

Engender submission of evidence to the UK Parliament Women and Equalities Committee inquiry on Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics

3 May 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.**

Throughout this response, we have identified particular issues in the following themes:

- Integrating gender into crisis management;
- Women's health;
- Women's mental health;
- The provision of social care;
- Childcare;
- Poverty and social security;
- Violence against women and girls.

The responsibility for managing these areas is split between the UK and Scottish governments, with some areas of joint responsibility. We would not normally provide

detail on a fully devolved issue to a UK parliamentary committee unless specifically asked. **In this response, however, in light of the speed with which the crisis is developing we have elected to outline the current evidence and issues relevant to all these areas in Scotland, even where responsibility is fully devolved. This is to capture as full a picture as possible of women's experiences during the Covid-19 pandemic.** Where relevant, we have indicated recommendations for action at UK level that would respond to women's needs in Scotland and across the UK.

The committee has asked for indications of (1) what needs to change or improve, which could be acted on in three weeks' time and (2) what needs to change or improve, which could be acted on in six months' time. Throughout this submission we have made some recommendations for immediate interventions as well as for medium and longer term systemic changes.

2. SUMMARY OF RECOMENDATIONS

In the **immediate term**, there is a need to:

- **Mobilise the UK Government's available gender expertise** and ensure regular oversight from the Women and Equalities Committee where gendered issues are explicitly discussed;
- Ensure that the UK Government is undertaking **robust equality impact assessments** and ensure their availability for review and comment;
- **Integrate explicit consideration of equality** into all Covid-19 policy development processes;
- Gather **robust data** about women's and men's experiences in order to understand the impacts of measures taken in response to Covid-19;
- Ensure data collected be **capable of further disaggregation** beyond sex to provide us accurate data about the experiences of distinct groups women at risk of further marginalisation;
- Ensure that there is **immediate access to contraception** via pharmacies;
- **Maintain safe abortion** access for women who need to travel to receive it;
- Ensure that all **workers have access to PPE appropriate** to their risk level and which meets **women's physical characteristics**;
- **Strengthen guidance for pregnant women** working in health and social care, irrespective of role;
- Accelerate urgent work to deliver **mobile testing and at home testing**;

- Provide **unpaid carers who need PPE** for whatever reason with it, free of charge as with staff in the NHS and social care system;
- Make **emergency uplifts to the rate of Carer's Allowance** to mitigate against immediate hardship for carers unable to work outside the home;
- Make an **additional crisis payment to unpaid carers** through Carer's Allowance and / or the Carer's Allowance Supplement;
- Make provisions for **part-time furlough leave** in the Job Retention Scheme;
- Raise **awareness of the furlough provisions** for employees with caring responsibilities with employers in Scotland;
- Permanently end the **two-child limit, the benefit cap and five-week wait**;
- **Increase child benefit by**, at minimum, £10 per week;
- Communicate that the reasonable excuses for leaving a residence during the lockdown include the need move house where reasonably necessary specifically to **women experiencing domestic abuse**;
- **Permanently end No Recourse to Public Funds** so that women and their families have some security and safety net throughout this crisis.

In the **medium to long-term**, there is a need to:

- Accelerate projects to **build gender competence** across every Government department;
- Prioritise **sex disaggregation of data** as it emerges from testing and clinical observation as the crisis continues;
- Use **intersectional data** to influence policy development;
- Ensure that **women's mental health** is a key consideration, during and post lockdown, including comprehensive mental health strategies and funding which take into account the evidence about women and men's differing mental health experiences;
- Develop a strategy for the medium and long run **sustainability of social care**.
- Reform Carer's Allowance to ensure a **Real Living Wage for Carers**;
- Undertake a **full review of the 'welfare' system** with a view to assessing the gendered impacts of its design and proposing radical reforms which reinstate the link between income and need;
- Undertake work to introduce more tailored permanent support in the form of **new benefits and increased income replacement rates**;
- **Ensure that individualised financial support** is available to everybody effected by the crisis on an equal basis.

3. INTEGRATING GENDER INTO CRISIS MANAGEMENT

The evidence from the experiences of other pandemics, such as SARS, Zika virus and Ebola, demonstrates the consequences of failure to adequately consider women and the impact of gender inequality in response management.¹

Women's inequality around the world exacerbates their risk of exposure to not only catching the virus, but also the social and economic burdens of our collective responses. When the safety nets put in place by the state are stretched to breaking point, it is women that fall through the gaps left behind, and this crisis is exposing and exacerbating the existing inequalities in our societies.² The global evidence describes the ways in which gender bias in allocation of resources and diversion of funds during pandemics worsen existing gender inequalities.³ Preventing this from being replicated in all four nations of the UK demands that UK Government integrates a gender perspective and analysis into its Covid-19 policy development processes.

The need for women's leadership

Integrating a gender perspective in the immediate and medium-term crisis planning is made more difficult by a lack of women in positions of leadership and decision-making within UK Government. Evidence shows that equality is only meaningfully integrated into emergency responses when women and marginalised groups are able to participate in decision making.⁴

The lack of broader women's representation may have serious impacts for women as the crisis unfolds. **Women are missing in leadership roles in every national and international body steering the UK through this crisis.**⁵ For example, women hold 30.4 per cent of health service chief roles, while 77 per cent of the overall NHS

1 S. Walsh, O Johnson Walsh, S., & Johnson, O. (2018). Getting to zero: A doctor and a diplomat on the Ebola frontline. Zed Books Ltd.

2 S. E Davies, S. Harman, J. True, C Wenham (2020) Why gender matters in the impact and recovery from Covid-19. Available at <<https://www.lowyinstitute.org/the-interpretor/why-gender-matters-impact-and-recovery-covid-19>>

3 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 <<https://www.ohchr.org/en/hrbodies/cedaw/pages/cedawindex.aspx>>

4 S. Naraghi Anderlini, (2020) Women peace and security in the time of corona. Available at <<https://blogs.lse.ac.uk/wps/2020/03/25/women-peace-and-security-in-the-time-of-corona/>>

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

Scotland workforce are women.⁶ The Global Health 50:50 report in 2019 found that 72 per cent of executive heads in global health were men.⁷

Gender mainstreaming crisis responses

While women's representation and leadership is a necessary first step in securing consideration of gender equality issues, integrating a gender perspective will require two things – adequate gender competence⁸ within every level of government decision-making structures and a comprehensive gender mainstreaming approach.

