

Engender submission of evidence to Equality and Human Rights Committee inquiry on Impact of COVID-19 pandemic on Equalities and Human Rights

2 June 2020

1. INTRODUCTION

Engender is Scotland's feminist policy and advocacy organisation, working to secure women's political, economic and social equality with men. Our aspiration is for a Scotland where women and men have equal access to rights, resources, decision-making and safety. Since the outbreak of the novel coronavirus in the UK, Engender has sought to draw attention to the **highly gendered impacts of both the virus and steps to mitigate it**. In doing so, we have pursued the following strategy:

1. To push for gender analysis to be fully integrated into the crisis response, to account for the relevant differences in women's and men's lived experience;
2. To press the Scottish Government to maintain focus on its existing commitments to women's equality and rights; and
3. To argue for a gender-competent recovery plan, including arrangements to exit from lockdown.

As women attempt to manage significant disruption to their paid work alongside increased reproductive labour, we are seeing evidence of the beginning of a retrenchment of women's economic and social equality. There is also evidence that women's mental health is being disproportionately affected by the experience of lockdown. We have sought to gather and analyse this evidence through our usual advocacy and briefing papers, as well as gathering anecdotal evidence of women's experiences through our @WomenCovidScot twitter and website channels.

We welcome this opportunity to highlight the key impacts of the virus and the current and planned response on women's equality, rights and safety.

2. A LACK OF GENDER MAINSTREAMING

Early in the crisis Engender published briefings outlining the key ways the pandemic, and subsequent public health measures, would be most likely to threaten women's economic, social and political lives and equality.¹ We called for Scottish Government and its agencies and delivery bodies to take a gender mainstreaming approach to the crisis. Gender mainstreaming is the critical methodology for ensuring that states, agencies, and public bodies integrate consideration of the differences between men's and women's lives into policymaking.

We were pleased to work with the Scottish Government and MSPs to advocate for an amendment to the Coronavirus (Scotland) Act that requires the Scottish Government and its agencies to have due regard to opportunities to advance equality and eliminate discrimination when using the powers set out in the Act. We welcome the fact that this was replicated in the second Coronavirus Act, passed on the 20th of May. **However, since the first Act was passed, we have seen little evidence of the Scottish Government's compliance with this due regard duty.**

Scottish Government and its agencies are required to meet an even more exacting gender mainstreaming standard: the public sector equality duty that is part of the Equality Act 2010 and set out in Scotland-specific regulation. **We have seen a diminution in response to the Public Sector Equality Duty (PSED) throughout this crisis.** As an example of this, the Coronavirus Act enables public sector bodies to suspend the April 2020 reporting obligations, despite the fact that public bodies should have been about to publish their suite of reports when the nation went into lockdown. While we have seen the Cabinet Secretary and Minister with responsibility for equality stress the importance of equality impact assessment (EQIA), and taking a mainstreaming approach, this has not translated into outputs that have discernibly considered critical gendered concerns such as unpaid care and childcare, women's labour market participation, women's use of public space and transport, and men's violence against women. To compound the problem, impact assessments are being carried out after policy has been developed and, often, after policy has been announced.

¹ Engender (2020) Women and Covid-19, available at <https://www.engender.org.uk/content/publications/Engender-Briefing---Women-and-COVID-19.pdf>

Scottish Government’s Framework for Decision-Making² outlines principles for easing lockdown. This includes a principle of being ‘fair and ethical’, described as including “the principles of human dignity, autonomy, respect and equality”. This principle-within-a-principle approach suggests a further lack of prioritisation of equality issues as critical, despite consistent acknowledgements that lockdown is exacerbating inequality, including within the framework document itself.

We recognise that crisis management decision-making has been happening quickly, but that intensifies the need for gender mainstreaming rather than excuses its lack. Decisions such as those in criminal justice, personal protective equipment (PPE) for care workers and carers and **the decision to rely on drive through models for testing rather than home testing have all inadequately considered the specific impacts on women in Scotland**. In the latter case, for example, testing points have needed to be most accessible to health and care workers, 77% of whom are women.³ Women typically have less access to a car and a larger unpaid care role, restricting their access to drive-through testing facilities. For the same reasons, women are therefore likely to be negatively affected by lower availability of home tests.⁴

Prior to this crisis, Scottish Government has been committed to a review of the PSED’s operation and particularly the Scotland-specific duties which underpin and operationalise it. Engender has long advocated for a review and refresh of the regulations to increase their efficacy, and has suggested a two-stage approach whereby the Scottish Government:

- Seeks evidence at Phase One on the broad context around the duty, including issues with leadership, resourcing, capacity, gender competence, accountability and enforcement; and
- Seeks evidence at Phase Two on a recast set of regulations that will be sufficient to drive equality for women and girls in public sector decision-making.

