

SCOTTISH COVID-19 INQUIRY

Written Statement of Catherine Murphy on behalf of Engender

I, Catherine Murphy, will say as follows:

1. I am the Executive Director of Engender.
2. I joined Engender as Executive Director in March 2022. I have worked in the voluntary sector for two decades. I previously held roles at organisations including Terrence Higgins Trust and Amnesty International, where I focused on equality, human rights and public health. During the COVID-19 pandemic, I worked as a freelance consultant advising a range of international non-governmental organisations.
3. This organisational statement is made on behalf of Engender.

Introduction

4. Engender is a leading feminist policy and advocacy organisation in Scotland. It is part of the 'Scottish Women's Rights Organisations' (SWRO), a coalition of women's rights organisations, and has been designated as a Core Participant in the Scottish COVID-19 Inquiry.
5. On 2 November 2023, I gave oral evidence at an Inquiry hearing with Dr Marsha Scott, Chief Executive Officer of Scottish Women's Aid, on behalf of the SWRO.
6. Engender's vision is for a Scotland where women and men have equal life opportunities, access to resources and power, and are equally safe and secure from harm. Engender works with Scottish, UK and international policymakers to ensure that systemic inequality between women and men is made visible and addressed. Engender has worked in Scotland for 30 years as a membership organisation to advance equality between women and men, producing research, lobbying decision-makers and

empowering women to campaign for change. Engender's policy and advocacy work includes communicating reports, briefings and relevant evidence to parliamentarians, Ministers, civil servants and decision-makers within the Scottish Government and Parliament on key issues impacting women in Scotland.

7. Engender uses an intersectional feminist approach, which is one that recognises that overlapping oppressions impact women's lives differently, resulting in poorer equality outcomes for marginalised women. Our work seeks to identify the specific impacts of economic deprivation on some women and the multiple discriminations faced by Black and minority ethnic women (BME), disabled women, LGBT+ women, carers, refugee and migrant women, and older and younger women. As a registered Scottish charity (Charity Number SC029053), the organisation comprises an experienced board of trustees and a small staff team.
8. This statement summarises the key issues and impacts of the pandemic on women's lives in Scotland, identified by Engender throughout the COVID-19 outbreak. Where possible, specific impacts on marginalised groups of women are highlighted. However, this has proved challenging due to a significant lack of data, evidence, and research exploring the impacts of intersectional discrimination and disadvantage. The Inquiry can ensure that specific experiences of marginalised women are captured by working with a range of gender-competent equality organisations across Scotland's civil society sector.
9. I did not work for Engender during the pandemic. Several staff members who worked closely with Scottish Government decision-makers during this period, and who produced relevant research and reports, no longer work with Engender. Current staff have gathered a range of relevant internal and publicly available material to inform the content of this statement. To the best of my knowledge, the information shared within this statement represents the organisation's work and the learning it gathered during the COVID-19 pandemic.
10. Where possible, I have sought to include comments on whether gender was adequately considered in the Scottish Government's policy responses to the pandemic. These comments are informed primarily by analysis undertaken by previous Engender employees. However, I also draw from the expertise of other partner organisations in Scottish and UK civil society that scrutinised Government policymaking during this period.

11. The statement also contains testimony from women, quoted throughout, who shared their experiences directly with Engender during the pandemic in three main ways. Primarily, women directly shared real-time information with us about the pandemic's impact on their everyday lives through an online portal on our website called #WomenCovidScot (Exhibit CM/1).¹ The project ran throughout 2020 and 2021 and received 59 submissions. Engender also conducted a survey called 'Our Bodies, Our Rights in Lockdown' in March 2021 to gather the experiences of disabled women regarding the provision of services during lockdown (Exhibit CM/2).² This was designed in partnership with People First (Scotland)³, a member-led Collective Advocacy organisation that supports people who identify as having a Learning Disability. A total of 126 responses were received. We also partnered with the Health and Social Care Alliance Scotland (the ALLIANCE) to undertake a survey to find out women's experiences accessing pregnancy and maternity services in Scotland at the height of the COVID-19 pandemic between March 2020 and November 2022. The survey received 202 responses. These were collated, analysed and published in a report in September 2023 (Exhibit CM/3).⁴

Summary of Engender's key points

12. When COVID-19 reached Scotland and the rest of the UK in early 2020, Engender's work advocating for feminist policymaking increased in volume and urgency. We highlighted the gendered dimensions and impact of the virus' spread and the attempts to curb it. At that early stage, it became clear to Engender, and organisations across the Scottish and UK's women's sectors, that the consequences of the COVID-19 pandemic for women would extend far beyond the immediate public health concerns due to existing structural gender and intersecting inequalities. This historic and embedded inequity is caused by gendered norms and practices entrenched in our institutions and systems, which shape our social, economic and cultural conditions. These patterns create and perpetuate disadvantages for women in society relative to men.

¹ This portal is available on Engender's website at: <https://www.engender.org.uk/Covid-19>

² Engender (2021) Blog, Our Bodies, Our Rights.

³ See: <https://peoplefirstscotland.org/>

⁴ Engender and ALLIANCE (2023) Trauma, abandonment and isolation: experiences of pregnancy and maternity services in Scotland during COVID-19, September 2023.

13. For example, women experienced increased unpaid care work during lockdowns and found their precarious work-life balance under more significant strain. We witnessed a resurgence in unrealistic expectations around motherhood and women's caregiving, that it had taken several decades of gender equality initiatives to erode. Women were often overwhelmed as their unpaid care responsibilities expanded into homeschooling, socially distanced emotional care and support, and online family management. Women were also more likely to be employed in low-paid, insecure work and frontline roles. As a result, many women were working in roles with high-risk of exposure to COVID-19 and/or with the threat of financial insecurity if they became unable to work through illness or the burden of caring responsibilities.
14. From 2020 to 2021, most of Engender's policy work related to COVID-19. The organisation worked to understand the impact of the pandemic over time on women's lives and shared information and analysis with the Scottish Government and Parliament. Engender scrutinised and provided feedback on actions taken by the Scottish Government to protect Scotland's population, to try and ensure that the potential adverse impact on equality would be considered and mitigated to the greatest extent possible. This included lobbying for the Scottish Government's pandemic response to be gendered (i.e., to take account of and be responsive to issues related to women's equality). We deemed this necessary as it was clear that gender equality was not an immediate consideration in the UK response – demonstrated, for example, by the fact that the UK-wide job retention scheme did not initially recognise caring roles (Exhibit CM/4).⁵
15. Engender also collaborated with women's sector and civil society organisations to create evidence showing how responses to the pandemic deepened gender inequality. For example, we worked with The Fawcett Society, UK Women's Budget Group, Close the Gap, WEN Wales and the Northern Ireland Women's Budget Group to deliver research analysing the initial impact of COVID-19 on women across the four nations (Exhibit CM/5).⁶
16. Engender's work demonstrated how COVID-19 exacerbated the myriad ways women are still unequal in Scotland. The pandemic brought into sharp focus the issues of gender inequality that the women's sector has been working on for decades. These

⁵ Engender (2020) Annual Report 2020-21.

⁶ Briefing (2021) The impact of the coronavirus pandemic on young women on low incomes.

include weaknesses in the social security system and the inadequacy of financial support, the inequitable scale of women's unpaid care work, endemic violence against women, the way that women can experience exclusion from economic decision-making within households, and the lack of women's and diverse voices in our democratic and decision-making processes. Notably, the pandemic made clear the importance of the feminist movement in advocating for women and marginalised people during national crises.

17. Scotland has an implementation gap on gender equality caused by historically poor prioritisation, underfunding, delays and weaknesses in the delivery of political commitments to progress women's equality. This is particularly pronounced in relation to commitments to develop effective gender mainstreaming approaches (see further at paragraph 25 below). This has resulted in slow cultural change in Government and public bodies, and a lack of meaningful progression of substantive gender equality for women. This context means the skills, competence and infrastructure required for appropriate responses to COVID-19, which could have effectively prioritised women's equality, were severely lacking. The pandemic response in effect further de-prioritised gender and other equality considerations, resulting in disproportionate impacts across society that could have been avoided.
18. Besides a lack of resources in the policymaking sphere to adequately shape pandemic responses using a gender mainstreaming approach, public services had already been heavily impacted by over a decade of austerity policies implemented by the UK government. Before the pandemic, vital services across health, social care, housing and many other public functions were already unable to meet the significant needs of Scotland's most marginalised and vulnerable communities (see Exhibit CM/6).⁷ As many organisations working on the frontlines of the pandemic have made clear, their ability to respond to COVID-19 - delivering far beyond what would usually be expected - occurred despite available resources rather than because of them (see Exhibits CM/7 and CM/8).⁸
19. The pressure on public sector budgets had already deepened gender inequality in Scotland in several areas before the pandemic. Women are more likely to be impacted

⁷ Joseph Rowntree Foundation (2020) Destitution in the UK.

⁸ Inclusion Scotland, Rights at Risk (2020) Covid-19, disabled people and emergency planning in Scotland; Glasgow Disability Alliance (2020) Supercharged: A Human Catastrophe Inequalities, Participation and Human Rights before, during and beyond COVID-19.

by underfunding and reductions in public services and support (Exhibit CM/9).⁹ For example, 86% of net 'savings' from social security payments and public services between 2010 and 2020 are estimated to have come from women's incomes (Exhibit CM/10).¹⁰ Women are also more likely to work in roles that have seen stagnating wages and reduced stability due to cuts in funding of frontline public services. Women represent around two-thirds of public sector workers, making up 74% of the local government workforce (Exhibit CM/11).¹¹ There is extensive evidence of how chronic lack of investment in social care led to risks for disabled people, older people and other vulnerable groups in receipt of services, as well as those supporting them (see Exhibits CM/7, CM/8, CM/12 and CM/13).¹²

20. Engender's work on COVID-19 demonstrated that women and marginalised groups were not adequately considered in Scottish policymaking and implementation. The pandemic led to erosion and rollbacks in hard-won progress on gender inequality, which the subsequent cost-of-living crisis has exacerbated. This has exposed the need for significant longer-term action and investment to ensure gender mainstreaming approaches are embedded to improve decision-making at all levels across the public sector.
21. There were apparent failings in collecting and using appropriate data and gender analysis to inform policy decisions during the pandemic. This includes a lack of intersectional analysis to allow consideration of the specific experiences of, and overlapping impacts on, marginalised women, such as BME women, disabled women, and young women. While Engender welcomed instances where positive actions were taken, there were many instances of repeating recommendations over months with seemingly little effect (for example, see below in relation to the Scottish Government's Recovery planning and unpaid care).
22. It is crucial that the Inquiry ascertains why this happened, especially since tackling gender inequality has remained a stated priority of the Scottish Government both before

⁹ Women's Budget Group (2019) Triple Whammy: the impact of local government cuts on women.

¹⁰ Women's Budget Group (2016) The impact on women of the 2016 budget: Women paying for the chancellor's tax cuts.

¹¹ Scottish Government (2020) Public sector employment in Scotland: web tables.

¹² Scottish Human Rights Commission (2020) COVID-19, Social Care and Human Rights: Impact Monitoring Report; Equality and Human Rights Commission (2020) Equality in residential care in Scotland during coronavirus (COVID-19).

and during the pandemic. We need to better understand why commitments to promote equality and protect the most marginalised fail to be realised through decision-making and policy implementation.

23. As part of this investigation, the Inquiry must apply gender expertise to properly assess the Scottish Government's use of gender analysis in decision-making, gender-related data and Equality Impact Assessments throughout the pandemic. In this statement, I have set out Engender's recommendations and suggested lines of questioning to assist the Inquiry alongside those provided by our partners in the SWRO. However, these alone will not fully enable the Inquiry to assess the Scottish Government's gendered approach. We would strongly recommend and support retaining specific gender expertise within the Inquiry.