- In the short term, **the UK Government must mobilise its available expertise** – Government Equalities Office (GEO), national equality bodies, expert women's organisations, parliamentary committees and networks and ensure regular oversight from the Women and Equalities Committee where gendered issues are explicitly discussed.
- **Longer term projects to build gender competence across every department must be accelerated** – including training and capacity building, joint work between GEO and departments, and consultation processes with expert women's organisations across the four nations.

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. **This response demonstrates the scale of the gendered issues affecting women and men as a result of and throughout this pandemic in a number of discrete and overlapping policy spaces**, and many more will emerge given the scale of the crisis. The primary mainstreaming obligation in the UK is the Public Sector Equality Duty contained in the Equality Act 2010, which continues to apply to Covid-19 mitigation policy development.

- **The UK Government should ensure that it is undertaking robust equality impact assessments and ensure their availability for review and comment.**

⁶ Engender (2020) Sex and Power in Scotland 2020. Available at: <https://www.engender.org.uk/content/publications/Engenders-Sex-and-Power-2020.pdf>

⁷ Think Global Health (2020) Gender and The Coronavirus Outbreak. Available at <https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak>

⁸ Gender competence refers to the skills, knowledge and analytical capability to develop statistics, data, policy, or programmes that are well-gendered; that take account of the socially constructed difference between men's and women's lives and experiences.

Following advocacy from Engender, Scotland has **included a duty to pay due regard to the need to advance equality and eliminate discrimination** into the Coronavirus (Scotland) Act 2020. This requires that every exercise of the wide-ranging powers under the Act include positive consideration of equality issues.

- We recommend that the UK Government do likewise and **positively acknowledge their legal mainstreaming obligations by integrating explicit consideration of equality into all Covid-19 policy development processes.**

The need for gender-sensitive sex-disaggregated data

Measures introduced to manage the crisis must be subject to rigorous analysis which includes use of gender-sensitive sex-disaggregated data. **We need to gather robust data about women’s and men’s experiences in order to understand the impacts of measures taken in response to Covid-19.**⁹

The **early data from ONS has included some sex disaggregation, but this is inconsistent and not gender sensitive.** For example 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 early data and evidence which considers the gendered nature of care and reproductive labour.¹⁰

We are concerned that the lack of gender-sensitivity in data produced by ONS data is undermining the development of policy interventions that meet women’s and men’s distinct needs. In this specific example, there is a direct read across from inadequately gendered data to 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.¹¹ In the medium run, an insufficiency

⁹ Engender has produced a specific paper looking at gender-sensitive data in the context of covid-19, available at <<https://www.engender.org.uk/content/publications/Covid-19-Gathering-and-using-data-to-ensure-that-the-response-integrates-womens-equality-and-rights.pdf>>

¹⁰ For more information about the evidence around childcare responsibilities in the home, see section 7.

¹¹ Engender and Close the Gap (202) 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>>

of data about the distribution of care within households may lead to poor decision-making about economic stimulus.

Intersectionality

As we have noted, emerging evidence strongly suggests that Covid-19 exacerbates and increases all of the inequalities that exist within our society, and therefore it is vital that our analysis takes account of overlapping disadvantage. Some disabled women, older women and Black and minority ethnic (BME) women are by now recognised as being at an increased mortality risk and of becoming acutely unwell.¹² BME women are more likely to act as carers, another group at increased exposure.¹³ While research to identify all of the underpinning factors is ongoing, it is most likely that BME people's overrepresentation as people living on low incomes, as keyworkers and carers, and in housing that militates against social distancing is contributing to this difference in mortality. BME women, disabled women, older and younger women, lone parents – 90 per cent of whom are women – and lesbian, bisexual and trans women are all at significantly higher risk of poverty, making them in turn more at risk of the inevitable economic fallout and economic recovery measures.¹⁴

Many of the discrete areas raised in this response will affect different groups of women in different ways. It is therefore vital that data collection and analysis processes allow for granular analysis, allowing us to understand the particular experiences of groups of women.

- We recommend that **data collected be capable of further disaggregation** beyond sex to provide us accurate data about the experiences of distinct groups women at risk of further marginalisation.
- This **data must, of course, be used to influence future policy development.**

¹² M. N. Nkangu, O. A. Olatunde, S. Yaya (2017) The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review. (Infectious Diseases of Poverty 6:135). Available at < <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5635524/> >

¹³ Cabinet Office (2020) Ethnicity Facts and Figures: NHS workforce. Available at < <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest> >

¹⁴ 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. WOMEN'S HEALTH

The health implications of Covid-19

While the novel coronavirus remains a fast-developing clinical situation with much still to learn about the disease 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.¹⁵ 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.)

There are clear risks that 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. Similarly, women are more likely to take on household management including supermarket shopping. Data from the Ebola crisis in West Africa did find an increased rate of exposure to Ebola, attributed largely to women's social and economic roles.¹⁶ 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.

- Sex disaggregation of data as it emerges from testing and clinical observation must be prioritised as the crisis continues.

Other aspects of healthcare

A lack of data to-date concerning symptoms, disease trajectory and outcomes should not be a barrier to gender competent strategies. Women are **less likely to receive treatment generally**, as women's pain and diagnosis is treated differently to that of men.¹⁷ Women are more likely than men to seek out medical advice, but this

¹⁵ 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>>

¹⁶ 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>>

¹⁷ United Nations Population Fund (2020) Covid-19: A Gender Lens Technical Brief Protecting Sexual and Reproductive Health and Rights, and Promoting Gender Equality. (UNDP) Available at: <<https://www.unfpa.org/resources/covid-19-gender-lens>>

is not reflected in their health outcomes.¹⁸ The responses we develop in the face of outbreaks such as this can themselves exacerbate gender inequality through attitudes, practices, and gendered expectations placed on people of both sexes in relation to health behaviours or how we reprioritise other health and care services.