² The Scottish Government (2020) Coronavirus (COVID-19): framework for decision making. Available at <<https://www.gov.scot/publications/coronavirus-covid-19-framework-decision-making/>>

³ The UK Women’s Budget Group (2020) Crises Collide: Women and Covid-19. Available at <<https://wbg.org.uk/wp-content/uploads/2020/04/FINAL.pdf>>

⁴ Scottish Government (2020) Coronavirus (COVID-19): getting tested in Scotland. Available at <https://www.gov.scot/publications/coronavirus-covid-19-getting-tested/pages/where-testing-takes-place/>

Although we have seen leadership from Scottish ministers and from the Permanent Secretary on gender mainstreaming, this has not yielded a sufficient response. Before lockdown, Scottish Government had agreed to scale up the Equality Unit into an Equality and Human Rights Directorate in response to recommendations from the National Advisory Council from Women and Girls.⁵ This is welcome, but we perceive a range of barriers to gender mainstreaming across Scottish Government and its agencies, including a significant lack of gender-competence. **We therefore urge the committee to sustain focus on how gender and equality mainstreaming is delivered during Covid-19, but also to maintain a sense of urgency around the need to review the PSED and to clarify timescales for this work.**

3. INSUFFICIENT GENDER-SENSITIVE SEX-DISAGGREGATED DATA TO FULLY INFORM POLICY DEVELOPMENT

Closely related to the quality of gender mainstreaming, Engender is concerned that the data that Scottish Government and its agencies are gathering, using, and analysing is not gender-sensitive and therefore obscures women's realities and prevents gender-competent policy development.

Gender-sensitive sex-disaggregated data is broken down by sex, so that it is possible to compare and contrast differences between men and women. It is not just counting women and men, though, and comprises statistics and other information that adequately reflect gendered differences and inequalities in the situation of women and men.

Scottish Government does not work to a particular standard of gender-sensitive data. We would urge them to create one, based on the features we have drawn together from those identified in the UN Gender Statistics Manual⁶ and the European Institute of Gender Equality Gender Statistics Database:⁷

- a) Data are collected and presented by sex as a primary and overall classification;

⁵ First Minister's National Advisory Council on Women and Girls (2019) 2019 Report and Recommendations. Scottish Government. Available at: <https://onescotland.org/wp-content/uploads/2020/01/NACWG-2019-Report-and-Recommendations.pdf> [Accessed February 7, 2020].

⁶ UN Statistics Division (2020) UN Gender Statistics Manual. <https://unstats.un.org/unsd/genderstatmanual/Default.aspx>. [Accessed February 17 2020]

⁷ European Institute of Gender Equality (2020) Gender Statistics Database. European Institute for Gender Equality. <https://eige.europa.eu/gender-statistics/dgs>. [Accessed February 17 2020]

- b) Data reflect gender issues, such as childcare spending and provision;
- c) Data are based on concepts and definitions that adequately reflect the diversity of women and men and capture all aspects of their lives; and
- d) Data collection methods take into account stereotypes and social and cultural factors that may induce gender bias in the data.

Early UK data on Covid-19's social impacts from ONS has included some sex disaggregation, but this is inconsistent and not gender sensitive. Data showing that 73.9 per cent of women and 66 per cent of men with children in the home are doing some home schooling does not tell us about the type of education activities, the hours of schooling each parent is providing, nor the extent to which those hours are balanced with paid work outside or inside the home. The result is somewhat inconsistent with other data sources and evidence which explore the gendered allocation of care and reproductive labour during the pandemic.⁸

We are concerned that the lack of gender-sensitivity in data is undermining the development of policy interventions that meet women's and men's distinct needs. For example, we perceive a connection between inadequately gendered data and analysis to UK Government decision-making about the Coronavirus Job Protection Scheme that did not consider the needs of those employers with staff members who were providing care or childcare.⁹ In its earliest iterations it did not enable those providing childcare or care to be furloughed and it has never been expanded to enable part-time furlough that may afford some work-life balance. In the medium run, an insufficiency of data about the distribution of care within households may lead to poor decision-making about economic stimulus.