Gender Mainstreaming and Decision-making

24. Before the pandemic, existing structural gender inequality meant there was an unequal division of power and resources between women and men, compounded by intersecting forms of inequality or disadvantage for different communities of women. Scottish policymaking did not adequately recognise, mitigate, or seek to address these pre-existing inequalities during the pandemic. This is essentially the result of a historic lack of progress in embedding effective 'gender mainstreaming' approaches within the Scottish Government and Scottish public bodies.
25. The concept of 'gender mainstreaming' has existed since the mid-1980s and was established as the primary global strategy for promoting gender equality in the Beijing Platform for Action from the Fourth United Nations World Conference on Women in Beijing in 1995 (Exhibit CM/14).¹³ As defined by the United Nations Economic and Social Council (ECOSOC) in 1997 (Exhibit CM/15), gender mainstreaming is "*...the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's and men's concerns and experiences an integral dimension of designing, implementing, monitoring and evaluating policies and programmes in all*

¹³ UN Office of the Special Adviser on Gender Issues and Advancement of Women (2002) Gender Mainstreaming: an overview.

political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.”

26. International best practices and evidence on gender mainstreaming have existed for several decades. Duties for public bodies to progress this approach were further embedded in the UK context with the creation of the Equality Act 2010. This includes the public sector equality duty (see Exhibit CM/16)¹⁴, which requires all Scottish public bodies to embed equality approaches into decision-making. For example, public bodies must gather and use equality data, including gender-sensitive, sex-disaggregated data and use equality evidence when making decisions.
27. There are also international obligations to progress gender mainstreaming approaches in policymaking in the form of the UN Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW). The UK ratified CEDAW in 1986, committing to eliminate discrimination against women in all aspects of life and to respect, protect, promote and fulfil the human rights of women. In 2019, the UN’s CEDAW Committee expressed concern during its examination of the UK: *“regarding the lack of systematic collection of data, disaggregated by sex, gender, ethnicity, disability and age, in particular about intersecting forms of discrimination, to identify areas in which women lack substantive equality with men, inform policymaking and assess the impact of measures taken”* (Exhibit CM/17).¹⁵
28. In a briefing in March 2020, Engender called for gender mainstreaming approaches to be embedded in the Scottish Government’s response to the pandemic. This included a clear recommendation in early 2020 that the Scottish Government should ensure that crisis response planning teams had gender competence¹⁶ within their skillsets and that critical differences between men’s and women’s lives should be factored into all decision-making (Exhibit CM/18).¹⁷ Ensuring gender competence was also crucial to counter the lack of gender balance in the leadership of particular public sector departments and organisations relied on most heavily during the pandemic. We

¹⁴ EHRC Scotland (2016) Technical Guidance on the Public Sector Equality Duty: Scotland.

¹⁵ UN Committee on the Elimination of Discrimination against Women (2019) Concluding Observations on the Eighth Periodic Report of the United Kingdom of Great Britain and Northern Ireland.

¹⁶ 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.

¹⁷ Engender (2020) Briefing: Women and COVID-19, March 2020.

highlighted that women held only 30.4% of health service chief roles. In comparison, 77% of the NHS Scotland workforce are women (Exhibits CM/18 and CM/19).¹⁸ International evidence shows that equality is only considered when women and marginalised groups can participate in emergency response planning (Exhibits CM/18 and CM/20).¹⁹ However, it was our perception and those of other organisations within the women's sector that equality considerations were minimised or side-lined as a consequence of the crisis nature of the pandemic, which meant that there was not adequate time or resources to allow for mainstreaming work.²⁰

29. Engender's view by 2021 was that the Scottish Government's established bodies tasked with examining long-term responses to the pandemic had considered women's equality inconsistently and inadequately. We cite the work of the 'Advisory Group on Economic Recovery' (AGER) as an example (Exhibit CM/21).²¹ The AGER's remit covered issues relevant to gender inequality for women, such as employment, skills, enterprise and entrepreneurship, education, care and macroeconomics. However, the AGER's work generally failed to link any of these areas of inquiry directly with gender inequality considerations, for example, by examining aspects of the care sector but not recognising that women are more likely to be employed in the sector and to receive social care services.
30. Engender successfully advocated for a specific duty on Scottish Ministers to pay due regard to equality as part of emergency pandemic-related legislation in March 2020 (Exhibit CM/22).²² Engender subsequently welcomed the inclusion of a similar duty in the second Coronavirus (Scotland) Act, passed in May 2020. The duty required the

¹⁸ Ibid. See also Engender (2020) Sex and Power in Scotland 2020.

¹⁹ Hoffman, Sharona (2008) Preparing for disaster: Protecting the most vulnerable in emergencies UC Davis Law Review 42:1491.

²⁰ In evidence to the Inquiry on 2 November 2023, Dr Scott from Scottish Women's Aid recalled a meeting with a senior official during which she enquired about a supporting Equality Impact Assessment for decision-making relating to school hubs, to be told, "*we didn't have time for that and I won't apologise*" (SCI Day 6: p.73/7-21).

²¹ Engender (2021) Vision for a Feminist Recovery, Engender Manifesto for the Scottish Parliament Election 2021.

²² Engender Parliamentary Briefing: Coronavirus (Scotland) Bill, March 2020.

Scottish Government and its agencies to consider opportunities to advance equality and eliminate discrimination when implementing the Act.²³

31. However, Engender found little evidence of the Scottish Government and public bodies applying the equality duties contained in this legislation. Instead, Engender repeatedly highlighted instances where the Scottish Government and public bodies failed to comply with statutory mainstreaming obligations in evidence submitted to the Equality and Human Rights Committee in June 2020. We pointed to a reduction in compliance by Scottish public bodies with the Public Sector Equality Duty (PSED) in the first few months of the crisis (Exhibit MS/5).²⁴ As a result, the impact of the pandemic on women in areas including caring responsibilities, women's labour market participation, women's use of public space and transport, and men's violence against women, were largely obscured or marginalised in policy responses from the outset, across the public sector.
32. This situation was compounded by the creation of the UK Coronavirus Act and the decision of the Equality and Human Rights Commission, which permitted public bodies to suspend their April 2020 reporting on the PSED (Exhibit CM/23). This worked to 'green light' or validate the abandonment of equalities mainstreaming by public bodies at a time when it was critically needed.
33. Despite public commitments to consider equality, subsequent policy decisions and implementation often fell short of doing so (Exhibit MS/5). For example, the Cabinet Secretary and Minister responsible for equality in Scotland stressed the importance of Equality Impact Assessments (EQIA) (Exhibit CM/24), yet this did not translate into outputs across government that addressed critical gendered concerns.
34. Generally, EQIAs conducted during this period were often of poor quality or delivered too late to change the course of decision-making. Impact assessments were also conducted after policies were developed and publicly announced. For example, the Scottish Government's proposals for continuing court processes were not accompanied by an EQIA. This demonstrated inadequate consideration of how the proposals would

²³ Engender submission of evidence to Equality and Human Rights Committee inquiry on Impact of COVID-19 pandemic on Equalities and Human Rights, June 2020. This document was exhibited to the written statement of Dr Marsha Scott, on behalf of the SWRO, dated 11 October 2023 as Exhibit MS/5.

²⁴ Engender submission of evidence to Equality and Human Rights Committee inquiry on Impact of COVID-19 pandemic on Equalities and Human Rights, June 2020.

exclude women from participation in jury trials and render juries less representative of the experiences of Scotland's population (Exhibit MS/5).

35. As a further example, Engender also raised the issue of omissions in the initial 2020 EQIA conducted by the Scottish Government on reopening schools (Exhibit CM/25).²⁵ This EQIA did not integrate evidence on patterns of paid and unpaid work and caring responsibilities undertaken by women, meaning that this was not factored into decisions determining how and when schools should reopen. In our view, the Scottish Government failed to adequately engage with the gendered impact of decisions to close and re-open schools and Early Learning and Childcare settings, ignoring the disproportionate effect on women's labour market participation and subsequent consequences for women's financial security and wellbeing.
36. Engender also continually raised deficiencies in the collection of gender-sensitive, sex-disaggregated data throughout the pandemic, despite the gathering of such data being an existing legal requirement of Scottish public bodies (Exhibit CM/26).²⁶ We repeatedly expressed concerns that weaknesses in data collection approaches were undermining policymaking by failing to address the specific situation of women, specifically the most marginalised.
37. For example, in early 2020, although much was still unknown about COVID-19, it was already well-understood from previous evidence on pandemics that any disease outbreak affects men and women differently²⁷ and that data to track such differences should form part of an effective crisis response (Exhibit CM/18). We recommended that data collection be disaggregated by sex in clinical and non-clinical settings so that policymakers could respond effectively to women's needs. Engender outlined in a briefing to policymakers how data should be collected and analysed, using the Coronavirus Job Retention Scheme as an example (Exhibit CM/27).²⁸

²⁵ Scottish Government (2020) Initial Impact Assessment on the Strategic Framework for Reopening Schools and Early Learning and Childcare Settings in Scotland.

²⁶ Equality and Human Rights Commission (2022) Public Sector Equality Duty: specific duties in Scotland.

²⁷ At the time of this report, it was known that *"COVID-19 is of particular risk to older people and those with underlying conditions. We also know that women are more likely to fall into these groups from other sources – women are a larger proportion of older people, and more women than men in Scotland live with a long-term health condition"* (Exhibit CM/18).

²⁸ Engender (2020) COVID-19: Gathering and using data to ensure that the response integrates women's equality and rights, April 2020.

38. However, as with other recommendations related to embedding gender mainstreaming in the pandemic response, action was lacking in the UK and Scotland to gather the required data, and policy interventions were undermined as a result (Exhibit CM/28).²⁹ For example, early data from the Office for National Statistics included some sex disaggregation but was limited in scope and lacked gender sensitivity. It showed that 73.9% of women and 66% of men with children in the home were doing some homeschooling. Still, it did not break down the type of education activities, the hours of schooling each parent provided, or the extent to which those hours were balanced with paid or unpaid work outside or inside the home.
39. Engender urged the Scottish Government to develop a standard for collecting gender-sensitive data (Exhibit CM/27) based on the features drawn from international standards, including those identified by the UN Statistics Division³⁰ and the European Institute of Gender Equality Gender Statistics Database.³¹ We also recommended further disaggregating data beyond sex to provide more accurate data about the experiences of distinct groups of women at risk of further marginalisation (Exhibit CM/28).
40. Engender's response to the call for input on the Terms of Reference of the Scottish COVID-19 Inquiry (Exhibit CM/29)³² sums up the problems with the Scottish Government's response: *"This egregious and disproportionate impact on women could have been mitigated to some degree if gender had been mainstreamed as a key concern throughout Scottish Government's crisis management, ongoing strategic and policy responses, crisis funding, and recovery plans. However, equalities have not been a primary focus of the Scottish Government and other bodies' approaches"*.
41. Engender has continually underlined that crisis management cannot and should not be used to justify ignoring or minimising statutory obligations to consider impacts on equality. Engender urges the Inquiry to examine failures to mainstream gender and

²⁹ Engender (2020) 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, May 2020.

³⁰ UN Statistic Division (2024) <https://unstats.un.org/unsd/demographic-social/gender/index.cshtml>

³¹ European Institute of Gender Equality (2020) Gender Statistics Database: <https://eige.europa.eu/gender-statistics/dgs>

³² Engender (2021) Response to the Call for Views on the Aims and Principles of the Scottish COVID-19 Public Inquiry, October 2021.

equality issues in the public policy response to COVID-19 by using a gender and equalities lens to effectively investigate the knowledge, data, and decision-making processes used across Government.

42. Important lessons can be learned by ensuring those making decisions have strong gender competence and can conduct quality gender analysis at an early stage to better understand potential impacts before making decisions, especially in times of crisis. Similarly, there is an urgent need for better data collection and disaggregation. We encourage the Inquiry to identify recommendations that will prevent similar omissions from happening in Scotland's response to public health and other crises.
43. We also want to acknowledge the instances where the Scottish Government made efforts to recognise the gendered impacts of the pandemic. For example, the Social Renewal Advisory Board (SRAB), set up by Scottish Ministers, published a report in 2021 (Exhibit CM/30) that made several recommendations on women's rights and equality issues. These included actions on pay and incomes, support for unpaid carers, free early learning and childcare, safe and accessible housing, and incorporation of international human rights instruments. There has been mixed success in terms of implementation of these recommendations. As time passes, the urgency and prioritisation given to the recommendations of the SRAB recede. To our knowledge, no formal implementation evaluation has been carried out or made public.