Responding to Covid-19 has necessarily resulted in a **significant reorganisation of the NHS**. Screening, including breast and cervical screening programmes, has been paused indefinitely.¹⁹ This cancellation and limitation of routine care may have particular consequences for older women and some BME groups who have higher risk of particular cancer diagnosis – for example evidence suggests that Black and Asian women over aged 65 years are at higher risk of cervical cancer compared with white women.²⁰ Reduced routine appointments due to lower service provision may impact upon rural women who may have considerable distances to travel to access appointments. We are also concerned about delays to emergency care, including abortion healthcare and provision of caesareans.²¹

There has been a **dearth of consistent messaging around pregnancy**, with some officials highlighting no evidence of additional risk for mother or child, official guidance suggesting a precautionous approach, and yet a lack of additional support for pregnant women on the frontline.²² Similarly, public discourse has ranged from officials joking about the prospect of ‘baby boom’ following lock down, to medical professionals directing comments to women that imply their “irresponsibility” for

¹⁸ Y. Wang et al. (2013) Do men consult less than women? An analysis of routinely collected UK general practice data (British Medical Journal Open 3:e003320.)

¹⁹ 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>>

²⁰ NCIN (2009) Cancer Incidence and Survival by Major ethnic group. England, 2002-2006. Available at <<http://www.ncin.org.uk/view.aspx?rid=75>>

²¹ J. Hussein (2020) COVID-19: What implications for sexual and reproductive health and rights globally? (Sexual and Reproductive Health Matters) Available at <<https://www.tandfonline.com/doi/pdf/10.1080/26410397.2020.1746065?needAccess=true>>

²² 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 <<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>>

wanting to become pregnant during this time.²³ For women who have had access to IVF and other fertility assistance restricted in response to reorganisation of the NHS,²⁴ delays are particularly distressing.²⁵

Staffing and resourcing of maternity and reproductive health units is a key concern for women. NHS Scotland has stated that “Pregnancy and Newborn Screening programmes will continue *where practical* [our emphasis].”²⁶ Women in Scotland are no longer able to bring anyone with them to appointments, which may for some women sadly involve being told that they have miscarried or that their foetus is being diagnosed with abnormalities while they are alone. Birth choices, such as the homebirth service, are likely to be unavailable.²⁷ While it seems that women giving birth in Scotland are still permitted to have a birth partner with them during delivery, partners are not able to visit them and their baby on the ward after delivery.²⁸

Such steps are significant and will not lend themselves to a safe and positive childbirth experience as outlined by the World Health Organisation.²⁹ Such drastic restrictions cannot be allowed to become the norm for the medium term without significant impact on maternal health and wellbeing. The UN CEDAW Committee has also stated the importance of providing sexual and reproductive health as essential services during the pandemic,³⁰ as evidence from previous pandemics, including the

²³ 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>

²⁴ Edinburgh Fertility Centre (2020) Coronavirus (COVID-19) Update – 18 March 2020. (NHS Lothian.) Available at <<https://services.nhslothian.scot/edinburghassistedconceptionprogramme/Pages/default.aspx>> and Human Fertilisation and Embryology Authority (2020) Coronavirus (COVID-19) guidance for professionals. Available at <<https://www.hfea.gov.uk/treatments/covid-19-and-fertility-treatment/coronavirus-covid-19-guidance-for-professionals/>>

²⁵ C. Gillies (2020) Coronavirus: IVF treatment delays 'heartbreaking' (BBC). <https://www.bbc.co.uk/news/uk-scotland-52283205>

²⁶ 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>>

²⁷ 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>>

²⁸ *ibid.*

²⁹ 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>>

³⁰ 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>

Ebola outbreak in West Africa, shows that maternal health clinics were reduced to enable resources to be diverted to the outbreak response.³¹

The Guttmacher Institute has raised further concerns about the risks to supply chains of medicines and contraceptives and the redistribution of key medical staff.³² Sexual health services in Scotland are moving to “essential services only”,³³ and an increased reliance on telemedical appointments has restricted the options of contraception available to women to only the Pill or condoms, which can be posted.³⁴

- **The Government and the NHS should ensure that there is immediate access to contraception via pharmacies.**

Engender welcomes 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, England and Wales. We support the urgent introduction of similar rules in Northern Ireland where abortion services have only recently been introduced and women must still travel to clinics. It is, of course, 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 to have this procedure, placing them at additional risk of Covid-19 and stress.

- While service deliverability within Scotland should be addressed,³⁵ **in the immediate term, Scotland and the UK Government must maintain safe abortion access for women who need to travel to receive it.**

³¹ J. Smith (2020) Gender and The Coronavirus Outbreak. (Think Global Health). Available at <<https://www.thinkglobalhealth.org/article/gender-and-coronavirus-outbreak>>

³² Z. Ahmed, A. Sonfield (2020) The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights. (Guttmacher Institute.) Available at: <https://www.guttmacher.org/article/2020/03/covid-19-outbreakpotential-fallout-sexual-and-reproductive-health-and-rights>

³³ Sandyford (2020) Sandyford Services: COVID-19. (NHS Greater Glasgow and Clyde). Available at <<https://www.sandyford.scot/>>

³⁴ Sandyford (2020) Covid-19 Service Update. (NHS Greater Glasgow and Clyde) <<https://www.sandyford.scot/sexual-health-services/service-updates/>>

³⁵ 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>>

Women front line workers

As women constitute a majority of health and social care staff, the unfolding of this crisis will have acute consequences for their safety and ongoing wellbeing. We are seriously concerned by the continuing discussions surrounding the adequacy of PPE.

Women must have PPE which protects them fully and which is sized and fitted appropriately. PPE which is designed for men may not offer women sufficient protection and will place them at higher risk of catching the virus.³⁶ A TUC survey previously showed that 57 per cent of women found that their PPE sometimes or significantly hampered their work.³⁷

- The UK Government should ensure that all workers have access to PPE appropriate to their risk level and which meets women's physical characteristics.

PPE and protective measures should be distributed in line with international evidence, and available to all healthcare workers who are coming in close proximity to patients who may be infected, including asymptomatic carriers.

- The **guidance for pregnant women working in health and social care, irrespective of role, must be strengthened.**

Care organisations and carers also highlight the comparative lack of focus on social care workers in the public discourse, and we urge decision-makers to address this.

The Scottish Government has, as of April 27th 2020, extended distribution of PPE to the whole of the social care sector via local hubs, but it is too early to evaluate whether the need is being met following this change.³⁸ Other staff in risk areas, including hospital porters and cleaning staff must also have adequate access.