The quality and scope of EQIA publications throughout the crisis makes it difficult to know what data the Scottish Government is using, but **we have seen little to suggest that more adequate data is being collected and used within Scotland.** For example, the initial EQIA produced for school reopening planning includes no data whatsoever about the link between women's home-schooling roles and the reopening of education settings.¹⁰ The quality and scope of such data collection in Scotland and

⁸ For more information about the evidence around childcare responsibilities in the home, see section 6.

⁹ Engender and Close the Gap (2020) Women, Caring Responsibilities and Furloughing During COVID-19, available at <<https://www.closesthegap.org.uk/content/resources/Close-the-Gap-and-Engender-briefing-on-women-caring-responsibilities-and-furloughing.pdf>>

¹⁰ Scottish Government (2020) Initial Impact Assessment on the Strategic Framework for Reopening Schools and Early Learning and Childcare Settings in Scotland. Available at <<https://www.gov.scot/binaries/content/documents/govscot/publications/impact-assessment/2020/05/coronavirus-covid-19-strategic-framework-reopening-schools-early-learning-childcare-settings-initial-impact-assessment/documents/strategic-framework-reopening-schools-early-learning-childcare-provision-scotland-initial-eqia/strategic-framework-reopening-schools-early-learning-childcare->

across the UK was lacking before the crisis, but the urgency of the situation for women's equality and rights demonstrates the clear need to act now to improve data gathering processes and the way that this is analysed and used in policymaking.

4. ACCESS TO JUSTICE FOR WOMEN

Another area where we have been concerned by insufficient gender mainstreaming processes and a lack of equality impact assessment is the complex conversation that has transpired around criminal justice and solemn procedures. We, along with other women's organisations, have consistently urged the Scottish Government to give proper consideration and weight to the impact of long delays to solemn proceedings on women who have experienced men's violence, including rape and sexual assault.¹¹

Pre-Covid, victim-survivors in Scotland withstood long procedural delays which prolonged the retraumatising process of participating in the criminal justice process for up to two years. This uncertainty and protraction not only exacerbated the psychological stress for complainers but additionally impacted on their ability to give evidence.¹² Additional delays caused by Covid-19 are likely to extend these timescales by many months, adding to the distress of individual complainers and their families, but also making it more likely that accused persons may not be prevented from perpetrating further acts of violence. The solution put forward by the Scottish Government, Lord Advocate and the women's sector was a temporary expansion of judge-only trials.

Alternatives put forward subsequently by MSPs and then the Scottish Government have not been accompanied by EQIA. We are concerned that there has been inadequate consideration of the way that the menu of proposals will exclude women from participation in jury trials and render juries less representative of the experiences of Scotland's population.¹³ This is because of the gendered distribution of care and childcare roles, women's lesser access to private transport to drive to court buildings,

provision-scotland-initial-eqia/govscot%3Adocument/strategic-framework-reopening-schools-early-learning-childcare-provision-scotland-initial-eqia.pdf>

¹¹ Engender (2020) Women and COVID-19. Available at

<<https://www.engender.org.uk/content/publications/Engender-Briefing---Women-and-COVID-19.pdf>>

¹² Rape Crisis Scotland (2020) Briefing on Coronavirus (Scotland) Bill Provisions Available at:

<https://www.rapecrisisscotland.org.uk/publications/?cat=4>

¹³ Scottish Government (2020) Covid-19 and Solemn Criminal Trials Scottish Government Discussion

Document. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-andguidance/2020/04/coroonavirus-covid-19-options-for-progressing-the-most-serious-criminal->

and women's likelihood of needing an exemption from jury service because they are working as a key worker.¹⁴

Juries must not be allowed to become dominated by men, particularly white, middle-class and non-disabled men who are more likely to have access to the resources, such as use of a private car, that make attending court buildings during social distancing possible. To do so would further undermine women's confidence in a justice system which already presents gendered barriers to access to justice.