KEY LINES OF ENQUIRY

44. Engender suggests the following key lines of enquiry for consideration by the Inquiry on gender mainstreaming and decision-making:

- To obtain documents and information from the Scottish Government about the data used in planning and decision-making, the content and timeline of when EQIAs were produced, and how their contents were considered in decision-making.
- To assess whether gender equality considerations were integrated into existing crisis management planning documents and processes.
- To establish the measures taken by the Scottish Government, relevant public agencies and local authorities to ensure the gender competence of officials involved in policymaking.

- To examine the rationale for suspending PSED reporting in April 2020 and whether the impact this would have on safeguarding equality outcomes was adequately considered.
- To evaluate the extent to which data held by the Scottish Government and public authorities was disaggregated by gender and other protected characteristics and why disaggregated data was not obtained or available in other circumstances.
- To examine the data used by the Scottish Government and assess the extent to which it was gendered and intersectional.
- To understand from decision-makers whether they had access to sufficient gender-competent advice or skills development that enabled them to interpret and use the available information to understand the impact of policy decisions on gender equality.

Caring Roles: Paid and Unpaid Care

45. Unpaid and paid care work, including childcare, is overwhelmingly carried out by women in Scotland (Exhibit CM/31).³³ Women's caring roles bolster the economy but remain largely invisible in policymaking and society more broadly. Women take on most of the unpaid care work and household management in families, impacting their health, financial security, and capacity to engage in paid work, education, politics, sports, and leisure. Paid caring roles are also most likely to be carried out by women. The undervaluation of these roles and the rates of low pay associated with them are directly linked to the societal perception of care as 'women's work'.
46. Around three-quarters of unpaid carers (74%) in the 2022-23 Carers Census were female. There are more female than male carers in every age group, but the difference is most pronounced in the working-age carer group (Exhibit CM/32).³⁴ Estimates on the value of unpaid care in economic terms in Scotland are in the region of £36 billion per annum (Exhibits CM/33 and CM/34).³⁵ The shape of women's caring roles differs significantly from those of men. Women are twice as likely as men to give up work to carry out unpaid care and are more likely to juggle caring with (often lower-paid)

³³ Engender (2020) Gender & Unpaid Work: the impact of COVID-19 on women's caring roles.

³⁴ Scottish Government (2023) Carer's Census 2022-23 – Information on Unpaid Carers.

³⁵ Oxfam Scotland (2020) Unpaid care work is worth £36 billion a year in Scotland, 20 January 2020; Scottish Government (2021) Adult social care: independent review, Chapter 4 Unpaid carers.

employment, hold multiple caring roles, and provide care for more than 35 hours per week (Exhibit CM/35).³⁶

47. The pandemic response, particularly the nature of lockdowns, significantly increased women's caring responsibilities. Engender found that policies and decisions did not adequately consider or address the gendered burden of care (Exhibit CM/31). Engender expressed concern that inadequate employee support for flexible working and caregiving, including support for the self-employed, risked a situation where more women would need to give up work during the pandemic, impacting levels of financial security and longer-term reliance on the social security system (Exhibit CM/18).

"I am a carer for my mother who is a cancer patient. She is shielding. I worry for my mother's mental health during this lockdown. She was only just getting out to the theatre, gigs and restaurants when lockdown happened. Both my brothers kind of leave it to me to help our mother normally, however I think this situation feels like it's harder to manage everything. I got out of the abusive relationship with my son's father and I have been a single parent for 9 years now. The relationship is still volatile. My son's father has been no practical help through lockdown or before."

Response shared via Engender's #WomenCovidScot project

Childcare support

48. The UK currently has some of the most expensive childcare costs in the OECD (Exhibit CM/36).³⁷ In response to the pandemic, the Scottish Government's delivery of 1,140 hours of funded Early Learning and Childcare (ELC) was paused temporarily in March 2020. This meant that at a time when the caring responsibilities of women increased rapidly, often as primary caregivers, a publicly funded childcare scheme designed to support parents and families with the exorbitant costs of childcare stalled in terms of progress. This decision exacerbated existing inequalities in caring responsibilities in the home throughout 2020. The Scottish Government's ELC expansion scheme resumed in 2021 (Exhibit CM/37).³⁸

³⁶ Engender (2016) Securing women's futures: Using Scotland's new social security powers to close the gender equality gap.

³⁷ OECD Data (2019), Net childcare costs

³⁸ Scottish Government (16 June 2021) Early learning and childcare expansion.

Disabled women

49. In 2021, Engender and People First surveyed disabled women to explore their specific pandemic experiences.

“The disabled have been disproportionately hit by the pandemic, further excluded [from] society, had support removed which took away independence, [we are] lock[ed] up and out of society. And [we] face increased open hostility and discrimination by society and institutions, [and are being] made to feel a burden on society.”

Response to a survey on disabled women’s experiences, 2021

50. Many disabled women reported experiencing a reduction in support or saw care provision being stopped altogether. This change in the delivery of social care support and packages resulted in an increased burden on unpaid carers and had particular impacts on disabled women.

“[My] support did stop; I was able to advocate on my behalf for some online service provision but that was only NHS. I had no Health and Social care provision. My experience of trying to access primary care (my GP) has been appalling.”

“I only began to receive care this year so I have nothing to compare it to. [T]he carers are short staffed as many more people are sick more often; leaving me to get my own prescription if I’m stuck, or my shopping etc. It’s very unreliable and stressful.”

Responses to survey on disabled women’s experiences, 2021

Social care support

51. In April 2020, the Scottish Government asked local authorities to increase social care support and agreed to cover the additional costs to increase support and staff capacity. However, the changes introduced as part of the Coronavirus (Scotland) Act 2020 removed the requirement on local authorities to carry out social care needs assessments. This occurred despite previous assurances that the *“intention of the power is to ensure that the service can continue to be provided, and in a more expedited way”* (Exhibit CM/28). Scottish Care, a sectoral umbrella organisation, stated 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” (Exhibit CM/38).³⁹

52. BBC Scotland's investigation in 2020 also found that since the beginning of the COVID-19 crisis, many of Scotland's health and social care partnerships have significantly reduced the number of clients who have access to home care packages, with Glasgow reducing home care by 34% (Exhibit CM/39).⁴⁰
53. In a March 2020 briefing for decision-makers, Engender advocated for decision-makers to address the fact that Scotland's social care system was already operating at crisis levels before the pandemic (Exhibit CM/18). Decades of underfunding and widespread under-staffing meant that services were already struggling to meet existing demand.
54. Pressure on the social care system built up during the pandemic, leading to unpaid carers being further burdened and uncertain about what would happen if they became ill. A 2020 survey from Carers UK found that 78% of unpaid carers in Scotland had to provide more care for their loved ones, and 81% of respondents described themselves as female (Exhibit CM/40).⁴¹ Carers reported to Engender that they felt abandoned as the system struggled to cope. The weaknesses in the social care system created considerable stress for them, their families and recipients of care.

“[It’s] Stressful, [I’m a] disabled carer to boot. I found all support disappear[ed] overnight, it was sink or swim, [I] felt we were thrown to the wolves.”

Response to a survey on disabled women's experiences, 2021

55. Public messaging about COVID-19 was also slow to account for carers' needs, and carers were very uncertain about what support was available to ensure access to personal protective equipment, food, prescriptions, and routine healthcare. In a briefing in March 2020, Engender raised the inadequacy of the Carer's Allowance and advocated that, at a minimum, this should have been increased to the levels of the living wage equivalent per week (Exhibit CM/18). Most unpaid carers in Scotland are not eligible for Carer's Allowance because they earn more than £128 per week or receive a pension. Some carers shared with Engender that they felt they could not work safely

³⁹ BBC Scotland, Coronavirus: Home care workers left 'unfairly exposed', 21 April 2020.

⁴⁰ BBC Disclosure, 'I have lost care support because of coronavirus', 27 April 2020.

⁴¹ Carers Scotland (2020) The forgotten families in lockdown: unpaid carers close to burnout during COVID-19 crisis.

outside of the home whilst also caring. In many instances, this led to individuals giving up work or taking furlough if they were not allowed to work from home. In May 2020, Engender recommended that the UK and Scottish Governments make an additional crisis payment through Carer's Allowance or the Carer's Allowance Supplement (Exhibit CM/28).

56. In an October 2020 submission to the Scottish Parliament's Social Security Committee inquiry on the role of Scottish Social Security in COVID-19 recovery (Exhibit CM/41)⁴², Engender noted that support for unpaid carers in Scotland had been limited to a single additional payment of the June 2020 Carer's Allowance Supplement. This provided an additional £230.10 to carers in receipt of the allowance, costing £19 million for the Scottish Government (Exhibit CM/42).⁴³

57. Engender argued that a further supplement in winter 2020 was even more essential than the June 2020 payment due to the intensification of unpaid carers' roles as the pandemic worsened and the number of those providing care for older and disabled people increased. Many more carers would have become eligible for a Carer's Allowance Supplement in winter 2020 due to the impacts of the pandemic, compared to summer 2020.

58. The Scottish Government did not introduce an additional payment of the Carer's Allowance Supplement in winter 2020 but did introduce a double payment of the allowance in December 2021 to acknowledge the extra pressure put on carers during the pandemic (Exhibit CM/43).⁴⁴

Personal Protective Equipment (PPE)

59. Additionally, many carers were tasked with purchasing their own PPE. The government advice stated: *"If you believe you are eligible for PPE based on the advice provided on the previous pages and you cannot access it through your normal routes, please contact your local carers centre and they will advise you on how to access supplies locally"*.⁴⁵ Engender advocated that carers who needed PPE for whatever reasons should have

⁴² Engender (2020) Submission of evidence to the Scottish Parliament Social Security Committee inquiry on the role of Scottish Social Security in COVID-19 recovery, 14 October 2020.

⁴³ Scottish Fiscal Commission (2020) Supplementary Costings: Coronavirus (Scotland) (No. 2) Bill – May 2020.

⁴⁴ Social Security Scotland (2021) Double payment for Carer's Allowance Supplement to be paid on 15 December.

⁴⁵ Scottish Government (2020) Coronavirus (COVID-19): unpaid carers providing personal care.

been provided with it free of charge, as was the case for staff in the NHS. In June 2020, Engender also recommended that carers should have priority for home testing as soon as procedures were in place (Exhibit CM/28).

School closures and childcare

60. The effect of school closures was more prominent among care staff, mostly made up of women. Engender raised concerns that decisions to reopen schools part-time, with shorter school days and delayed nursery reopening, would negatively affect women's ability to balance work with caring responsibilities. School closures particularly impacted lone parents, making it even more challenging to work from home or find work. Ninety-two percent of lone parents in Scotland are women (Exhibit CM/44).⁴⁶

"Under lockdown restrictions I could not leave my children at all and my activity dropped to almost nil...I was awaiting a contract extension which came in at the very last minute. [T]his was so stressful as without a job we would be in dire straits. I also have had to take an interruption from my studies as it all became too much. I absolutely cracked at one point and called social work telling them I could not cope, they said I was doing fine. I started crying uncontrollably on the phone, not something that I ever want my kids to see. They said they would conduct an assessment of our circumstances, but this can't be done under COVID restrictions. I have heard nothing in months."

Response shared via Engender's #WomenCovidScot project

61. As Scottish schools were returned in some form from August 2020, it was unclear how parents were expected to manage shorter school days and part-time school-based learning, with home learning and their paid work. The EQIA published alongside the proposals for reopening schools did not apply evidence about women's unpaid work to determine how schools should reopen (Exhibit CM/25). Engender argued that the Scottish Government should have considered minimising the disruption to women's labour market participation as it reopened education settings (Exhibit MS/5).

