertise, available to scrutinise relevant legislation and evidence, and provide expert advice.”³²

It is important that any new body is constructively integrated into the expanding network of responsibilities within Scottish Social Security, including how the body works with SCoSS, Social Security Scotland and the Scottish Government. In our 2016 response to the Scottish Government’s Consultation on the future of Social Security in Scotland we strongly supported the creation of an independent body to be set up to scrutinise Scottish social security arrangements, noting that “Independent scrutiny of the new system will enhance Scottish Government’s ability to achieve its proposed outcomes, including that people feel that they are treated with dignity and respect.”³³ While we do not necessarily oppose SCoSS retaining scrutiny responsibility, the benefits of a separate body with the specific expertise and power to address evidence gaps is attractive, but it must be empowered and engage constructively with other actors.

4. Gender and Health

Women’s health inequalities are generally under-researched and are often focussed on reproductive health differences.³⁴ However, women face multiple barriers to good health due to a combination of biological and social factors. Women are more likely than men to seek out medical advice, but this is not reflected in their health outcomes.³⁵ For example, women wait longer for pain medication than men, wait

³¹ UNISON (2020) UNISON secures PPE win for Scotland’s care workers. Available at <<https://www.unison.org.uk/news/2020/04/scotland-care-ppe/>> Accessed 30 January 2021.

³² M. Griffin MSP (2020) Towards a 21st Century Employment Injuries System for Today’s Workers: Proposed Scottish Employment Injuries Advisory Council Bill. Available at <https://files.smartsurvey.io/2/0/2ZS4IPUM/20201109_SEIAC_Consultation_Document_FINAL_ForPublication.pdf> Accessed 31 January 2021.

³³ Engender (2012) Scottish Government Consultation on Social Security in Scotland Engender Response. Available at <<https://www.engender.org.uk/content/publications/ENGENDER-RESPONSE-TO-THE-SCOTTISH-GOVERNMENT-CONSULTATION-ON-SOCIAL-SECURITY-IN-SCOTLAND-.pdf>> Accessed 30 January 2021.

³⁴ S. Davies and B. Bennett (2016) A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies International Affairs 92.5 1041-1060. Available at <<https://www.socialscienceinaction.org/resources/a-gendered-human-rights-analysis-of-ebola-and-zika-locating-gender-in-global-health-emergencies/>> Accessed 30 January 2021.

³⁵ Wang, Y., et al. (2013) Do men consult less than women? An analysis of routinely collected UK general practice data. British Medical Journal Open 3:e003320. Accessed 30 January 2021.

longer to be diagnosed with cancer, are more likely to have their physical symptoms ascribed to mental health issues, are more likely to have their heart disease misdiagnosed or to become disabled after a stroke, and are more likely to suffer illnesses ignored or denied by the medical profession.³⁶ Women are more likely to be diagnosed with anxiety than men, and once that diagnosis is present – or even assumed - research shows that women have an even harder time being taken seriously by a healthcare professional.³⁷

Women live a longer proportion of their lives in ill health than men³⁸ and amount for a slight majority of disabled people in the UK.³⁹ Gender is a key determinant of health beyond sex specific conditions and disease trajectories.⁴⁰ Social inequality such as poverty and discrimination itself are increasingly recognised as having a negative effect on physical and mental health,⁴¹ and violence against women and girls, including but extending far beyond workplace sexual harassment, remains an endemic problem in Scotland.

Covid-19

Covid-19 has added an additional unquantified layer to health inequalities. Over the last ten months, Engender has collected personal stories through our Women and Covid-19 platform which show just how severe and cross cutting the pandemic has been for women's safety, security and wellbeing.⁴² Women are reporting significant effects for their mental health and stress levels whether working from home or employed as frontline workers.

Women's exposure to the virus has been greater than men's due to gendered patterns of work, with women concentrated as a significant majority of frontline workers in social care, education and health care. Women are also more likely to rely on public transport, and to take less direct journey patterns, with public transport use noted as an aggravating risk factor. Experience from West Africa's handling of Ebola crisis in

³⁶ G. Jackson (2019) Pain and Prejudice.

³⁷ G. Jackson (2019) Pain and Prejudice and A. J. McGregor (2020) Sex Matters.

³⁸ The Scottish Government (2018) Scottish Health Survey. Available at: <https://www2.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey>. Accessed 30 January 2021.

³⁹ Data from UK Government (2018) Family Resources survey 2016-17. Available at <<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201617>> Accessed 30 January 2021.

⁴⁰ S. Hawkes and K.Buse (2013) Gender and global health: evidence, policy, and inconvenient truths. The Lancet 381.9879: 1783-1787 4. Available at <[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60253-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60253-6/fulltext)>. Accessed 30 January 2021.

⁴¹ WHO. Social Determinants of Health. Available at <<https://www.who.int/health-topics/social-determinants-of-health>>. Accessed 30 January 2021.