We have also raised the issue of the risk to individuals in institutions such as prisons. Women in prison are significantly more likely to have committed a non-violent offence and receive a short sentence or be on remand. The decision to exclude prisoners on remand from the Early Release Scheme therefore means that women accused of non-violent offences are being kept in custody, despite the risk to their health and wellbeing. To date, 18 women in tranche 1 and eight women in tranche 2 have been released under the scheme, compared to 245 men.¹⁵

5. A LACK OF ATTENTION TO CARE

Covid-19 has exposed structural issues within the provision of social care, and its articulation with healthcare. **The persistent under-funding of social care cannot be decoupled from the traditional highly gendered view of care as 'women's work',** and the undervaluing of the skill involved in care. There has been chronic underfunding, leading to low pay and high vacancies throughout the social sector, which has seriously undermined the capacity to respond to the crisis. This has left social care workers, 85% of whom are women,¹⁶ over-stretched, under-pressure and at risk of infection. Shortages of personal protective equipment (PPE), especially PPE designed specifically for women,¹⁷ have been well noted and have caused additional anxiety among frontline staff.¹⁸ Reductions in care packages that have been reported

¹⁴ *Ibid*

¹⁵ Scottish Prison Service (2020) Early Release Data. Available at <<https://www.sps.gov.uk/Corporate/Information/covid19/covid-19-information-hub.aspx>>

¹⁶ Scottish Social Services Council (2019) Scottish Social Service Sector: Report on 2018 Workforce Data available at <https://data.sssc.uk.com/images/WDR/WDR2018.pdf>. [Accessed May 2020]

¹⁷ TUC (2017) Personal protective equipment and women. Trades Union Congress. Available at: <https://www.tuc.org.uk/sites/default/files/PPEandwomenguidance.pdf>

¹⁸ H. Yorke (2020) Social care leaders warn of 'enormous anxiety' in care homes as fears over PPE shortages mount. (The Telegraph). Available at <<https://www.telegraph.co.uk/politics/2020/04/20/social-care-leaders-warn-enormous-anxiety-care-homes-fears-ppe/>>

by ALLIANCE,¹⁹ and Inclusion Scotland and Glasgow Disability Alliance²⁰ are likely to displace care from service providers onto unpaid (mostly female) family members to the detriment of older people and disabled people.²¹ During the SARS outbreak, nurses reported pressure due to feeling ‘sandwiched’ between personal and professional responsibilities.²² The exceptionally difficult working conditions within care homes, and the intensity of the emotional labour that workers are being required to perform, provides further impetus for us to reassess the value of care work.

Social care’s capacity to cope with the demand presented by Covid-19, coupled with the implementation of social distancing rules, has meant that additional unpaid work has spilled over onto women. Before Covid-19, between 59 per cent and 70 per cent of unpaid care was delivered by women in Scotland, worth approximately £10.8 billion to the economy per annum.²³ Women are twice as likely as men to give up work to carry out unpaid care²⁴ and are also the majority of carers on low or no incomes, representing 69% of Carer’s Allowance claimants.²⁵

A survey from Carers UK found that 78 per cent of unpaid carers in Scotland are having to provide more care for their loved ones during the crisis. While the data are not disaggregated by sex, 81 per cent of total respondents described themselves as female.²⁶ Carers tell us that public messaging about COVID-19 has not so far taken account of their needs, and they have been very uncertain about what support is in

¹⁹ The ALLIANCE (2020) Response to the Equalities and Human Rights Committee inquiry on the impact of Covid-19 pandemic on equalities and human rights.

²⁰ Glasgow Disability Alliance (2020) GDA’s Covid-resilience engagement and response: Interim report. Glasgow Disability Alliance. Available at: http://gda.scot//content/publications/GDAs-Covid-Resilience-Interim-report-27April_alt-text.pdf

²¹ BBC Disclosure (2020) 'I have lost care support because of coronavirus'. (BBC). Available at <<https://www.bbc.co.uk/news/uk-scotland-52415302>>

²² E. Holroyd, C. McNaught (2008) The SARS crisis: reflections of Hong Kong nurses. (International nursing review 55.1)

²³ Carers UK (2015) Valuing carers 2015 Available at: <https://www.carersuk.org/for-professionals/policy/policylibrary/valuing-carers-2015>