"Working from home has been incredibly difficult with my young daughter. When I am around she wants me - and me alone. I am the sole breadwinner and my husband usually looks after our daughter while I am [at] work - they go to clubs, do

⁴⁶ Scottish Government (2024) Tackling child poverty priority families overview: Lone parent families, June 2024.

the house care and cook, play, see friends. My daughter is happy with her days. But none of that is an option at the moment, and when I am at home my daughter refuses to do anything with my husband. It's impossible to work with your child screaming for you in total desperation, not understanding why you can't be with her."

Response shared via Engender's #WomenCovidScot project.

62. Trends showed that childcare responsibilities for women became more pressured during the pandemic. One study showed that, during lockdowns in 2020, mothers did an extra 90 minutes of childcare on a typical workday relative to men (Exhibit CM/45).⁴⁷ Research showed that mothers in England were 1.5 times more likely to have quit, lost their jobs, or been furloughed since the start of the lockdown. Mothers combined paid work with other activities, mostly childcare, in 47% of their work hours, compared with 30% of fathers' work hours (Exhibit CM/46).⁴⁸

"My husband barely helps with childcare even though I have the more stressful job. Of course, he doesn't tell other people that. He tells them he's right there in the trenches with me so he knows he should be helping more but doesn't. When I try to get him to help more he gets angry and aggressive. I feel so depressed and trapped and at the same time know I should be grateful that my situation is so much better than others at the moment."

Response shared via Engender's #WomenCovidScot project

63. Rapid survey work by the Office for National Statistics in April 2020 charting the social impacts of COVID-19 (Exhibit CM/47)⁴⁹ was not gender-sensitive. It did not capture adequate information about the gendered divisions of housework, childcare, home-schooling, or household management. In a submission to a Scottish Parliamentary Committee in June 2020 (Exhibit MS/5), Engender underlined how the unprecedented reorganisation of households had not been adequately considered in developing the response to COVID-19. Scottish Government officials assured Engender that a further

⁴⁷ A. Adams-Prassl, T Boneva, M Golin, C Rauh (2020). Inequality in the impact of the coronavirus shock: Evidence from real-time surveys.

⁴⁸ Institute for Fiscal Studies (2020) How are mothers and fathers balancing work and family under lockdown?

⁴⁹ The Office for National Statistics (2020) Coronavirus and the social impacts on Great Britain: 23 April 2020.

time-use study would provide data to address this imbalance. The Scottish Government published the time-use study in December 2020, nine months into the pandemic, after a raft of critical decisions had been made. It analysed the Scottish component of the 2020 Online Time Use Survey (OTUS), including an analysis of gendered differences (Exhibit CM/48).⁵⁰

Furlough

64. Engender outlined initial evidence suggesting that the UK Government's Job Retention Scheme (furlough) was failing women to the UK Parliament Women and Equalities Committee in 2020 (Exhibit CM/28). These failures were primarily due to furlough not being established as an arrangement that the employer must agree to and not as a right. Women reported to Engender that their employers were not considering furlough requests in response to caring responsibilities. As a result, Engender recommended that the UK government raise employer's awareness that furlough provisions were available for employees with caring responsibilities and make provisions for part-time furlough leave in the Job Retention Scheme (Exhibit CM/28). Broader issues with the furlough scheme and gender inequality are discussed in more depth in the section on 'Paid Work and Economic Policy' later in this statement.

Recovery planning and unpaid care

65. A response to the increasingly gendered allocation of unpaid care during the pandemic should have been factored into economic and social recovery planning. In a paper on gender and unpaid work in July 2020, Engender stressed the need for the Scottish Government to address the entrenchment of gendered patterns across caring responsibilities, time poverty and stress, raising concerns about the long-term impact on women's equality, rights and wellbeing (Exhibit CM/31). A 2023 study confirmed that the pandemic has reinforced gendered patterns in caring responsibilities in the longer term and this continues to be felt by households across Scotland (Exhibit CM/49).⁵¹

"I'm at home 'holding the fort'; working almost full time and home schooling, home caring and managing housework. It's difficult, it's tiring, it's emotional. I ask[ed] to be furloughed on the grounds of no childcare, but my job is essential. I work for a [care-related organisation] and we're busier than ever. I love my job, I love my

⁵⁰ Scottish Government (2020) Executive Summary 2020 Online Time Use Survey.

⁵¹ Glasgow Caledonia University, COVID-19 and the Centrality of Care.

family...but I'm tired of spinning so many plates. Lockdown is easing, but we're new to this town. With no friends, family or support I decided to send my 5 year old back to school. It's better for him after 11 weeks at home with both parents working full time, but I am shamed for making a decision that could spread the virus. There's no easy answer, as a woman I feel that I have suffered the inequality of coronavirus."

Response shared via Engender's #WomenCovidScot project

66. In 2020, Engender joined calls for substantial reform to the delivery of social care services in Scotland as part of pandemic recovery planning (Exhibit CM/50).⁵² Engender stressed the need to understand women's needs and experiences as crucial in designing such changes. Engender encourages focus on the specific needs of older women, Black and minority ethnic women, disabled women, lesbian, bisexual and trans (LBT) women, women with insecure immigration status, and those in rural areas.
67. Gender-competent reform to care services would have integrated an understanding of the gendered effects of low pay, undervaluation, and low investment in care at the outset. The consultation for a new National Care Service to reform adult social care was published in August 2021 (Exhibit CM/51).⁵³ However, the proposed design did not integrate any gendered analysis and ignored highly pronounced gendered patterns in caring responsibilities.
68. Engender also joined carers' organisations in calling for social care charging to be abolished and to introduce measures to preserve and implement the core principles of Self-Directed Support (SDS) (Exhibit CM/50). SDS is Scotland's approach to social care support and applies across all ages and user groups, including unpaid carers. The Social Care (Self-directed Support) (Scotland) Act 2013 was created so that the person receiving social care can control it to the extent they wish (Exhibit CM/52).⁵⁴ Research from July 2020 showed that 51% of those in receipt of SDS were told they could not use the funds to employ family members during the lockdown (Exhibit CM/53)⁵⁵, despite the COVID-19 SDS guidance stating that "*PA (Personal Assistance) employers may employ*

⁵² Engender (2020) Parliamentary Briefing: Recognising the Importance of Family Caregivers, 30 September 2020.

⁵³ Scottish Government (2021) A National Care Service for Scotland Consultation.

⁵⁴ Scottish Government (2019) Self-directed support strategy 2010-2020: implementation plan 2019-2021.

⁵⁵ The ALLIANCE (2020) My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland National Report, October 2020.

family members where this is deemed appropriate under exceptional circumstances. During this period, there may be increased reliance on family members, particularly when PA employers or PA's themselves are shielding or self-isolating. Family members may be the only people available who can provide support on a temporary basis, and be a necessary adjunct to the social care workforce at this time" (Exhibit CM/54).⁵⁶

KEY LINES OF ENQUIRY

69. Engender suggests the following key lines of enquiry for consideration by the Inquiry relating to paid and unpaid care:

- Examine the gendered implications of the decisions made on PPE availability and access for carers and the advice given to carers.
- Undertake gender analysis on the increased burden on unpaid carers caused by the pandemic, including how policies on care exacerbated and entrenched gender stereotypes, including decisions on financial support made available for carers.
- Examine the extent to which decision-makers considered the impact of different school reopening options on childcare patterns and women's employment, wellbeing and equality.
- Examine the rationale behind removing the requirement for local authorities to carry-out social care needs assessments set out in the Coronavirus (Scotland) Act 2020, specifically, the gendered impacts of this decision on unpaid carers.

Social Security

70. The design of social security has highly gendered impacts, as women are twice as dependent on social security as men (Exhibit CM/35). Engender consistently raised concerns about the effects of the UK Government's social security policies on women's rights and poverty throughout the pandemic. Women were already more likely to live in poverty before the pandemic, and Black and minoritised women, disabled women and trans women, amongst other marginalised groups, generally experience higher income inequality compared with white women (Exhibit CM/29).

⁵⁶ Coalition of Carers in Scotland (2020) The use of SDS by Unpaid Carers during COVID-19, July 2020.

71. Women who had to apply for benefits due to changes to their employment during the pandemic described difficulties with the long wait for a decision on their application and the first payment. With the pandemic resulting in significantly increased reliance on social security, more women were affected by the misogynistic design of the two-child limit (which restricts child tax credit and universal credit to the first two children in most households), the five-week wait for Universal Credit, and household payment arrangements.

72. A woman who had to give up her job due to lack of childcare and apply for benefits told Engender:

“Myself and my children are now left completely reliant on my new partner for money. Since giving up my NHS job, I have applied for universal credit however it has been several weeks and I have yet to hear anything.”

Response shared via Engender’s #WomenCovidScot project

73. By May 2020, household claims for Universal Credit in Scotland had increased from an average of 20,000 per month in 2019, to over 110,000 between 1 March and 7 April (Exhibit CM/55).⁵⁷ Engender raised concerns regarding the misogynistic design of the UK welfare system, and Universal Credit in particular, outlining how the two-child limit frames children as a product of women’s irresponsibility and punishes them for failing to predict a family’s future circumstances (Exhibit CM/28). This, coupled with the so-called ‘rape clause’ (which provides an exemption to the two-child limit where pregnancies have resulted from rape), undermines women’s dignity and privacy by forcing them to share and discuss traumatic experiences to avoid deeper poverty (Exhibit CM/56).⁵⁸ Concerns about the discriminatory design of Universal Credit and the related impact on women had long been raised (Exhibit CM/57).⁵⁹ However, the UK government had chosen not to act to address these, leaving women unnecessarily exposed to increased harm during periods of crisis.

⁵⁷ Scottish Government (2020) More than 110,000 Universal Credit claims since coronavirus outbreak.

⁵⁸ Engender (2023) Parliamentary briefing: the two-child limit.

⁵⁹ The Telegraph (2018) UK’s welfare system is cruel and misogynistic, says UN expert after damning report on poverty. Statement on Visit to the United Kingdom, by Professor Philip Alston, United Nations Special Rapporteur on extreme poverty and human rights (2018):

https://www.ohchr.org/sites/default/files/Documents/Issues/Poverty/EOM_GB_16Nov2018.pdf

74. Women are also over-represented amongst those whom the benefit cap has impacted as they face disproportionate barriers to the labour market. The stated aim 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 burden of unpaid work carried out by women. The benefit cap extends conditionality to households unable to undertake paid work, including lone parents with very young children. Both the benefit cap and two-child limit have discriminatory consequences for women from specific ethnic groups, refugee women and women from some faiths, who are statistically more likely to have larger families.
75. Whilst Engender welcomed the introduction of the £20 per week uplift by the UK Government to the standard allowance of Universal Credit in early 2020, it remained inadequate to ensure all those in receipt could live in dignity. The uplift also did not begin to mitigate the cumulative impact of the four-year benefits freeze and discriminatory design of much of the UK welfare system.
76. The rate of UK Carer's Allowance remained during the pandemic at just £67.25 per week from 2020 to 2021.⁶⁰ To compare, the median weekly pay for full-time employees across the UK was £586 in April 2020.⁶¹ Engender, therefore, welcomed the measures introduced in Scotland, which included Social Security Scotland's additional payment of a Carer's Allowance Supplement in June 2020. However, it was clear that this additional payment by the Scottish Government was not sufficient to effectively address the chronic financial inequality experienced by carers.
77. At the end of September 2021, the UK Government reversed the £20 uplift to Universal Credit, attracting widespread criticism. Poverty levels had risen during the uplift due to the impacts of the pandemic (Exhibit CM/58).⁶² Engender highlighted how, due to the pandemic's impact on the labour market, greater numbers of women were impacted by the overall inadequacy of social security entitlements at the UK and Scottish levels (Exhibit CM/28). This was, and still is, experienced most acutely by disabled, BME and

⁶⁰ See: <https://www.gov.uk/government/publications/benefit-and-pension-rates-2020-to-2021/benefit-and-pension-rates-2020-to-2021#carers-allowance>

⁶¹ See: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/annualsurveyofhoursandearnings/2020>

⁶² UK Parliament (2021) Universal credit: an end to the uplift.

refugee women, lone parents, unpaid carers and other marginalised groups who are at increased risk of poverty and destitution.