Access to testing for health and social care staff is a vital part of ensuring the safety of staff in the NHS and social care systems and must be an urgent priority. The demand on the UK Government testing portal has proved the urgent need key workers see for testing as part of keeping themselves, their families and patients

³⁶ Royal College of Nursing (2020) Nurse leader calls on First Minister to intervene on protective equipment supply. Available at <<https://www.rcn.org.uk/news-and-events/news/rcn-writes-to-fm-re-ppe-23-mar-2020>>

³⁷ TUC (2020) Personal protective equipment and women. Available at <<https://www.tuc.org.uk/sites/default/files/PPEandwomenguidance.pdf>>

³⁸ Scottish Government (2020) Extending PPE access to all social care providers. Available at <<https://www.gov.scot/news/extending-ppe-access-to-all-social-care-providers/>>

safe.³⁹ **Testing points must be accessible to workers who do not have access to a car**, who are more likely to be women, to disabled people and enable those with care responsibilities to access a test at a convenient time to bring children with them if absolutely necessary.

- The UK-Government 'drive-through' testing centres, which have been established in Scotland⁴⁰ do not meet these criteria and **urgent work to deliver mobile testing and at home testing must be accelerated**.

5. WOMEN'S MENTAL HEALTH

Like all organisations, Engender is concerned that prolonged and indefinite periods of social distancing, isolation and quarantine, will have severe consequences for mental health long after the crisis point of this pandemic has passed.

There is a large body of research that shows that **women and men experience poor mental health and wellbeing in broadly similar numbers, but with different diagnoses**, for example more women suffer from anxiety, and depression in women is highly increased amongst those with caring responsibilities.⁴¹ The early social impacts data released by ONS demonstrates that women are reporting higher levels of worry (41.6 per cent of women described themselves as 'very worried' compared to 28.4 per cent of men) and women's mean level of reported anxiety stood at 5.4 compared to 4.4 for men.⁴²

Anxiety, stress and depression are likely to be exacerbated by uncertainty, fear and long periods of isolation. Women's greater likelihood of providing unpaid care for children, the elderly and disabled people is likely to increase even further as support systems like grandparents and friends are removed from them. New mothers isolated from support networks are a particularly vulnerable group.

Women workers delivering care in home-based and clinical settings seem highly likely to be exposed to trauma and risk of depression and reduced wellbeing during

³⁹ BBC (2020) Coronavirus: Test website closes after 'significant demand'. (BBC). Available at <<https://www.bbc.co.uk/news/uk-52405852>>

⁴⁰ Scottish Government (2020) Coronavirus (COVID-19): access to testing. Available at <<https://www.gov.scot/publications/coronavirus-covid-19-access-to-testing/>>

⁴¹ The Mental Health Foundation. Women and Mental Health. Available at <<https://www.mentalhealth.org.uk/a-to-z/w/women-andmental-health>>

⁴² The Office for National Statistics (2020) Coronavirus and the social impacts on Great Britain: 23 April 2020 <<https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain23april2020>>

and post crisis. We are already seeing reports of frontline workers, including women returning from maternity leave, living apart from their children to protect them. The worsening position within care homes across the four nations of the UK suggests that staff, the vast majority of which are women, are likely to be exposed to death and grief on unprecedented levels, including of residents they have worked with closely.⁴³

- The UK Government must ensure that mental health and women’s mental health is a key consideration, during and post lockdown, **including comprehensive mental health strategies and funding** which take into account the evidence about women and men’s differing mental health experiences.

6. PROVISION OF SOCIAL CARE

The global experience of other crises has demonstrated the ways in which women’s **unpaid care and reproductive labour has tended to act as a “shock absorber”**, with women picking up the pieces of a lack of state provision and private alternatives. These dynamics have entrenched assumptions about women’s roles as carers and doers of domestic labour.⁴⁴ **In a matter of weeks, it is already clear that the Covid-19 crisis has increased demand on an already under-valued, over-burdened and under resourced social care system, which is staffed largely by under-paid and over-worked women.** Its inability to cope with further strain, coupled with social distancing rules, has meant that additional unpaid work has spilled over onto women.

Social care services in Scotland

The number of adults in need of care by 2026 is projected to rise by 30 per cent in Scotland.⁴⁵ This is a hugely gendered issue, as women are the majority of social care service users, the majority of the underpaid workforce, and the majority of unpaid carers.⁴⁶

⁴³ R. Booth (2020) GP calls for action after 125 of her care home patients die of Covid-19. (The Guardian) Available at <https://www.theguardian.com/world/2020/apr/22/without-a-plan-its-not-going-to-stop-care-homes-fear-worst-yet-to-come-covid-19?CMP=share_btn_tw>

⁴⁴ S. Harman (2016) Ebola, Gender and Conspicuously Invisible Women in Global Health Governance (Third World Quarterly 37). Available at <<https://www.tandfonline.com/doi/abs/10.1080/01436597.2015.1108827>>

⁴⁵ Coalition for Carers in Scotland (2017) Manifesto for carers in Scotland. Available at <<https://www.sharedcarescotland.org.uk/wp-content/uploads/2017/04/CarerManifesto2017FINAL.pdf>>

⁴⁶ Engender (2020) Submission of evidence to the Scottish Parliament Health and Sport Committee on social care. Available at <<https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-to-the-Scottish-Parliament-Health-and-Sport-Committee-inquiry-on-Social-Care---Feb-2020.pdf>>

Last month, the Scottish Government asked local authorities to increase social care support and agreed to cover the additional costs to increase support and staff capacity.⁴⁷ However changes introduced as part of the Coronavirus (Scotland) Act 2020 removed the requirement on local authorities to carry out social care needs assessments. Despite assurances that the “intention of the power is to ensure that the service can continue to be provided, and in a more expedited way”⁴⁸ Scottish Care has commented that “Social work assessments are not being carried out as planned, therefore delaying or limiting the provision of new or additional support to individuals who require it.”⁴⁹

An investigation by BBC Scotland has also shown that since the beginning of the Covid-19 crisis **many of Scotland's health and social care partnerships have made large reductions in the number of clients who have home care packages**, with Glasgow reducing home-care by 34 per cent.⁵⁰ The Health and Social Care partnership reported a reduced capacity of almost 40 per cent in its care staff. The shortage of sufficient and adequate PPE is causing additional anxiety among frontline staff.⁵¹ Plans to expand testing to include all social care workers are extremely welcome but must be accelerated. Additionally, it has already been recognised that there could be a serious knock on effect for women in key industries such as social care from school closures, which will further reduce staff presence at an acute period of demand. This has consequences for wellbeing – during the SARS outbreak nurses reporting immense personal costs and pressures due to feeling ‘sandwiched’ between personal and professional responsibilities.⁵²