²⁴ Skills for Care (2012) Carers Matters – Everybody’s business Available at: <https://www.skillsforcare.org.uk/Documentlibrary/Skills/Carers/Partthree.pdf>

²⁵ Scottish Government (2020) Summary statistics for Carer’s Allowance at November 2019. Available at <<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2020/05/carers-allowance-at-november-2019-summary-statistics/documents/carers-allowance-at-november-2019-summary-statistics/govscot%3Adocument/CA%2BMay%2B2020%2B-%2Bpublication.pdf>>

²⁶ Carers Scotland (2020) The forgotten families in lockdown: unpaid carers close to burnout during Covid-19 crisis. Available at <<https://www.carersuk.org/scotland/news/the-forgotten-families-in-lockdown-unpaid-carers-close-to-burnout-during-covid-19-crisis>>

place for them to access protective personal equipment, food, prescriptions, and routine healthcare.

The Coronavirus (Scotland) (No.2) Bill introduced a social care staff support fund and there has been a recent extension of the Death in Service cover to social care staff.²⁷ These are both welcome, but there is nothing similar in place for unpaid carers. An additional ad hoc payment of the Carers Allowance Supplement is welcome, but only reach a minority of unpaid carers who are eligible for the Allowance. **There is a further need to consider mechanisms that can ensure the security and wellbeing of all carers in the long term. Engender advocates for an income equivalent to the Real Living Wage, which properly recognises its social value** and the effect on carers' lives of suspending their paid work in order to care for disabled and older people.

6. A LACK OF FOCUS ON THE DISTRIBUTION OF CHILDCARE AND DOMESTIC LABOUR

The gendered allocation of childcare sees women continue to provide the majority of primary care for children, something greatly increased by lockdown and exacerbated by the increased demand for home-schooling, housework, and household management in lockdown.²⁸ One Cambridge University study shows that, during the lockdown, mothers are doing an extra 90 minutes of childcare on a typical workday relative to men.²⁹

The Institute for Fiscal Studies has found that in England, parents are doing childcare during 9 hours of the day, housework in 3 hours and paid work takes up just 3 hours of the day. However, it is mothers who are 1.5 times more likely to have quit or lost their job, or to have been furloughed, since the start of the lockdown. Mothers who were in paid work in February are nine per cent less likely to be currently in paid work than fathers. Mothers are combining paid work with other activities, mostly childcare, in 47 per cent of their work hours, compared with 30 per cent of fathers' work hours. The average mother in England is now doing 35 per cent of the number of uninterrupted work hours that the average father.³⁰

²⁷ Scottish Government (2020) Supporting Scotland's social care workers. Available at < <https://www.gov.scot/news/supporting-scotlands-social-care-workers/>>

²⁸ V. Alakeson (2012) The price of motherhood: women and part-time work. (Resolution Foundation). Available at: <https://www.resolutionfoundation.org/publications/price-motherhood-women-part-time-work/>

²⁹ A. Adams-Prassl, T Boneva, M Golin, C Rauh (2020). Inequality in the impact of the coronavirus shock: Evidence from real-time surveys. (Mimeo)

³⁰ Institute for Fiscal Studies (2020) How are mothers and fathers balancing

The unprecedented reorganisation of households has not been adequately considered in developing the response to Covid-19. Engender has been assured by Scottish Government officials that there is a time-use study in the field, but analysis of this will not be available for a considerable period of time. The rapid survey work charting the social impacts of Covid-19 delivered by ONS is not gender-sensitive and has not captured adequate information about the gendered divisions of housework, childcare, home-schooling and household management.

With Scottish schools now likely to return in some form in August 2020, it remains unclear how families are expected to manage shorter school days and part time school-based learning with home-learning and their own paid work. Regular childcare arrangements, including care provided by grandparents and childminders is restricted for the foreseeable future. The decision at the start of the pandemic taking hold in Scotland to pause the rollout of increased childcare hours will further compound these challenges. They may be intensified by changes to public transport that do not take account of patterns of women's use.³¹ Women self-reporting their experiences to Engender are extremely concerned about the failure to consider these dynamics. Many have told us that they are poised on the brink of resigning from their paid jobs.