78. A self-employed woman working in the creative industries during the pandemic told Engender:

“Due to the nature of my work, I wasn't eligible for furlough, or the self-employed support scheme, and I'm still waiting on Universal Credit. My living expenses have gone up - no heated shared studio to work in, constant demand for snacks (from me and the kid!) - and I'm facing the prospect of Christmas coming with me broke, no chance of work, and family far away.”

Response shared via Engender's #WomenCovidScot project

79. In 2022, Engender welcomed the decision by the Scottish Government to increase eight benefits delivered by Social Security Scotland by 6%. However, we also pointed to the increase in poverty and destitution for women due to the pandemic (Exhibit CM/59).⁶³ Alongside a wide coalition of organisations, Engender recommended that the Scottish Government urgently update all social security payments delivered by Social Security Scotland in line with the changing inflation rate and fast-track delivery of automatic individual payments of Universal Credit. The Scottish Government increased levels of entitlement in line with the annual September CPI rate in both the 2023/24 and 2024/25 budgets.

80. From the outset of the pandemic, Engender also called for the UK government to review the welfare system, specifically the gender biases in its design and impact (Exhibit CM/18). The UK and Scottish Governments need to work longer-term to address the current system's inadequate and discriminatory nature. An adequately resourced social security system that will enable women and their children to live securely above the poverty line is critical to ensuring greater security and resilience during future crises.

No Recourse to Public Funds

81. Part of Engender's calls to reform the UK welfare system during the pandemic included raising significant issues for women impacted by 'No Recourse to Public Funds' (NRPF). We called for this policy to be immediately and permanently ended so that women and

⁶³ Engender (2022) Women and the Cost of Living, A Crisis of Deepening Inequality, October 2022.

their families could access, as a minimum, an adequate financial safety net throughout the crisis (Exhibit CM/28).

82. The experience of the NRPF policy is highly gendered; 85% of those applying to have the NRPF condition removed are women (Exhibit CM/60).⁶⁴ The pressures of the pandemic further pushed refugee and asylum-seeking women into extreme poverty, destitution, and heightened risk of exploitation and gender-based violence. Refugee women in Scotland who have been recognised through the asylum process or who have joined family members through Refugee Family Reunion remain particularly at risk of destitution and dependency. This is due to processing times for mainstream social security entitlements or during the transition from Home Office asylum support.
83. The UK Government ignored calls to lift NRPF during COVID-19, which allowed local authorities in Scotland to provide only minimal support. In 2022, alongside other organisations, Engender recommended that the Scottish Government act to address the large evidence gaps regarding minoritised women's experiences, including those with NRPF (Exhibit CM/59).

The Scottish Welfare Fund

84. In a submission to the Scottish Parliament's Social Security Committee in October 2020 (Exhibit CM/41), Engender welcomed that the Scottish Government had increased the Scottish Welfare Fund (SWF) from £35.5m to £80.5m in March 2020 (Exhibit CM/61).⁶⁵ This included an amended process for the fund to increase flexibility and access to support for people in financial crisis, including workers in the so-called 'gig economy.' However, as the COVID-19 crisis continued, by October it had become clear that the welfare fund's administration provided uneven support and missed opportunities to support groups of women experiencing particular forms of financial hardship.
85. As early as March 2020, the SWF had seen a more than 50% increase in crisis grant applications from the previous year. However, an analysis by the Poverty and Inequality Commission from August 2020 (Exhibit CM/62)⁶⁶ showed that while applications

⁶⁴ Unity Project (2019) Access denied: The cost of No Recourse to Public Funds policy.

⁶⁵ Scottish Government (2020) Helping communities affected by COVID-19.

⁶⁶ Poverty and Inequality Commission (2020) The role of the Scottish Welfare Fund during the COVID-19 pandemic.

increased for SWF crisis grants, there was an underspend of the injection of funding given by the Scottish Government:

“the total expenditure on the Scottish Welfare Fund was £8.6 million in April, May and June 2020. Not only is this lower than the £9.7 million spent over the same period in 2019, it is only 15% of the £57.6 million available for 2020/21. If spending were proportionate, we would have expected to see 25% of the budget spent. We are shocked that more of the funding available was not used to provide a much needed lifeline for people battling hardship during this pandemic.”

86. Engender pointed to data collected about the SWF before the pandemic that showed ‘people fleeing domestic abuse’ as one of the groups that apply for these crisis funds (Exhibit CM/63).⁶⁷ Yet when the Scottish Government allocated additional funds to boost the SWF in March 2020, there was a lack of detailed information for local authorities on how the Fund could be used to meet the acute needs of women experiencing domestic abuse during the pandemic (Exhibit CM/41). Engender pointed to this as a missed opportunity to use the SWF to provide crisis support for this group of women, especially considering the evidence of an underspend of the SWF allocated in the first few months of the pandemic (Exhibit CM/62).
87. In addition to advocating for better guidance for how the existing SWF could support women experiencing domestic abuse, Engender asked the Scottish Government to explore other options to create a dedicated and easily accessible fund for women leaving an abusive partner. One suggestion was for a new national entitlement that could fill this critical gap through devolved benefits delivered by Social Security Scotland.
88. Engender also pointed to another missed opportunity for the Scottish Government to support local authorities in utilising the SWF to support unpaid carers. The vast majority of unpaid carers are women. They are a group that experienced severe financial hardship during the pandemic (explored in more detail in the section on Caring Roles: Paid and Unpaid Care). Very limited financial support was available to unpaid carers from UK-wide social security entitlements. For example, many carers were not eligible for the 2022 cost of living support payments provided by the UK Government (Exhibit

⁶⁷ Scottish Government (2019) Scottish Welfare Fund Statutory Guidance, May 2019.

CM/64).⁶⁸ These one-off payments for carers were only available to those on certain means-tested benefits and did not capture many carers in precarious situations. This is because the UK government did not list Carer's Allowance amongst the passporting benefits, and the eligibility criteria for Carer's Allowance itself exclude many carers with limited incomes, which placed some carers at risk of fuel poverty (Exhibit CM/65).⁶⁹

89. This is why Engender joined calls from carers' organisations for the Scottish Government to target financial support for unpaid carers, including through a dedicated 'Carers Hardship Fund' that could be delivered via the SWF. We also joined calls to provide the SWF with an emergency boost of 50% (£17.75m), to promote uptake, and to broaden the scope for discretionary payments to those not receiving other support (Exhibit CM/59).

KEY LINES OF ENQUIRY

90. Engender suggests the following key lines of enquiry for consideration by the Inquiry in relation to social security:

- Examine how gender analysis was applied to devolved social security policy decision-making.
- Examine the extent to which the Scottish Government was prepared or able to mitigate the gendered impacts of the UK Government's social security policies throughout the pandemic.

Housing and Homelessness

91. The pandemic also exacerbated women's experiences of housing precarity and homelessness. Homelessness is traditionally perceived as mainly affecting single men, and there has been a historic lack of attention in public policy to the hidden homelessness experienced by women (Exhibit CM/66).⁷⁰ Recent analysis has demonstrated that increasing numbers of young women, single women, women who

⁶⁸ UK Government (2023) Guidance Cost of Living Payment 2022.

⁶⁹ Engender (2022) Response to the Scottish Government's Scottish Carer's Assistance consultation.

⁷⁰ Engender (2020) A Woman's Place: Gender, Housing and Homelessness in Scotland.

have experienced violence and women with children are entering homeless services (Exhibit CM/67).⁷¹

92. Pandemic lockdowns intensified difficulties for those living in overcrowded, insecure, and inappropriate housing. Short-term measures taken at the start of the crisis, such as the ban on evictions, were welcome (Exhibit CM/59). However, these measures did not prevent homeless women from being housed in unsuitable temporary accommodation by local authorities during the pandemic (Exhibit CM/28). This particularly impacted women experiencing homelessness from minority ethnic groups who are overrepresented among hostel and B&B residents in temporary accommodation (Exhibit CM/66).
93. Significant efforts were made nationally and locally across Scotland to move people who were experiencing homelessness and were rough sleeping into temporary accommodation. However, from research, we know that women experiencing homelessness are less likely than their male counterparts to be visibly sleeping rough and are more likely to rely on networks and relationships to stay off the streets (Exhibit CM/68).⁷²
94. Women's housing precarity was also exacerbated due to the pandemic. This is because there is unequal access to safe, secure and affordable housing for women in Scotland (Exhibit CM/66). There is a gendered property gap in the UK in terms of women's ability to rent and buy homes, and the proportion of women's income spent on rent. For example, a woman on the median income applying for a mortgage based on the average (mean) house price will need to borrow 15.4 times their salary, compared with a figure of 10.1 for men (Exhibit CM/69).⁷³ On average, women have lower incomes and less capital than men (Exhibit CM/59). This results in women spending a higher proportion of their income on rent than men. For example, average rents in England account for 43% of a woman's median earnings and only 28% of a man's earnings (Exhibit CM/67). They are more likely to depend on social security to cover housing costs; 60% of adults in households claiming Housing Benefit in the UK are women (Exhibit CM/67). As a result, women are less likely to be able to access adequate housing; for example, in

⁷¹UK 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'.

⁷² Mayock, P., Parker, S., Sheridan, S. (2015) Women, Homelessness and Service Provision, Simon Communities in Ireland.

⁷³ Women's Housing Forum (2019) Women, money and housing report.

Scotland, data suggests that there is a greater likelihood for women with children to be in overcrowded housing compared to men.⁷⁴

95. Against this backdrop of inequality for women in owning property and being more likely to rent, Engender raised the gendered implications of the Scottish Government's support for mortgage holders compared to the limited support offered to tenants during the pandemic. For example, only 10% of single women in the UK hold mortgages compared with 17% of single men (Exhibit CM/67).

96. Regarding protections for tenants, the Coronavirus (Scotland) Act 2020 introduced a moratorium on eviction proceedings, which offered some welcome protection during the pandemic. However, the moratorium did not prevent evictions after an extended notice period had ended.

KEY LINES OF ENQUIRY

97. Engender suggests the following key lines of enquiry for consideration by the Inquiry in relation to housing and homelessness:

- Consider the extent of the support provided to women experiencing different forms of homelessness during the pandemic.
- Examine what, if any, gender analysis was used to design or implement policy responses to homelessness, and to inform decisions relating to identifying and supporting women experiencing or at risk of homelessness through measures including temporary accommodation.
- Examine whether gender analysis informed the decision to focus on financial support for mortgage holders without ensuring equivalent financial support for renters, especially those in low-paid, insecure work.

Health

98. Gender bias and discrimination in Scotland contribute to entrenched gendered health inequalities. This means women and girls have inequitable experiences of health and

⁷⁴ In the Scottish Household Survey for 2005 and 2006, and the Scottish House Condition Survey for 2005/06 to 2007/08, as reported in EHRC - 10% of female-headed households with children in Scotland, compared to 6% for male households with children, were shown to reside in overcrowded housing.

health services compared with those of men and boys (Exhibit CM/70).⁷⁵ This includes gendered barriers in sex-specific health areas, including women's reproductive and sexual health and abortion care. Gender inequality also plays out across broader healthcare experiences.

99. On average, women in Scotland wait longer for pain medication than men, wait longer to be diagnosed and are more likely to have physical symptoms ascribed to mental health issues. Women are more likely to have heart disease misdiagnosed or to become disabled after a stroke and are more likely to suffer from illnesses that are more frequently ignored, minimised or denied by the medical profession (Exhibit CM/71).⁷⁶ Health issues that disproportionately affect women or affect women differently from men have historically attracted less funding and focus, meaning that they are not equally prioritised and understood across health services. Intersecting inequality has a significant bearing on health outcomes for marginalised women. For example, gender discrimination has been found to intersect heavily with income inequality to compound health problems for women from lower income brackets (Exhibit CM/72).⁷⁷ The intersection of racial discrimination with gender bias has resulted in the maternal mortality rate among Black and minority ethnic women being reported at three times that of white women in England (Exhibit CM/73).⁷⁸

Screening Programmes

100. Engender raised concerns that women's health screenings, including breast and cervical screening programmes, were paused indefinitely during the pandemic (Exhibit CM/28). Concerns outlined included potentially disproportionate consequences for older women and some BME groups who have a higher risk of specific cancer diagnoses.⁷⁹

Sexual and Reproductive Healthcare

101. Engender was concerned from the outset about the impact of the pandemic on women's sexual and reproductive health, highlighting the risks of disruption in the supply

⁷⁵ Engender (2022) Briefing on Women's Health Inequalities for Scottish Parliament Health, Social Care and Sport Committee.