The chronic under-funding of social care cannot be de-coupled from the traditional highly gendered view of care as ‘women’s work’, and the undervaluing of care as a specific skill. However, the Covid-19 crisis demonstrates the urgent need to ensure

⁴⁷ Scottish Government (March 2020) Social care at heart of response to coronavirus (COVID-19) Available at: <https://www.gov.scot/news/social-care-at-heart-of-response-to-coronavirus/>

⁴⁸ Official Report (2020) 24 April 2020, COVID-19 Committee (Draft) (Scottish Parliament) Available at <<http://www.parliament.scot/parliamentarybusiness/report.aspx?r=12614&i=114082&c=2253461#ScotParlOR>>

⁴⁹ BBC Scotland (2020) Coronavirus: Home care workers left 'unfairly exposed'. (BBC). Available at <<https://www.bbc.co.uk/news/uk-scotland-52368808>>

⁵⁰ BBC Disclosure (2020) 'I have lost care support because of coronavirus'. (BBC). Available at <<https://www.bbc.co.uk/news/uk-scotland-52415302>>

⁵¹ 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/>>

⁵² E. Holroyd, C. McNaught (2008) The SARS crisis: reflections of Hong Kong nurses. (International nursing review 55.1)

that social care services are sustainable and make changes to address the adequacy of its resources.⁵³

- In the short term, funding and testing is welcome, but a strategy for the medium and long run sustainability of social care is needed.

Women's provision of unpaid care

As pressure on the social care system unpaid carers will deliver more, often with the uncertainty as to what happens if they themselves become ill. Between 59 per cent and 70 per cent of unpaid care is delivered by women in Scotland, worth approximately £10.8 billion to the economy per annum,⁵⁴ and women are twice as likely as men to give up work to carry out unpaid care.⁵⁵ Women in their 50s and 60s are most likely to provide care for another person.⁵⁶ Carers UK suggests that many carers also have long-term health problems or disabilities.⁵⁷

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. While the results are not disaggregated by sex, 81 per cent of total respondents described themselves as female.⁵⁸ Carers are reporting to Engender that they feel abandoned as the system struggles to cope, and that lack of resilience in the social care system is proving a considerable source of stress for them, their families and recipients of care.⁵⁹

Public messaging about COVID-19 has not so far taken account of carers' needs, and carers have been very uncertain about what support is in place for them to access protective personal equipment, food, prescriptions, and routine healthcare.

⁵³ BBC Women's Hour 18 March 2020 Available at: <https://www.bbc.co.uk/sounds/play/m000gbf1>

⁵⁴ Carers UK (2015) Valuing carers 2015 Available at: <https://www.carersuk.org/for-professionals/policy/policylibrary/valuing-carers-2015>

⁵⁵ Skills for Care (2012) Carers Matters – Everybody's business Available at: <https://www.skillsforcare.org.uk/Documentlibrary/Skills/Carers/Partthree.pdf>

⁵⁶ C. Skopeliti (2019) Older female workers 'twice as likely as men' to be informal carers. (The Guardian.) Available at <<https://www.theguardian.com/society/2019/mar/15/older-female-workers-twice-as-likely-to-be-informal-carers-ons-report>>

⁵⁷ Carers UK (2019) Facts about carers. Available at <https://www.carersuk.org/images/Facts_about_Carers_2019.pdf>

⁵⁸ 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>>

⁵⁹ Scottish Care (March 2020) A thought piece on Coronavirus from our CEO Donald Macaskill. Available at: <http://scottishcare.org/i-dont-know-what-people-are-worrying-about-its-just-going-to-kill-the-old-folks-a-thought-piece-on-coronavirus-from-our-ceo-donald-macaskill>

The Office for National Statistics has produced a number of publications on the impact of Covid-19 on work, care, and household finances but these are not sex-disaggregated and do not appear to take into account the gendered distribution of care.⁶⁰

The majority of unpaid carers in Scotland are not eligible for carers allowance because they earn more than £128, or are in receipt of a pension. Some carers are sharing with us that they have felt or are unable to work safely outside the home, leading them to give up work or take furlough where they cannot work from home. Additionally, carers have been tasked with the responsibility for purchasing PPE, with government advice providing “Carers who need PPE based on the guidance should access it through their normal routes, and *if unavailable* [our emphasis] should contact your local authority or local carers’ centre.”⁶¹

- **Carers who need PPE for whatever reasons should be provided it free of charge as with staff in the NHS and social care system.**
- **Carer’s Allowance be reformed to ensure a Real Living Wage for Carers,** which can be accessed on a full-time or part-time basis, enabling carers to undertake paid work or education without losing their allowance.
- In the immediate term, **both the UK and Scottish Government should look to make an additional crisis payment through Carer’s Allowance and / or the Carer’s Allowance Supplement.**

Carers also need to be able to access testing programmes in a way that is a safe and recognises the competing demands on their time. **Carers should be a priority for home testing as soon as procedures are in place to fulfil its roll out.**

7. CHILDCARE

The gendered allocation of childcare sees women continue to provide the majority of primary care for children.⁶² According to a 2015 time-use survey for the UK,

⁶⁰ The Office for National Statistics (2020) Coronavirus and the social impacts on Great Britain: 23 April 2020 <<https://www.ons.gov.uk/releases/coronavirusandthesocialimpactsongreatbritain23april2020>>

⁶¹ Scottish Government (2020) Coronavirus (COVID-19): unpaid carers providing personal care. Available at <<https://www.gov.scot/publications/coronavirus-covid-19-advice-for-unpaid-carers-providing-personal-care/pages/where-to-get-ppe/>>

⁶² 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/>

women do 27 hours per week of home production on average, while men do 16 hours on average.⁶³

Many will increasingly be affected by school closures, and requirements to balance paid work with increasing childcare and providing support to their children's learning. **Lone parents will be particularly impacted by school closures, making it even more difficult to either work from home or to find work.** Alternatives such as grandparent care or paid childcare are unlikely to be available as a result of the requirement for social distancing.