The impact assessment published alongside the proposals for reopening schools does not systematically apply the evidence about women's unpaid work to the challenge of determining *how* schools should reopen. Scottish Government must engage with the question of how to minimise the disruption on women's labour market participation as it reopens education settings. This is **also a critical juncture for a wider conversation about distribution of domestic and reproductive work between men and women.**

work and family under lockdown? Available at <<https://www.ifs.org.uk/uploads/BN290-Mothers-and-fathers-balancing-work-and-life-under-lockdown.pdf>>

³¹ Department for Transport (2015) National Travel Survey: Trip Chaining: 2002-2014. Department for Transport. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/509447/nts-trip-chaining.pdf [Accessed February 18, 2020].

7. AN ECONOMIC RECOVERY THAT IS NOT INFORMED BY WOMEN'S ECONOMIC EQUALITY

Over the decade of austerity, 86 per cent of net 'savings' came from women's incomes. While the UK Government has signalled that it will not pursue 'Austerity 2.0' in response to the sharp economic downturn, there are some emerging narratives about the public expenditure on the Coronavirus Jobs Protection Scheme requiring to be 'paid for'.

The economic downturn precipitated by Covid-19 is likely to have a particularly harsh impact on hospitality, retail, and care sectors that are female dominated and dominated by Black and minority ethnic workers. At the same time, services that enable women, and especially disabled women's, labour market participation, including nurseries, schools, and social care, will need to operate differently to avoid exacerbating the pandemic.

Despite Scotland's rhetorical and substantive commitment to 'inclusive growth' policymakers have yet to integrate gender into this approach. The application of inclusive growth has ignored the way in which the *process* of growth is gendered. If women are considered at all it is as beneficiaries of the *outcomes* of growth.

Scotland needs to ensure that our economy works for women and men equally. This will include shifting our collective thinking on the role of care and childcare, seeing it as investment in our national infrastructure. We need to increase the demand for goods and services in our economy, and ensure that economic growth benefits local economies.

Engender is currently working with Close the Gap to produce a paper outlining the changes we need to make to ensure that the economy works for women and men. We will share this with the Committee once it is complete. We urge the Committee to scrutinise the extent to which decisions about Scotland's economic future are gender-competent.

8. WOMEN'S HEALTH

Women's exposure to Covid-19

While the novel coronavirus remains a fast-developing clinical situation with much still to learn about the disease's trajectory, there is already evidence that the

outbreak is affecting men and women differently. The available data suggests a slightly higher mortality rate in men diagnosed with Covid-19, with 55 per cent of deaths compared to 45 per cent for women.³² However, this is coupled with evidence from the Office for National Statistics which suggests that women are twice as likely to have been diagnosed with Covid-19 (0.2 per cent of respondents versus 0.1 per cent among male respondents) and more than twice as likely to report symptoms associated with Covid-19 (women, 2.9 per cent and men 1.2 per cent.)

Women's position in the labour market may increase their exposure to COVID-19, as women represent a significant majority of frontline workers in social care, education and health care, are more likely to undertake household management tasks and utilise public transport. Data from the Ebola crisis in West Africa found an increased rate of exposure to Ebola, attributed largely to women's social and economic roles.³³

There are also reasons to suspect that women's health outcomes will be affected by their social roles once a diagnosis has been received. For example, a study from Edinburgh University looking at cardiac arrests demonstrates that women continued to have worse health outcomes than men even after a correct diagnosis.³⁴ Women were "less likely to receive evidence-based treatments" but the authors additionally posited that women were more likely to experience "a disproportionate burden of psychosocial risk factors, such as depression or a lack of social support, which can influence subsequent cardiovascular risk."

Access to healthcare

Responding to Covid-19 has necessarily resulted in a significant reorganisation of the NHS. Screening, including breast and cervical screening programmes, has been paused and plans for restarting are in development and timelines unclear.³⁵ This cancellation and limitation of routine care may have particular consequences for

³² National Records of Scotland (2020) Deaths involving coronavirus (COVID-19) in Scotland Week 16 (13 to 19 April 2020). (NRS). Available at <<https://www.nrscotland.gov.uk/files//statistics/covid19/covid-deaths-report-week-16.pdf>>

³³ N. Peyton (2019) More women catch Ebola in Congo in 'unexpected' twist of gender roles (Reuters) Available at <<https://www.reuters.com/article/us-health-ebola-congo/more-women-catch-ebola-in-congo-in-unexpected-twist-ofgender-roles-idUSKCN1PB1XZ>>