⁷⁶ The Health and Social Care Alliance Scotland (2020) NACWG Satellite Wee Circle: Gender Equality and Mental Health. ALLIANCE, Engender and See Me.

⁷⁷ Women's Resource Centre (2013) Women's equality in the UK - A health check. Women's Resource Centre.

⁷⁸ Maternal mortality UK 2020-22 (2024), MBRRACE UK, University of Oxford.

⁷⁹ NCIN, 2009, Cancer Incidence and Survival by Major ethnic group. England, 2002-2006.

chains of related medicines and contraceptives (Exhibit CM/74).⁸⁰ In June 2020, Engender also shared concern regarding the impact of the decision to limit access to sexual health services to essential only, particularly in relation to access to contraception. We expressed disappointment that the Scottish Government did not support proposed amendments to the Coronavirus (No.2) (Scotland) Act, which would have ensured that contraception was made more readily available via pharmacies (Exhibit MS/5). Engender called on the Scottish Government to bring forward alternative proposals.

102. Remote consultations with GPs offered only limited contraceptive choices for much of the pandemic period. Access to long-acting reversible contraception (LARC) for routine contraceptive use was restricted. When health services started to resume to normal levels of care, there continued to be lengthy delays for those trying to access LARC. Some barriers to access reportedly remain today, with the latest figures suggesting that prescribing has not yet returned to pre-pandemic levels (Exhibit CM/75).⁸¹

103. In the first weeks of the pandemic, there were particular impacts on women undergoing abortions because of the initial delay and uncertainty around accessing services. Engender recommended changes to enable improved access to abortion care services, specifically allowing for telemedicine and early medical abortions at home (EMAH).

104. EMAH was introduced in Scotland on 31 March 2020, following a high-profile decision in England the previous week (Exhibit CM/76).⁸² We welcomed the regulations permitting EMAH, limiting women's need to visit clinical settings unnecessarily. EMAH has made services more accessible for many, as scans are no longer required for everyone, which means those living rurally do not need to travel for care in most cases. Public Health Scotland data shows that waiting times were reduced by changing service provision to telemedicine and EMAH (Exhibit CM/77).⁸³

⁸⁰ Ahmed, Zara and Adam Sonfield (2020) The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights Guttmacher Institute.

⁸¹ Public Health Scotland (2023) Long Acting Reversible Contraception (LARC) Key Clinical Indicator (KCI) Year ending 31 March 2023.

⁸² Human Rights Watch (2023) England leads way in UK after U-turn on COVID-19 abortion access.

⁸³ Scottish Government (2023) Evaluation of telemedicine early medical abortion at home in Scotland.

105. EMAH is only available for up to 12 weeks. Although services remained open, significant capacity issues, including staff sickness and distancing restrictions, led to delays for hospital-based abortions over this time limit. Access to services may have also been delayed for women testing positive for COVID-19 or with symptoms due to a lack of isolation facilities (Exhibit CM/78).⁸⁴
106. Surgical abortion was less available due to limited bed spaces in health settings. Due to a lack of monitoring of the changes in abortion services in Scotland, this knowledge has been shared anecdotally by clinicians (Exhibit CM/79).⁸⁵ Organisations such as the British Pregnancy Advisory Service noted that they closed 23% of clinics in the early part of the pandemic. Although the majority of abortions in Scotland are medical, the proportion increased during the pandemic, rising to 99.4% in 2021, compared with 88% in 2019 (Exhibits CM/80 and CM/81).⁸⁶ Engender highlighted that many women in Scotland who require a surgical late-term abortion still had to travel to England (Exhibit MS/5), which placed them at additional risk of COVID-19. In addition, legal time limits did not change, and delays regarding surgical abortion may have had an impact on women approaching 24 weeks gestation (Exhibit CM/78).
107. Choices around abortion during the pandemic were also influenced by different inequalities women were facing, which were intensified during periods of lockdown. These included risks related to domestic abuse and coercion, as increased cases of domestic abuse during the pandemic may have led to both an increased need for abortion (Exhibit CM/82)⁸⁷, and to more significant constraints on women's choices regarding abortion. For example, women locked down at home with a controlling partner may have found it impossible to have privacy for a telemedicine consultation or to leave the house to attend a clinic.
108. There were added challenges for women trying to access abortion services as non-English speakers. Prior to the pandemic, abortion consultations were all face-to-face,

⁸⁴ Scottish Government (2020) Letter from the Chief Medical Officer regarding abortion and COVID-19, 31 March 2020.

⁸⁵ Bojovic, Stanisljevic, Giunti (2021) The impact of COVID-19 on abortion access: insights from the European Union and the United Kingdom.

⁸⁶ Public Health Scotland (2022) Termination of pregnancy statistics year ending December 2021; Public Health Scotland (2020) Termination of pregnancy report for year ending December 2019.

⁸⁷ Moreau and others (2020) Abortion regulation in Europe in the era of COVID-19: a spectrum of policy responses.

and those needing an interpreter would have had one present in person. With the introduction of telemedicine consultations, the need for telephone interpreters became pressing. Generally, the use of telephone interpreters worked well to ensure continued access to abortion consultations for non-English speakers. However, in certain health board areas, when in-person interpreters were subsequently needed in certain instances, they were not available. As the pandemic continued, it was possible to request an interpreter in person if clinically justifiable, but most interpreters were only available via telephone. The logistics of trying to communicate with a patient during a physical examination or procedure with a telephone interpreter proved very challenging.

109. Some disabled women may also have required additional support to access terminations, and many would not have been able to bring anyone with them to clinical settings, impacting their ability to access abortion care. For young women still living with parents or family members during lockdown, privacy and access to peer support networks were impacted.

110. Published research on the impact of the pandemic on abortion is limited, and the Inquiry must consider the consequences of this impact on women's health outcomes. The need for two doctors to sign off on an abortion was still required during the pandemic, which could cause delays in accessing treatment. Support to try and mitigate this issue was implemented through guidance issued by the Chief Medical Officer (Exhibit CM/78), but it is unclear whether this was sufficient to avoid unnecessary delays in provision for some women.

111. In some ways, the pandemic led to progress being made on the available methods of abortion and necessary changes were made to services to maintain access and adapt to COVID-19 restrictions. However, the lack of mainstreaming of women's health issues pre-pandemic and weaknesses in gender competence across government meant that changes were not made fast enough.

Pregnancy and Maternity Services

112. Messaging around pregnancy and maternity lacked consistency, and women reported receiving mixed messaging about the risks of COVID-19 for mothers or children. There was also a lack of additional support for pregnant healthcare workers on the frontline. For example, the Royal College of Obstetricians and Gynaecologists (RCOG) and Royal College of Midwives (RCM) Guidance, updated on 21 March 2020

(Exhibit CM/83)⁸⁸ stated that women over 28 weeks pregnant or with underlying health conditions should avoid direct patient contact. However, anecdotal evidence and news reports suggested that some pregnant workers remained at significant risk in certain settings, particularly frontline health workers (Exhibit CM/84).⁸⁹ At least one pregnant woman died while working in a frontline role before the introduction of the updated RCOG/RCM guidance (Exhibit CM/85).⁹⁰

113. Engender's concerns about the lack of consistent messaging on pregnancy throughout the pandemic and the impact of changes to maternity services on women led to a joint piece of research with the Health and Social Care Alliance (Exhibit CM/3). This was conducted in 2022 to understand more about women's experiences of pregnancy and maternity services from March 2020 to November 2022. Over 200 women across Scotland responded, and the research documents the profound and negative impact that public health restrictions had on access to vital healthcare across all aspects of maternity services, from antenatal care and fertility treatment to miscarriage and baby loss, birth and the postnatal period. The full report was published in 2023 and included detailed recommendations for the Scottish COVID-19 Inquiry and policymakers to improve women's experiences.

114. The report documents the impact on women of confusing, contradictory and limited communication about COVID-19 mitigation measures, which caused extreme anxiety and distress. The shift away from in-person care to remote appointments created barriers to meaningful one-to-one support, and isolation caused by restrictions negatively affected all aspects of pregnancy and maternity care. Women underwent invasive procedures, gave birth, and suffered miscarriage and baby loss without support, suffering trauma as a result. There was inflexible and inconsistent application of guidelines across different health board areas, which led to uncertainty and perceptions of unfairness. A narrow focus on labour and delivery meant broader health needs were overlooked, including mental health and breastfeeding support. The pandemic exacerbated existing gendered health inequalities, and there continue to be

⁸⁸ RCOG and RCM (2020) Updated advice for pregnant healthcare workers and employers during the coronavirus outbreak.

⁸⁹ BBC, Coronavirus: Doctors launch legal challenge over PPE guidance, 24 April 2020.

⁹⁰ Guardian, Pregnant nurse's death adds to concern among health workers, 15 April 2020.

impacts on mental health support and experiences of trauma relating to isolation and poor care for those who went through pregnancy during COVID-19.

“It was my first time being pregnant and my partner and I needed guidance on what was “normal” and to be expected. We trusted the professionals who told us the sickness I had was bad luck and prolonged morning sickness. Nobody asked to see me in person to run tests even though I had persistent symptoms and issues. My baby was delivered 14 weeks early due to undetected type 1 diabetes. I had symptoms of this condition before I was even 12 weeks pregnant and cannot help but feel that if tests were done earlier on and I had more contact and support with midwives and doctors, things could have been different.”

Response to a survey on experiences of pregnancy and maternity services during COVID-19

115. During the pandemic, women shared their experiences with Engender of not being permitted to bring their partner or a support person to appointments, especially when they were experiencing complications, which was extremely difficult for many women and traumatic for some. Partners were asked to leave the hospital shortly after the baby was born, and the limited visiting negatively affected many women. There was inconsistent information about how restrictions would affect their pregnancy and maternity care. Restrictions on access to in-person medical appointments, antenatal classes, and breastfeeding support resulted in increased anxiety for women and sometimes adverse health outcomes.

“[My] husband was not allowed into scans or midwife appointments. When we were sent to hospital following a routine midwife appointment where she struggled to find heart beat I was told I HAD to come into hospital alone at 40 weeks to be told on my own that our baby had died. I will never forgive the NHS for this.”

Response to a survey on experiences of pregnancy and maternity services during COVID-19

116. For women who were accessing IVF and other fertility assistance, these services were also restricted in response to the re-organisation of the NHS, creating significant delays (Exhibit CM/86).⁹¹

⁹¹ BBC, Coronavirus: IVF treatment delays 'heartbreaking', 14 April 2020.

117. The research and experiences women have shared about their access to quality pregnancy and maternity care during the pandemic is a critical case study of how vital it is for policy responses to health crises to be gendered. The intensive restrictions on access to hospitals were tough for women to understand when different rules were being applied depending on where they lived. At different times during the pandemic, these restrictions contrasted dramatically with the approach taken more broadly in areas such as hospitality.

“Knowing that people could go to the pub, have small gatherings and weddings and go on dates all while I was alone in hospital felt like a betrayal. The guidelines felt cruel and empty, they never once tested me or my partner. They had us crammed into wards at 150 per cent capacity.”

“I feel really lucky, and a little guilty, telling friends about my experience. My partner attended all appointments and was allowed in the hospital between 8am and 8pm while I was being induced, and after I’d given birth. A friend who was seen in Leith (I was seen by the Tollcross team) wasn’t allowed her partner at appointments. I now live in Glasgow and all my friends here had a very different experience - they didn’t have the same midwife at all appointments and their partners were very restricted in the amount of time they were allowed to be in the hospital during and after the birth. One friend’s husband wasn’t allowed in the hospital until she was in third stage labour. These sorts of stories are terrifying.”