To date, childcare responsibilities during the crisis are the most commonly raised strain women are raising with Engender directly.⁶⁴ **However, official data has failed to take into account women's already higher childcare burden** and fails to distinguish between the time spent by men and women on home-schooling nor the baseline responsibility for providing care to the children in the home. Additionally, 20.3 per cent of UK households with dependent children (aged 15 or below) are headed by single mothers, which is masked by the top-line figures.⁶⁵ Such information would **require more gender sensitive data collection and analysis processes and comprehensive time use data throughout the crisis.**

Other information suggests women's responsibility for childcare has increased dramatically. **One study shows that, during the current lockdown, mothers are doing an extra 90 minutes of childcare on a typical workday relative to men.**⁶⁶ Evidence specific to academia indicates that women academics, many of whom are still able to work from home and therefore balancing paid work and childcare, are making considerably lower submissions to journals while their male counterparts are making more submissions than normal.⁶⁷ **These patterns are likely to be replicated across the labour market, and have worrying implications for women's workplace equality.**

⁶³ EU Harmonised Time Use Surveys, HETUS 2010 (round 2, 2008-2015), J. Gershuny, O. Sullivan (2017) United Kingdom Time Use Survey, 2014-2015. [data collection]. (UK Data Service. SN: 8128, Institute of Social and Economic Research. University of Oxford.)

⁶⁴ Engender (2020) Covid-19 and women's equality. Available at <<https://www.engender.org.uk/Covid-19>>

⁶⁵ C. Hupkau, B Petronglo (2020) COVID-19 and gender gaps: Latest evidence and lessons from the UK. (VOX CEPR Portal.) Available at <<https://voxeu.org/article/covid-19-and-gender-gaps-latest-evidence-and-lessons-uk>>

⁶⁶ A. Adams-Prassl, T Boneva, M Golin, C Rauh (2020). Inequality in the impact of the coronavirus shock: Evidence from real-time surveys. (Mimeo)

⁶⁷ C. Flaherty (2020) No Room of One's Own. (Inside Higher Ed.) Available at <<https://www.insidehighered.com/news/2020/04/21/early-journal-submission-data-suggest-covid-19-tanking-womens-research-productivity>>

The initial evidence suggests that UK Government's Job Retention Scheme (furlough) is failing women. Firstly, despite public discourse, **furlough is not a right and must be jointly agreed with employer**. Women are telling us that their employers are not considering furlough requests where care or childcare is involved. **Widespread inflexible working practice shows that many employers do not support women to balance their work with childcare, and in the current context may not furlough their female employees for this reason.**⁶⁸ Secondly, there is a **lack of awareness** among employers that **furlough can be used by employees with caring responsibilities**.

Engender would therefore urge the UK Government to:

- Make provisions for **part-time furlough leave** in the Job Retention Scheme.
- **Raise awareness** of the furlough provisions for employees with caring responsibilities with employers in Scotland.

8. POVERTY AND SOCIAL SECURITY

Poverty is a significantly gendered phenomenon, with women more likely to live in poverty than men.⁶⁹ It is well recognised that the measures in place to mitigate against Covid-19 pose a serious risk to incomes and job security, with businesses across the UK closed to facilitate the national lockdown. The introduction of the UK Government's Job Retention Scheme (furlough) is extremely welcome in protecting jobs in the short to medium term, but it has not prevented employers from making staff unemployed or reducing hours before the announcement of the scheme or sometimes in spite of it.⁷⁰ Household claims for Universal Credit in Scotland have increased from an average of 20,000 per month in 2019 to over 110,000 between 1 March and 7 April.⁷¹

⁶⁸ Close the Gap and Engender (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>>

⁶⁹ UK Government (2019) National Statistics Households below average income: 1994/95 to 2017/18. Available at <<https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201718>>

⁷⁰ See J. Leslie (2020) The economic effects of coronavirus in the UK Utilising timely economic indicators. Available at <<https://www.resolutionfoundation.org/app/uploads/2020/04/The-economic-effects-of-coronavirus-in-the-UK-fast-indicators-5th-ed.pdf>>: "Web searches [for unemployment related terms] have now fallen back closer to levels seen on average during 2019... However, they are still elevated and rose slightly this week, suggesting that businesses are continuing to lay-off staff or are permanently closing."

⁷¹ Scottish Government (2020) More than 110,000 Universal Credit claims since coronavirus outbreak. Available at <<https://www.gov.scot/news/additional-110-000-universal-credit-claims-since-coronavirus-outbreak/>>

Social security

The UK ‘welfare’ system consistently fails women in a number of ways, working instead to maintain and exacerbate women’s economic and social inequality. The design of social security has profound implications for women’s capacity to be in paid work, and in their experience of poverty once they are employed. DWP figures show that 35 per cent of UC claimants are in employment of which 64 per cent are women, and two-thirds of workers earning less than the living wage are women.⁷²

Engender has worked to highlight these failings over the past decade and work with both Scottish and UK stakeholders to implement changes which would ensure women and their dependent children have an adequate and dignified standard of living.⁷³ The **two-child limit** frames children as a product of women’s irresponsibility and punished them for failing to predict a family’s future circumstances, while the **so-called ‘rape clause’ undermines women’s dignity and privacy** in requiring them to avoid deeper poverty through revealing a trauma in a time and circumstance not of their choosing.

Women are also over-represented amongst those who have been impacted by the **benefit cap** as they face significant and persistent barriers to the labour market.⁷⁴ The stated aims of the cap to incentivise people to move into work, represents a **narrow conception of ‘work’** which focuses on labour market participation and ignores the vast quantity of unpaid work carried out by women. The benefit cap extends conditionality to households that are unable to undertake paid work, including lone parents with very young children.⁷⁵

Both the benefit cap and two-child limit have particular consequence for women from particular ethnic groups, refugee women and women from some faiths who are statistically more likely to have larger families.⁷⁶ The £20 increase in the standard

⁷² Department of Work and Pensions (2020) UC Statistics: Data to 12 March 2020

⁷³ Engender (2016) Securing Women’s Futures. Available at <<https://www.engender.org.uk/content/publications/Securing-Womens-Futures---using-Scotlands-new-social-security-powers-to-close-the-gender-equality-gap.pdf>>

⁷⁴ Citizens Advice Bureau (2015) Citizens Impact Assessment: Lowering the Benefit Cap. Available at <[https://www.citizensadvice.org.uk/Global/CitizensAdvice/welfare%20publications/Benefit%20Cap%20Impact%20Assessment%20\(1\).pdf](https://www.citizensadvice.org.uk/Global/CitizensAdvice/welfare%20publications/Benefit%20Cap%20Impact%20Assessment%20(1).pdf)>

⁷⁵ Engender (2016) Securing Women’s Futures. Available at <<https://www.engender.org.uk/content/publications/Securing-Womens-Futures---using-Scotlands-new-social-security-powers-to-close-the-gender-equality-gap.pdf>>

⁷⁶ Engender (2018) Engender submission of evidence on the two-child limit for Tax Credits & Universal Credit to the Scottish Parliament Social Security Committee. Available at

allowance introduced by the UK Government in response to the crisis is broadly to be welcomed, but falls far short of what is needed to live in dignity and does not begin to mitigate the cumulative impact of four years of the benefits freeze.