⁴² Engender. Covid-19 and Women's Equality. Available at <<https://www.engender.org.uk/content/covid-19/>>. Accessed 30 January 2021.

West Africa did find an increased rate of exposure among women, attributed largely to women's social and economic roles, including as providers of unpaid care.⁴³ Scottish figures indicate that at the first Covid-19 peak almost two thirds (62%) of confirmed cases were in women and that sex disparity was highest among those aged 15-44.⁴⁴

Mortality figures globally remain the subject of much research but a consensus is emerging that men have a higher case fatality rate than women, though this fluctuates significantly by age.⁴⁵ Scottish data suggests a narrower gap in case fatality⁴⁶ than in other countries and some countries have reported higher case fatality among women.⁴⁷ The reasons for asymmetric mortality rates remain unclear, with a combination of biological and lifestyle factors under research.

Women have also seen secondary impacts on their health as a result of the pandemic which may impact their lifelong health and wellbeing. A report by AXA looking at women's health in eight countries (France, Germany, Italy, Mexico, Nigeria, Spain, Thailand and the UK) found that among women with chronic illnesses surveyed 60% had to postpone their treatment. 40% were unable to see their doctor for regular follow-up visits.⁴⁸ The report also found that women were putting the health of others ahead of their own.

Long-Covid

While the recovery period for Covid-19 is stated to be within two weeks, the World Health Organisations reports that one survey of adults with a positive outpatient test result showed that 35% had not returned to their usual state of health when

⁴³ Reuters (Jan 2019) More women catch Ebola in Congo in 'unexpected' twist of gender roles Available at: <https://www.reuters.com/article/us-health-ebola-congo/more-women-catch-ebola-in-congo-in-unexpected-twist-ofgender-roles-idUSKCN1PB1XZ>

⁴⁴ Scottish Government (2020) The Impacts of Covid-19 of Equality in Scotland. Available at <<https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2020/09/the-impacts-of-covid-19-on-equality-in-scotland/documents/full-report/full-report/govscot%3Adocument/Covid%2Band%2BInequalities%2BFinal%2BReport%2BFor%2BPublication%2B-%2BPDF.pdf>>. Accessed 30 January 2021.

⁴⁵ S Bhopal and R Bhopal (2020) Sex differential in COVID-19 mortality varies markedly by age. Available at <<https://www.thelancet.com/action/showPdf?pii=S0140-6736%2820%2931748-7>> Accessed 30 January 2021.

⁴⁶ SPICe (2021) Coronavirus (COVID-19) in Scotland – latest data 29 January 2021. Available at <<https://spice-spotlight.scot/2021/01/27/coronavirus-covid-19-in-scotland-latest-data/>>. Accessed 30 January 2021.

⁴⁷ N. Dehingia and A, Raj. (2021) Sex differences in COVID-19 case fatality: do we know enough? Available at <[https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(20\)30464-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(20)30464-2/fulltext)> Accessed 30 January 2021.

⁴⁸ Ipsos (2021) Covid-19, a long-term threat to women's physical and mental health. Available at <<https://www.ipsos.com/en/covid-19-long-term-threat-womens-physical-and-mental-health>>. Accessed 30 January 2021.

interviewed 2–3 weeks after testing.⁴⁹ As the pandemic has gone on, it has become increasingly clear that a large minority of people are not fully recovered within the timeframe foreseen by government.

So far, very little is known about what has come to be known about what has come to be termed long-Covid, with much of the evidence available generated in the first instance by the advocacy of patient groups.⁵⁰ Very early research though is demonstrating a pattern of higher rates of lingering illness following infection among women, with estimates of ratios as high as 80:20.⁵¹ One study carried out by King's College London found that women aged between 50 and 60 are at the highest risk of developing long-Covid, placing the relevant rates at women (14.8%) compared to men (9.5%).⁵² Presentation of long-Covid is also extremely variable, ranging from ongoing respiratory affects and fatigue to menstruation disruption. Similarly, the impacts of Covid-19 and long-Covid for pregnancy and fertility are still unknown.

It is vitally important that we have sex-disaggregated data on patient numbers, symptoms and duration of symptoms, including relapse so that there can be effective responses to patient needs.

5. Responding to Covid-19

While there is still much to learn about the impacts of Covid-19 on the long-term health of those who experience long-Covid and on those who recover, this issue demonstrates the highly gendered nature of decision-making when it comes to industrial disease. As a significantly higher proportion of frontline workers who were required to continue working through the pandemic, women face being left with symptoms that could impact their earning potential for the long term. Long-Covid may exacerbate the health inequalities we already see. Women are more likely to live more of their lives in ill health. Older women in particular report the impacts of poorer health, additional stress of mounting care for older people and disabled friends and

⁴⁹ WHO (2020) What we Know About Long-term effects of COVID-19. Available at <https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update-36-long-term-symptoms.pdf?sfvrsn=5d3789a6_2> Accessed 30 January 2021.