Responses to a survey on experiences of pregnancy and maternity services during COVID-19

Mental Health and Wellbeing

118. COVID-19 severely impacted women’s wellbeing and mental health. Early in 2020, Engender’s health advocacy focus was on ensuring adequate Personal Protective Equipment (PPE) and safety for women frontline workers, continued access to contraception and abortion services, and women’s experience of pregnancy and maternity healthcare and support. As time went on, the focus shifted to addressing the mental health effects of the pandemic.
119. Engender noted in 2020 early predictions of adverse effects on women’s mental health due to factors including increased household and caring responsibilities and related stress (Exhibit CM/18). Engender pointed to the burden of domestic labour being

likely to grow and disproportionately fall on women rather than men. This included underlining the potential impact of isolation and the absence of physical support networks, particularly for lone parents and pregnant women.

120. Women and men experience mental health in vastly different ways (Exhibit CM/87).⁹² Women and girls are diagnosed with depression and anxiety disorders in greater numbers and experience differences in diagnosis, treatment and access to health and support services. Current evidence shows that poor mental health is on the rise among women and girls and that this trend preceded the pandemic (Exhibit CM/88).⁹³ Rates of depression and anxiety are significantly higher among women who hold caring roles in Scotland (Exhibit CM/89).⁹⁴

121. The experiences and specific mental health needs of minoritised and/or marginalised groups of women, including BME women, disabled women, LBT women and victim-survivors of gender-based violence, are distinct yet underexplored. Though data is lacking for BME and disabled women at the Scottish level, there is evidence that Black women experience mental ill health at higher rates than white women elsewhere in the UK (Exhibit CM/90).⁹⁵ Statistics indicate poorer mental health for disabled people in general and suggest that disabled women experience worse outcomes than non-disabled women. These distinct experiences of mental health for marginalised women existed before the pandemic and continue today (Exhibit CM/91).⁹⁶

122. As mentioned at paragraph 11 above, Engender heard from many women directly about how different aspects of the pandemic, including measures introduced to protect public health, affected their mental health (Exhibit CM/1). This trend was confirmed by research, which found that women's mental health deteriorated at twice the rate of men's during the first lockdown (Exhibit CM/92).⁹⁷ This was linked to women's experiences of domestic abuse intensifying during lockdowns and the impacts of abuse being exacerbated by isolation, economic pressures, lack of support services, increased

⁹² Engender (2022) Response to the Scottish Government consultation on a new Mental Health and Wellbeing Strategy.

⁹³ DHSC (2018) The Women's Mental Health Taskforce: Final report.

⁹⁴ Carers Scotland (2024) Women and Unpaid Care in Scotland.

⁹⁵ NHS Digital (2014) Mental Health and Wellbeing in England - Adult Psychiatric Morbidity Survey 2014.

⁹⁶ National Advisory Council on Women and Girls (2020) January to February 2020 Spotlight on Disability.

⁹⁷ Suleman M, The Health Foundation (2021) Gender divide: a post-COVID recovery must address pandemic inequalities.

caring responsibilities and the pressures of managing this alongside paid work (often low paid keyworker roles or insecure employment) (Exhibit CM/93).⁹⁸

"I had COVID way back in March and I am still not fully recovered, my lung capacity is greatly decreased, I now have chronic fatigue and I am unable to concentrate on anything. I was made redundant from both of my jobs, one of which told me I was redundant over facebook messenger. I have attempted suicide twice since lockdown began, and have not been given any meaningful help from my local mental health team. I am struggling to hold on."

Response shared via Engender's #WomenCovidScot project

123. Single parents – the vast majority of whom are women – also experienced exceptionally high levels of pressure and isolation. Engender set out evidence in 2021 that indicated that young women and disabled women were also more likely to report negative impacts on their mental health in response to the pandemic (Exhibits CM/94 and CM/95).⁹⁹
124. A significant proportion of frontline key workers were exposed to trauma and experienced adverse impacts on their mental health and well-being, both during the height of the crisis and beyond. Women made up the majority of frontline workers during the pandemic. This unequal impact on women's mental health was set out in a joint briefing with Close the Gap in May 2021 (Exhibit CM/95). The briefing assessed the effects of COVID-19 in Scotland on women's well-being, mental health, and financial security using data from a joint survey conducted by women's organisations across the UK.
125. The findings included that two-thirds of women said staying positive day-to-day had become harder since the last lockdown, compared to just over one-third of men (36%). Younger women were more likely to report that staying positive day-to-day had become more difficult. Almost three-quarters (71%) of women aged 18-30 said staying positive had become harder, compared to just over half (53%) of women aged 46 and over. Women were almost twice as likely as men to report that their mental health had gotten worse since the start of the pandemic (59% of women compared to 30% of men).

⁹⁸ Shadow Pandemic (2021) Shadow Pandemic - Shining a light on domestic abuse during COVID.

⁹⁹ Engender, Close the Gap (2021) Joint briefing on the impact of COVID-19 on young women's employment, financial security and mental health, November 2021; Engender, Close the Gap (2021) Joint briefing on the impact of COVID-19 on women's wellbeing, mental health, and financial security, May 2021.

Almost two-thirds of women (63%) said that staying active day-to-day had become harder since the first lockdown, compared to about one-third of men (34%). Younger women (64%) were more likely to report that staying active had become more difficult than women aged 46 and over (39%). Almost half (48%) of women reported that their diet and nutrition had gotten worse since the start of the coronavirus pandemic, compared to about a quarter (26%) of men.

126. A UK-level analysis of the survey data was also available in a joint briefing between the different organisations (Exhibit CM/96).¹⁰⁰ Findings across both analyses indicated COVID-19 had a disproportionate impact on women's wellbeing, mental health and financial security.

127. Women with a lower household income were more likely to report that their mental health had gotten worse during the pandemic. Sixty-four percent of women with a household income of less than £19,999 reported deteriorating mental wellbeing, compared with 55% of women with a household income of £40,000 and above. Younger women and disabled women were more likely to seek support for their mental health, and the research showed that key measures of well-being for women had declined more than for men. This was confirmed by further work with Close the Gap later in 2021, focusing on the disproportionate impact the pandemic was having on young women's worsening mental health (Exhibit CM/94).

128. This led Engender to advocate for gender mainstreaming to be systematically integrated throughout mental health policy to address young women's worsening mental health and to avoid exacerbating inequalities further. The National Mental Health Strategy refresh in 2022 offered a vital opportunity for the Scottish Government to address the mental health inequalities that were exacerbated by COVID-19 and the impact of the pandemic on women's mental health. Engender provided detailed feedback and set out a range of recommendations for a more gendered approach to mental health policy (Exhibit CM/87). However, the resulting strategy focused limited attention on these issues (Exhibit CM/97).¹⁰¹

¹⁰⁰ Fawcett, WBG, WEN Wales, NI Women's Budget Group, Close the Gap and Engender (2021) One Year On: Women are less likely than men to feel the Government's response to COVID-19 has met their needs.

¹⁰¹ Scottish Government and COSLA (2023) Mental Health and Wellbeing Strategy.

129. Mothers also experienced higher levels of anxiety during the crisis, with BME mothers and disabled mothers most affected (Exhibit CM/98).¹⁰² Around a third of BME mothers (34%) and BME fathers (32%) reported a high level of anxiety compared to 28% of white mothers and fathers. 58% of disabled mothers reported a high level of anxiety compared to 32% of non-disabled mothers and 24% of non-disabled fathers.
130. The trend of mothers experiencing higher levels of anxiety during the pandemic was further confirmed in Engender's joint research with the ALLIANCE on experiences of pregnancy and maternity (Exhibit CM/3). Being unable to access the support of friends and family had a hugely detrimental impact on many women, with mental health issues raised, especially for those having their first baby. The report makes specific recommendations on the need to address the lack of perinatal mental health support.

"I think with hindsight I was probably suffering from anxiety, but didn't recognise it and didn't seek support for it - I didn't know what it was and thought it was a normal part of becoming a parent. It was such a strange time that it was difficult to know what was related to COVID and what was related to having a new baby. I think with hindsight it would have made sense to keep a closer eye on new parents but that wasn't something that felt like a priority at the time."

Responses to a survey on experiences of pregnancy and maternity services during COVID-19

"Being pregnant and re-entering lockdown situations is awful. I relapsed into my eating disorder and lost a stone prior to the pregnancy but the relapse is still active and I've gained very little weight. I have some CPN support from the [location] perinatal mental health service but they can't offer me as much because of face to face restrictions. Husband has been able to attend scans but not emergency appointments or routine ones. What will happen at birth is a mystery and women are being stripped of choice - little to no option for home or water births, births that are highly medical and full of interventions, rushed to when giving birth then rushed out the door. I have very little trust my birth will be a positive experience and believe I will become very unwell afterwards due to trauma."

Response shared via Engender's #WomenCovidScot project

¹⁰² Close the Gap, Engender (2021) Joint briefing on the impact of COVID-19 on women with childcare responsibilities in Scotland, March 2021.

Occupational Health

131. Women make up the majority of frontline workers in social care, education and health care, and they are more likely to rely on public transport, increasing their exposure to COVID-19. Engender continually advocated for health and social care staff to have adequate testing and outlined how women with pre-existing health conditions faced particular health risks when employers required in-person work (Exhibit CM/18).

A teacher shared her experiences of schools re-opening in August 2020: *“Now back in the classroom since mid-August...It is not safe. The kids are packed in like sardines. No masks in classrooms and no sd [social distancing] happening indoors or outdoors makes it a COVID nightmare waiting to happen...Teachers and staff are threatened with GTCS [General Teaching Council Scotland] code of conduct or disciplinary action if they do speak out...If schools are to continue to be open we need blended learning. It's the only safe option for all. We need testing to be a priority for teachers, TA [teaching assistants] and pupils. We need to wear masks indoors anywhere and sd [socially distance] our pupils and sort out ventilation. Ex-shielded staff and pupils need to be protected by really minimising our contacts... When we have poor ventilation and lesson times of 80 mins, we really are sitting ducks. We have masks we can wear which protect no one if all are not wearing. I purchased my own n95 masks as I can't take the risk of a simple mask. If I get COVID, it will possibly reactivate a cytokine storm which I already suffer from...I can't risk the damage that did being repeated.”*

Response shared via Engender's #WomenCovidScot project

132. Engender's advocacy highlighted the urgent need for adequate PPE for women frontline workers, particularly in sectors where women predominate. Engender raised concerns about women workers not having access to PPE that was appropriately sized and fitted to their bodies, thereby increasing their exposure to COVID-19.
133. PPE has to be suitable for the person who is using it, but a 2016 survey showed that 57% of women reported that their PPE sometimes or significantly hampered their work (Exhibit CM/99).¹⁰³ The TUC are clear in their guidance on PPE that *“ill-fitting, uncomfortable or inappropriate PPE not only prevents women doing their job, it can be*

¹⁰³ TUC (2020) Personal protective equipment and women - guidance for workplace representatives on ensuring it is a safe fit.

a significant health and safety issue. PPE is after all meant to provide protection, so if it is unsuitable then it is not doing the job properly". PPE is predominantly designed for the sizes and characteristics of (white) male populations, and therefore women were put at disproportionate risk without equal protection during the pandemic.

134. On 27 April 2020, the Scottish Government announced the extended distribution of PPE to the whole social care sector via local hubs.

A teacher described a lack of PPE provision to staff looking after the children of key workers: *"I received a letter from the Head of Education at the local authority to inform us that we would be provided with full PPE by last week. However, when I arrived for my latest shift, there was no PPE for any staff member. In addition, there was no soap in the building, meaning that staff and children could not wash their hands properly. It is difficult to get young children to adhere to social distancing, and not having soap heightened our exposure to coronavirus. The lack of PPE puts us at risk, particularly as we are working with the children of frontline workers. The lack of soap in a school environment is outrageous at any point, never mind during a pandemic, which implies our risk is not being taken seriously."*

Response shared via Engender's #WomenCovidScot project.