³⁴ K. Lee et. al. (2019) Sex-Specific Thresholds of High-Sensitivity Troponin in Patients With Suspected Acute Coronary Syndrome. Available at <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6876271/>>

³⁵ NHS Inform (2020) Coronavirus (COVID-19): Immunisation and screening. Available at <<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-immunisation-and-screening#screening>>

older women and some BME groups who have higher risk of particular cancer diagnosis.³⁶

Sexual health services in Scotland moved to “essential services only”,³⁷ and an increased reliance on telemedical appointments has restricted the options of contraception available to women.³⁸ Access to contraception is a matter of health and women’s rights. We were therefore disappointed that the Scottish Government did not support amendments to the Coronavirus (No.2) (Scotland) Act which would have seen contraception made more easily available from pharmacies and call on the Government to bring forward its own proposals urgently.

We also welcome the introduction of regulations permitting early medical abortions to be fully conducted at home and limiting the need for women to visit clinical settings unnecessarily in Scotland. It is also vital that women who need abortion care within clinical settings still have access to high quality and swift care. Many women in Scotland who require a surgical late term abortion must still travel from Scotland to England, placing them at additional risk of Covid-19 and stress. While service deliverability within Scotland must be addressed,³⁹ in the immediate term, every effort should be made to maintain safe abortion access for women who need to travel to receive it.

There has been a dearth of consistent messaging around pregnancy throughout the crisis to date, with some highlighting no evidence of additional risk for mother or child,⁴⁰ official guidance suggesting a precautionous approach, and yet a lack of additional support for pregnant women on the frontline, for example in the provision of adequate PPE.⁴¹ Similarly, public discourse has ranged from officials joking about

³⁶ NCIN (2009) Cancer Incidence and Survival by Major ethnic group. England, 2002-2006. Available at <<http://www.ncin.org.uk/view.aspx?rid=75>>

³⁷ Sandyford (2020) Sandyford Services: COVID-19. (NHS Greater Glasgow and Clyde). Available at <<https://www.sandyford.scot/>>

³⁸ Sandyford (2020) Covid-19 Service Update. (NHS Greater Glasgow and Clyde) <<https://www.sandyford.scot/sexual-health-services/service-updates/>>

³⁹ Engender (2016) Our Bodies, Our Choice: The Case for a Scottish Approach to Abortion. Available at <<https://www.engender.org.uk/content/publications/Our-bodies-our-choice---the-case-for-a-Scottish-approach-to-abortion.pdf>>

⁴⁰ Royal College of Obstetrics and Genecology (2020) RCOG and RCM respond to UKOSS study of more than 400 pregnant women hospitalised with coronavirus. Available at <<https://www.rcog.org.uk/en/news/rcog-and-rcm-respond-to-ukoss-study-of-more-than-400-pregnant-women-hospitalised-with-coronavirus/>>

⁴¹ The Royal College of Obstetricians and Gynaecologists Guidance provides that women who are over 28 weeks pregnant or have underlying health conditions, should avoid direct patient contact, see <<https://www.rcog.org.uk/en/news/updated-advice-for-pregnant-healthcare-workers-and-employers-during-coronavirus-outbreak/>>. However at least some anecdotal evidence and news reports suggest this is not absolute (BBC (2020) Coronavirus: Doctors launch legal challenge over PPE guidance. Available at

the prospect of ‘baby boom’ following lock down, to medical professionals directing comments to women that imply their “irresponsibility” for wanting to become pregnant during this time.⁴² While IVF services have begun to restart,⁴³ delayed access to fertility assistance have been particularly distressing.⁴⁴

NHS Scotland has stated that “Pregnancy and Newborn Screening programmes will continue *where practical*” [our emphasis]⁴⁵ and staffing and resourcing of maternity and reproductive health units is a key concern for women. Women in Scotland are no longer able to bring anyone with them to prenatal appointments and birth choices, are likely to be unavailable.⁴⁶ While women giving birth in Scotland are still permitted to have a birth partner with them during labour, partners are not able to visit the ward after delivery.⁴⁷

Such steps are significant and will not lend themselves to a safe and positive childbirth experience as outlined by the World Health Organisation.⁴⁸ The UN CEDAW Committee has also stated the importance of providing sexual and reproductive health as essential services during the pandemic,⁴⁹ as evidence from previous pandemics, including the Ebola outbreak in West Africa, shows that