⁵⁰ F. Callard and E Perego (2020) How and Why Patients Made Long Covid. Available at <<https://www.sciencedirect.com/science/article/pii/S0277953620306456>> Accessed 30 January 2021.

⁵¹ El Pais (2020) Long Covid: Young, Female and Feeling Sick Six Months After Recovery. Available at <https://english.elpais.com/spanish_news/2020-11-13/long-covid-young-female-and-feeling-sick-six-months-after-recovery.html> Accessed 30 January 2021.

⁵² C. Sudre et.al. (2020) Attributes and Predictors of Long-COVID: analysis of Covid Cases and Their Symptoms Collected by the Covid Symptoms Study App. Available at <<https://www.medrxiv.org/content/10.1101/2020.10.19.20214494v1.full.pdf>> Accessed 30 January 2020.

family, and menopause as all having negative outcomes for their capacity to stay in employment.⁵³

Across the crisis, there has been very little focus on women's lives and gendered patterns of work and care. In part this might be because of the gap between the number of women working on the frontline and the number of women around the table making decisions at senior level. For example, women hold just 30.4% of health service chief roles, while 77% of the overall NHS Scotland workforce are women.⁵⁴ the lack of appropriate PPE for women, and the lack of any PPE for many social carers particularly in the early period of the crisis is intrinsically linked with gender bias; based in inequalities in health research and the undervaluation of women's work.

Additionally, many front-line workers may experience the consequences of ill-health and over-work through long-term mental health which has a direct link to their capacity to stay in work long-term and consequentially their earnings and retirement income. During the SARS outbreak nurses reporting immense personal costs and pressures due to feeling "sandwiched" between personal and professional responsibilities.⁵⁵

Figures from the Health and Safety Executive shows that employers have reported nearly 800 reports where there is reasonable evidence to link an employee's Covid-19 diagnosis to occupational exposure.⁵⁶ However, as the consultation paper recognises, this is likely to be under-reported. It demonstrates the difficulty with proving definitively that many hazards women face – such as musculoskeletal injury from repetitive action – are a direct cause of their workplace and not just general 'wear and tear'.

It may of course prove to be less appropriate to manage the consequences of the pandemic through the Scottish replacement of IDB, especially given the scale of the crisis and particular effects, and this is an issue that must be fully assessed in the round. However, the Covid-19 crisis exemplifies that the risks associated with work have and continue to change considerably. A Scottish system should be informed by

⁵³ Aging Better (2019) Older Women's Health in the Workplace. Available at <<https://www.ageing-better.org.uk/blogs/older-womens-health-workplace>> Accessed 30 January 2021.

⁵⁴ Engender (2020) Sex and Power in Scotland.

<https://www.engender.org.uk/content/publications/Engenders-Sex-and-Power-2020.pdf>>. Accessed 30 January 2021.

⁵⁵ Holroyd, E., and C. McNaught (2008) The SARS crisis: reflections of Hong Kong nurses International nursing review 55.1 Pages 27-33.

⁵⁶ Management information: Coronavirus (COVID-19) disease reports, Health & Safety Executive. Available at <<https://www.hse.gov.uk/statistics/coronavirus/index.htm>>. Accessed 30 January 2021.

the greatest expertise available and responsive to changing manifestations of risks faced by workers in every sector.

6. Conclusion

Covid-19 provides a new layer of complexity on top of the changing nature of workplaces over the last century. International evidence now shows that women face a number of workplace risks because of the types of work they tend to be clustered towards and the sectors that they work in, but that these risks are under-researched and under-conceptualised into health and safety and into employment related injuries social security. We are broadly in favour of establishing a SEIAC as the consultation proposes because it represents an opportunity to place research and worker experience at the heart of designing the new Scottish Entitlement. However, such a body must be underpinned by the Scottish Social Security Principle and have the competence – including gender competence – to address gaps in protection for women.

The body must further play an active role in developing the new payment in its infancy and beyond in order to create a fit-for-purpose entitlement. If this vital convening and commissioning power is not included, it will signal that the Scottish Government has limited plans for radical overhaul of the entitlement or that incorporation of gender and inequality consideration is based on ad hoc interest and good will. We believe it vitally important to provide resource and certainty to women's interests.

FOR FURTHER INFORMATION

Contact: Eilidh Dickson, Policy and Parliamentary Manager, Engender

Email: eilidh.dickson@engender.org.uk

ABOUT US

Engender is Scotland's feminist policy and advocacy organisation, working in Scotland and Europe to increase women's power and influence and to make visible the impact of sexism on women, men and society. We provide support to individuals, organisations and institutions who seek to achieve gender equality and justice.