The Universal Credit payment itself undermines women's equality and rights. Since UC was first proposed, **Engender has consistently argued that the single payment entrenches inequality between partners in a relationship, is a regression in women's rights to an individual income and puts women at an increased risk of domestic abuse and financial coercion by restricting access to resources.**⁷⁷ It makes assumptions about the ways families manage household finances which particularly disadvantage women, who are less likely to have access to other forms of income.⁷⁸

Additionally, **the five-week wait in advance of the first UC payment forces families into arrears before their first payment** and there is evidence that non-means tested benefits, including child benefit and carer's allowance, are acting as a safety net in these circumstances.⁷⁹

These are just some of the failings of the system that must be addressed in the medium to long term. We would also highlight the **startling low level of Carer's Allowance** rates - just £66.15 per week (plus the twice yearly £221 supplement in Scotland) and only where the carer's earnings are £128 or less a week after tax, National Insurance and expenses.⁸⁰

It is now inevitable that many, **many women are being, and will in the coming months be, exposed to the harms of the system. Many will not have anticipated becoming reliant on the social security system**, and will have families of more than two children with previous outgoings that rest far above the benefit cap level. Many will not have planned for the five-week-wait. Many will be faced with conditionality measures and sanctions, although these have been temporarily relaxed. **This crisis**

<https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-on-the-two-child-limit-on-Tax-Credits-and-Universal-Credit-to-the-Scottish-Parliament-Social-Security-Committee.pdf>

⁷⁷ Engender (2016) Gender Matters in Social Security: Individual Payments of Universal Credit. Available at <<https://www.engender.org.uk/content/publications/Gender-matters-in-social-security---individual-payments-of-universal-credit.pdf>>

⁷⁸ Scottish Government (2017) Analysis of Written Responses to the Consultation on Social Security in Scotland (Supplementary Analysis). Available at <<https://www.gov.scot/publications/analysis-written-responses-consultation-social-security-scotland/>>

⁷⁹ Women's Budget Group (2019) Women's Budget Group submission to Labour National Policy Forum: Rebuilding a just social security system. Available at <<https://wbg.org.uk/analysis/submission-to-the-labour-party-national-policy-forum-2019-consultation/>>

⁸⁰ UK Government. Carer's Allowance. Available at <<https://www.gov.uk/carers-allowance/eligibility>>

demonstrates starkly the hypocrisies and prejudices of the social safety net we have in the UK and the impossibility of planning for any all circumstances.

The UK Government must:

- Immediately and permanently **end the two-child limit, the benefit cap and five-week wait.**
- Make **emergency uplifts to the rate of Carer's Allowance** to mitigate against immediate hardship for carers unable to work outside the home
- In view of measures to address child poverty, as well as the evidence that child benefit is becoming a resource of last resort and the evidence relating to women's access to resources as primary carer, **child benefit should be increased by, at minimum, £10 per week.**

Over the coming months, the UK Government **should**

- **Undertake a full review of its 'welfare' system with a view to assessing the gendered impacts** of its design and **proposing radical reforms which reinstate the link between income and need.**

The failings of Universal Credit have been well-made and evidenced by organisations across the UK, and with the current crisis accelerating so-called natural migration to UC even as further rollout of managed migration was paused, this crisis is the necessary moment to act. Proposals **must include automatic individual payments to recipients**, with entitlements relating to children allocated to the main carer and elements for disability, unpaid carers and housing dispersed accordingly.

While welcome announcements from the Scottish Government which have sought to increase funding for third sector organisations providing community crisis care, **less thinking has landed on cash transfers to prevent deepening poverty and destitution.** This is clear from Local Authority actions to provide free school meals during school closures, which are not managed centrally and have resulted in a wide range of practices, including voucher schemes for specific outlets, cash payments and collection or delivery of foodstuffs.

- The UK and Scottish Governments should **work to introduce more tailored permanent support in the form of new benefits and increased income replacement rates** which enable women and their children to live securely above the poverty line.

Housing

Women's access to safe and secure housing remains weak.⁸¹ The economic and social shocks of the COVID-19 pandemic put women at an increased risk of homelessness and insecure or unsuitable housing, especially if earnings are disrupted for many months and there is no suspension of evictions and/or rent holidays.

Government support for mortgage owners has not been matched with support for renters. Scotland has introduced moratoriums of evictions proceedings as part of the Coronavirus (Scotland) Act, which is to be welcomed. However, it does not prevent evictions at the end of extended notice period where somebody is unable to work or has lost their job due to the lockdown. **The disparity in protection between mortgaged owners and renters is a gendered issue**, as across the UK, 10 per cent of single women hold mortgages compared with 17 per cent of single men.⁸²

While homelessness is often perceived as a traditionally male phenomenon, more recent analysis has demonstrated that increasing numbers of young women, single women, women who have experienced violence and women with children are entering homeless services.⁸³ **No woman should be housed in unsuitable accommodation during this crisis.** The lockdown intensifies the difficulties of living in over-crowded, insecure and inappropriate housing. Women from minority ethnic groups are overrepresented among hostel and B&B residents.⁸⁴ Efforts to find and support homeless people into temporary accommodation demonstrate the ability of national and local services to mobilise in response to rough sleeping,⁸⁵ although women who are homeless are less likely than their male counterparts to be rough sleeping.⁸⁶

⁸¹ Engender (2020) A Woman's Place: Gender, Housing and Homelessness in Scotland Available at: <https://www.engender.org.uk/content/publications/A-WOMANS-PLACE---GENDER-HOUSING-AND-HOMELESSNESS-INSCOTLAND.pdf>>