<<https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-52411814>>) and at least one pregnant woman has died following working in a frontline role prior to the introduction of the guidance, see A. Topping (2020) Pregnant nurse's death adds to concern among health workers. (The Guardian) Available at <<https://www.theguardian.com/world/2020/apr/15/pregnant-healthcare-workers-pressured-into-covid-19-frontline>>

⁴² R. Moss (2020) Coronavirus Cancelled IVF For These Women. Now Their Pregnancy Dreams Are On Hold (HuffPost). Available at <https://www.huffingtonpost.co.uk/entry/ivf-cancelled-coronavirus_uk_5e71ee5ac5b63c3b64876837>

⁴³ HFEA (2020) ‘A revised General Direction has been issued and licensed clinics can now apply to reopen’ Available at: <<https://www.hfea.gov.uk/treatments/covid-19-and-fertility-treatment/coronavirus-covid-19-guidance-for-professionals/>>

⁴⁴ C. Gillies (2020) Coronavirus: IVF treatment delays 'heartbreaking' (BBC). <<https://www.bbc.co.uk/news/uk-scotland-52283205>>

⁴⁵ NHS Inform (2020) Coronavirus (COVID-19): Immunisation and screening. Available at <<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-immunisation-and-screening#screening>>

⁴⁶ NHS Inform (2020) Coronavirus (COVID-19): Pregnancy and newborn babies. Available at <<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19/coronavirus-covid-19-pregnancy-and-newborn-babies>>

⁴⁷ *Ibid*

⁴⁸ World Health Organisation (2020) Q&A on COVID-19, pregnancy, childbirth and breastfeeding. Available at <<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>>

⁴⁹ UN Committee on the Convention on the Elimination of All Form of Discrimination Against Women (2020) Guidance note on CEDAW and COVID-19 CEDAW Committee April 2020. Available at <Guidance note on CEDAW and COVID-19 CEDAW Committee April 2020>

maternal health clinics were reduced to enable resources to be diverted to the outbreak response.⁵⁰

It is vital that we consider women's health - and other vital services - with a human rights perspective that guards these minimum standards against regression. The Scottish Government has committed to the incorporation and justiciability of CEDAW, which specifically includes rights to health and family planning. **The Scottish Government must clarify the position with regards to women's rights and the planned incorporation of CEDAW to prevent any erosion of protection in future.**

9. OVERVIEW OF KEY CONCERNS

We suggest that there has been a disappointing failure of the gender mainstreaming processes throughout this crisis despite high level commitment on equality. We have identified critical issues around the capacity of government to factor in issues of gender such as unpaid care, childcare and women and men's differing experiences of the economy and services such as healthcare and housing.

We urge the committee to use its inquiry to focus the Scottish Government on the need to more comprehensively consider how its response to the crisis will affect women's position and equality with men now and in the longer term, as well as the impacts for specific groups of women who are more likely to experience disadvantages such as Black and minority ethnic women, disabled women and older and young women. This includes issues such as:

- How the Scottish Government and other public bodies are delivering their mainstreaming obligations in crisis responses;
- How gender-sensitive sex disaggregated data is being collected and utilised;
- What is happening to deliver needed reforms to the public sector equality duty;
- How Equality and Non-Discrimination obligations in the Coronavirus Acts have been utilised;
- How women's rights such as those in the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) are being protected and the work to embed them fully in law and policy-making;
- How the Scottish Government is ensuring women's access to justice;

⁵⁰ J. Smith (2020) Gender and The Coronavirus Outbreak. (Think Global Health). Available at <<https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak>>

- How the economy can better meet women's needs in plans for post-crisis recovery;
- How we can properly value the work of care and childcare;
- And how urgent services such as health and housing are responding to women's needs.

There is a need for a more joined-up approach to gender equality which prevents a rollback of hard-won progress and which accurately capture the reality of women in Scotland's lives before and throughout the Covid-19 crisis.

FOR FURTHER INFORMATION

Contact: Eilidh Dickson, Policy and Parliamentary Manager, Engender

Email: eilidh.dickson@engender.org.uk

ABOUT US

Engender is a membership organisation working on feminist agendas 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.