⁸² UK Women's Budget Group (2018) Housing and gender: Briefing from the UK Women's Budget Group on the gender impact of changes in housing policy since 2010 (UKWBG). Available at < <https://wbg.org.uk/analysis/2018-wbg-briefing-housing-and-gender/>>

⁸³ Ibid

⁸⁴ Engender (2020) A Woman's Place: Gender, Housing and Homelessness in Scotland Available at: <<https://www.engender.org.uk/content/publications/A-WOMANS-PLACE---GENDER-HOUSING-AND-HOMELESSNESS-INSCOTLAND.pdf>>

⁸⁵ Scottish Government (2020) Coronavirus (COVID-19): information for homelessness services. Available at <<https://www.gov.scot/publications/coronavirus-covid-19-homelessness/>>

⁸⁶ Engender (2020) A Woman's Place: Gender, Housing and Homelessness in Scotland Available at: <https://www.engender.org.uk/content/publications/A-WOMANS-PLACE---GENDER-HOUSING-AND-HOMELESSNESS-INSCOTLAND.pdf>>

- The reasonable excuses for leaving a residence during the lockdown include the need move house where reasonably necessary,⁸⁷ **there is a need to ensure that this is communicated to specifically women experiencing domestic abuse.**

Women with No Recourse to Public Funds (NRPF)

Women with NRPF are some of the most vulnerable women during this crisis and all times. The NRPF rule leave migrant women at a real risk of destitution, discrimination and social exclusion as well as creating risks of exploitation, trafficking and abuse. Even where women with NRPF are permitted either narrowly or temporarily to access a particular service, we know that may do not because of the fear of consequence for them and their families. This has serious issues for their own safety as well as any public health management of the pandemic.

- The UK Government should ensure that **No Recourse to Public Funds is immediately and permanently ended so that women and their families have some security and safety net throughout this crisis.**

9. VIOLENCE AGAINST WOMEN AND GIRLS

The Scottish Government reacted quickly to evidence showing that calls to domestic abuse services had increased dramatically over the lockdown periods in China and Italy,⁸⁸ and **announced funding of just over £1.5 million** to Support Scottish Women's Aid and Rape Crisis Scotland managed increased demand on their services.⁸⁹ Despite Scotland's significantly smaller population size, funding of just £2 million has been announced for services in England.

Engender has previously recommended that all emergency responses in Scotland to tackle domestic abuse are planned in partnership with Scottish Women's Aid and we would support similar recommendations from organisations in the rest of the UK.

⁸⁷ The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. Available at <<http://www.legislation.gov.uk/ukxi/2020/350/regulation/6/made>>

⁸⁸ BBC 'Coronavirus: Five ways virus upheaval is hitting women in Asia cites Feng Yuan, the director of Beijing-based women's rights non-profit Weiping, who said the organisation had received three times as many inquiries from victims than they did before quarantines were in place. Available at: <https://www.bbc.co.uk/news/world-asia-51705199>

⁸⁹ Scottish Government (2020) Support for victims of domestic violence during COVID-19 outbreak. Available at <<https://www.gov.scot/news/support-for-victims-of-domestic-violence-during-covid-19-outbreak/>>

Interactions with health and education services are typically crucial in identifying suspect cases, and these services will have seriously limited interaction with victims. In Spain, a system is developing where women experiencing gender-based violence while under national lockdown can alert their local pharmacy, as pharmacies are one of the few places able to open.⁹⁰

Engender has long noted the risk that the single-household payment of Universal Credit places on women experiencing domestic abuse, in that **finances can more easily be controlled by an abusive partner**. With many more people likely to depend on Universal Credit, women are at further risk of increased economic dependency and abuse.

- The UK Government must ensure that **individualised financial support is available to everybody effected by the crisis on an equal basis**.

10. GENDER AND DIGITAL EXCLUSION

As so much of our participation moves online, **the UK must include digital exclusion as a key concern in preventing inequality**. Women are more likely than men in the UK to be described as internet non-users⁹¹ and 61 per cent of those lacking basic digital skills are women.⁹² Older women and low income women are at particularly high risk of digital exclusion and having no digital skills. These groups are more likely to be exposed to particularly expensive ‘pay-as-you-go’ tariffs because they cannot afford Wi-Fi or fixed-term contracts, causing further problems with things like **online shopping for shielding purposes and applying for social security entitlements**.

The present lockdown **increases demand on a household’s digital resources** even where its members are equally proficient, as children of various ages require access to technology and internet access to undertake schoolwork and adults are working from home. This raises questions about the sufficiency of tech and its fair distribution. Gendered patterns cannot be ignored here. We know that women’s

⁹⁰ See more information at: <https://www3.gobiernodecanarias.org/noticias/las-mujeres-victimas-de-violencia-de-generopodran-dar-una-alerta-en-clave-en-las-farmacias-de-las-islas/> (In Spanish)

⁹¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/articles/exploringtheuksdigitaldivide/2019-03-04#how-does-internet-usage-and-digital-exclusion-vary-for-men-and-women>

⁹² https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/LB-Consumer-Digital-Index-2018-Report.pdf

tendency to act as household managers means that they are more likely to go without resources so that others in the family may have.⁹³

These trends suggest that digital exclusion combined with social distancing poses a risk of further inequality and loneliness for particular groups of women – poor women, mothers, carers, BME women and older women. Women without internet access and who are experiencing domestic abuse are a huge concern. A lack of access to the internet is not only socially isolating but is likely to **exacerbate workplace inequality**, with women under further pressure and already balancing childcare and paid work.

11. CONCLUSION

This briefing has set out the broad range of issues that have emerged pertaining to women's inequality during the first weeks of the UK's management of Covid-19. Engender is developing work around a gendered and feminist economic recovery. We hope to be able to set this out in the coming weeks as to inform future stages of the crisis-management.

Inevitably, this pandemic will remain a serious and evolving issue, with phased recovery and cycled periods of response. The scale of the potential impact for women's equality is enormous. It is therefore vital that as the full range of measures to implement mitigation and recover are developed, gender is a key and foremost consideration, otherwise decades of slow progress for women's equality will be lost.

FOR FURTHER INFORMATION

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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.

⁹³ WiSE and Save the Children (2012) Child Poverty and Mothers' Employment Patterns – Exploring Trends