Testing

135. Engender also highlighted the gendered implications of the UK Government's drive-through testing facilities, underlining that testing points must be accessible to workers who do not have access to a car, who are more likely to be women. Testing points also needed to be accessible to disabled people and to enable those with caring responsibilities to access a test conveniently and bring children with them if necessary. In a submission to the UK Parliament Women and Equalities Committee inquiry in May 2020, Engender outlined how drive-through testing centres established in Scotland did not adequately address the accessibility needs of those who do not have a car (Exhibit CM/28).

Vaccines

136. Women, particularly pregnant women, also reported confusion and delay over whether they should receive a COVID-19 vaccine.

“There was a massive delay (weeks, maybe months) between the Royal College of Obstetrics releasing guidance that pregnant women should get the vaccine (June 2021 I think) and for that advice to be trickled through to pregnant women.”

“The recommendations on vaccines were very vague. I relied on my own research and trusted academic journals and scientists. Nurses/midwives didn’t seem to know the answers and were loathed to offer advice or information. Getting the COVID-19 vaccination was a complete farce and I had to go through a friend who is a civil servant to get info and an appointment. It was very stressful.”

Responses to a survey on experiences of pregnancy and maternity services during COVID-19

137. Work by an expert group co-led by Oxford Population Health’s National Perinatal Epidemiology Unit in 2023 found that *“confused messaging and vaccine hesitancy”* may have contributed to the deaths of 27 women during the pandemic in the UK (Exhibit CM/100).¹⁰⁴ The analysis from MBRRACE-UK examined the circumstances of women who died during or up to a year after pregnancy between 2019 and 2021 (Exhibit CM/101).¹⁰⁵ The report found that *“confused messaging, because of a lack of research evidence, and consequent widespread vaccine hesitancy among clinicians and pregnant and postpartum women, notably among those from disadvantaged backgrounds and ethnic minority groups, has been well documented. These women’s deaths are evidence of the consequences. It is not clear, however, that plans are in place to prevent similar problems occurring in the future.”* Notably, the MBRRACE-UK work showed that gendered issues in information provision on vaccines are not unique to COVID-19, and it is vital that there is learning from the pandemic to address the fact that women are still dying of preventable diseases such as flu and that consistent, clear messaging on vaccination in pregnancy should be a priority.

*“I’ve been turned away from my vaccine slot because I am trying to conceive and they wouldn’t vaccinate me as I am 40+ and the recommended vaccine for my age group is AstraZeneca, which is not recommended in pregnancy. This was marked down as *me* refusing consent. I was also given a significantly out of date leaflet*

¹⁰⁴ BMJ (2023) COVID-19: confusion around vaccination during pregnancy likely to have contributed to deaths of 27 women in the UK.

¹⁰⁵ MBRRACE-UK (2023) Saving lives, improving mothers’ care - lessons learned to inform maternity care from the UK and Ireland: confidential enquiries into maternal deaths and morbidity 2019-21, October 2023.

*at my vaccine, which stated that pregnant women should not be vaccinated. The vaccinators and COVID helpline cannot refer me to a Pfizer/Moderna clinic as they apparently don't have the ability to do so, but if I were under 40, I could of course be sent...I feel like being 40+ a massive assumption has been made about me, and also that there is no consideration for women's peace of mind throughout the vaccination process...I am left in limbo - until I *am* pregnant I cannot be referred for a Pfizer vaccine. I am not refusing a vaccine, I want it. But there is no guidance out there for women in my position. I cannot be alone in this."*

Response shared via Engender's #WomenCovidScot project

138. Engender also identified concerns regarding information provision on the safety of vaccines for disabled women. Women who participated in a survey undertaken by Engender in 2021 cited a lack of information for people with certain disabilities and health conditions.

"I experienced serious side effects from the vaccination - there had been no useful information available regarding this, it was difficult even to get data from specialists as everyone was taking the "it's safe and it works" position. There was a lot of pressure to be vaccinated even though there was very limited non-mainstream information available. Because of my experience and the lack of good support afterwards, I am very unsure about having a second dose. This means that I continue to be worried about how safe it will be for me to go outside in future."

Response to a survey on disabled women's experiences, 2021

Access to Healthcare for Disabled Women

139. Disabled women experience distinct barriers to the realisation of their rights, including in experiences and access to healthcare. Existing work by Engender and disabled people's organisations (Exhibit CM/102)¹⁰⁶ exploring disabled women's experiences of parenting and reproductive health services in Scotland, also demonstrated barriers - including a lack of disability awareness, embedded stigma, and a significant gap in quality and accessible services - for disabled women within Scotland's social care, child protection, education, and healthcare systems. The research also found that women with multiple impairments and disabled women from

¹⁰⁶ Engender (2018) Our bodies, our rights: identifying and removing barriers to disabled women's reproductive rights in Scotland. See also <https://www.engender.org.uk/content/disabled-women/>.

marginalised groups, including BME, LBT, refugee, asylum-seeking, and migrant women, as well as younger, older, care-experienced, rural and low-income women, are likely to face additional barriers to accessing their reproductive, sexual and parental rights.

140. Engender was, therefore, acutely aware of a need to understand how disabled women were experiencing and accessing healthcare during the pandemic. Engender ran a survey from March until June 2021 to gather disabled women's experiences of services during lockdown (Exhibit CM/2). This was designed in partnership with People First (Scotland), a member-led Collective Advocacy organisation which supports people who identify themselves as having a Learning Disability.
141. Disabled women reported via the survey that the health services they required to manage their disability had been deemed non-essential, and appointments had been cancelled, for example, in audiology. When appointments did occur, they were reported to be shorter than usual, and several responses cited a lack of flexibility within health settings to meet their specific needs.

"No Audiology appointments available. This should have been a key service as without our aids, communication becomes very, very hard. Finally got an Audiology appointment in Dec 2020. I was told I could have dropped my hearing aid off at the dept to get it fixed...Wasn't ever told this in the emails! I was tested and my hearing had deteriorated in both ears so had to get a second hearing aid. Communication is a basic human right. I need hearing aids to hear - a main part of communication is listening. A breach of my human rights occurred because Audiology was not seen as a key service."

"I need to access in person but only managed one visit to my consultant - he would not take off his mask (if there is no loop system and there wasn't in the consulting room, I need to be able to lip read) and I really struggled to hear what he was saying."

"My GP wanted to have a consultation with me but would only use the telephone. I can't hear on the phone if it comes through a switchboard. My GP would not make a reasonable adjustment by using his mobile phone. I still have not had that consult. I don't know why he wanted to speak to me."

Responses to survey on disabled women's experiences, 2021

142. Others experienced significant changes to their social care and holistic support being disrupted or stopped altogether, such as support for everyday tasks like cleaning and laundry. Those with health conditions that put them at increased risk from COVID-19 reported high levels of anxiety when attending in-person medical appointments, noting that medical professionals did not always wear masks correctly.

"Since the lockdown last March I have accessed health services over the phone, in person, and via video call. As an immunocompromised person, remote healthcare has been a useful way to speak to my GP and specialists without the risk of going to hospital, although this has been less useful when I have been referred to new services as I have not met any of the staff. I have had to attend A&E and SIAU [surgical immediate assessment unit] multiple times throughout the year, and have had several scheduled outpatient scans and procedures, which were quite frankly terrifying both to attend and experience alone. All urgent in person care has been carried out with rigorous PPE & safety measures, which has been very reassuring, although this meant as a shielder, I was put into a solo room on the ward by myself which was isolating and quite frightening. Some services don't really work remotely, like videocall or telephone physiotherapy, and I know that this has led to more pain and discomfort than I would normally be in."

Responses to survey on disabled women's experiences, 2021

143. Most responses cited experiences of services moving to be only, or mainly, conducted by telephone or online. For some, this was positive as it helped ease concerns about attending essential healthcare appointments in person. However, remote services also created barriers to receiving healthcare for many others. Remote appointments were particularly challenging to deliver in certain areas of healthcare, such as psychiatric assessments and physiotherapy, and led to delayed diagnoses for some women. Use and ownership of the right technology were also issues, with one respondent explaining that she did not own a camera phone to take a photo needed for the doctor to diagnose the health issue. Having all services online did not consider those who could not use technology or who did not have access to digital devices during the pandemic.

"It's just not the same as face-to-face. I feel you can cover up real thoughts and feelings on the phone however in reality expressions, body language and emotions show more face to face."

“My doctors are all fantastic and very supportive and have been wonderful, checking in with me by phone. However, my sight is also affected and I think the deterioration of my sight would have been picked up on quicker if I'd been able to have a check-up in the last 14 months.”

Responses to survey on disabled women's experiences, 2021

144. In addition to their experiences with access to healthcare, several women commented on barriers to accessing the information they needed. Services required for newly diagnosed conditions were limited due to the public health measures. One woman described securing essential details on managing her health condition from doctors in a friend network, pointing to the fact that many others would not have such a support network, and so may struggle to manage.

145. Most disabled women answering the survey described significantly struggling with their mental health, some to the point of suicidal ideation. Isolation and anxiety about the risks of contracting COVID-19 built up over time. Many responses cited existing mental health difficulties, which were intensified by the pandemic due to the increased risks of COVID-19 for the disabled community, but also, crucially, the impact of losing disability support that was vital to everyday life.

“Lockdown severely affected my mental health, I felt alone, isolated and forgotten about by the world. A lot of ableist sentiment was shared online by people as well regarding releasing disabled and vulnerable people from shielding which also made me feel quite distressed about the thought of leaving my home again in the fear that I would be abused for simply being disabled and vulnerable but wanting to go out and live my life.”

“I'm more anxious in general - being told for months to stay home because I might die (and seeing figures on how many disabled people have died of COVID!) I was scared stiff. I didn't leave my house for months at a time and became quite paranoid. My mood has been low, and I'm struggling to re-join society in meaningful ways, because I've become so nervous.”

Responses to survey on disabled women's experiences, 2021

KEY LINES OF ENQUIRY

146. Engender suggests the following key lines of enquiry for consideration by the Inquiry in relation to health:

- Examine the eligibility criteria for key worker status and the nature of access to childcare and schooling provision for key workers' children, including NHS staff.
- Undertake a gendered examination of PPE and consider decisions made on the quantity and appropriateness of PPE obtained, and its availability and adequacy for social care workers and unpaid carers, who are disproportionately women.
- Explore the supply of sufficient PPE to schools, especially while they were open to key workers' children early in the pandemic.
- Examine decision-making on risk management for teachers and children, especially those with health issues, and school guidance on requiring at-risk staff to return to in-person teaching.
- Examine decision-making on abortion, including to identify good practices. Consider the impact of pandemic restrictions on women's access to late-term abortion and whether and how a gender analysis of decision-making on travel restrictions facilitated or impeded that access.
- Investigate the rationale for drive-through testing facilities, the gender and intersectional analysis that preceded the decision, and any disaggregated data on usage of the facilities to understand the impact.
- Scrutinize how information about COVID-19 vaccines and pregnancy was disseminated in Scotland and what lessons can be applied to future vaccination rollouts to the public.
- Examine decision-making on what health services were deemed essential and the extent to which consideration was given to the impact of suspension of 'non-essential' services on disabled people.
- Assess guidance on masks at different points during the pandemic, particularly regarding the impact on disabled people at increased risk from COVID-19. This should include considering guidance on necessary adaptations, such as removing masks so people with hearing impairments can lip read.

- Examine guidance to health professionals on balancing risks when deciding whether face-to-face appointments were offered to disabled women who struggled with remote provision.

Paid Work and Economic Policy

147. Women experience inequality with men regarding how they can participate in and benefit from the economy as it is currently structured. Across the board, women's incomes are lower than those of men (Exhibit CM/103).¹⁰⁷ Women have less access to well-paid and secure work (Exhibit CM/104)¹⁰⁸; women are more reliant on social security entitlements that have seen significant cuts in recent decades and have not kept pace with the rate of inflation (Exhibit CM/35). Women also have less access to pensions (Exhibit CM/105)¹⁰⁹, and many do not have equal access to resources within households. Women make up the majority of lone parents, primary caregivers for children and unpaid carers for disabled and older people. Women's poverty is also inextricably linked with child poverty (Exhibit CM/59).

148. These aspects of economic inequality and poverty worsened for women during the pandemic, impacting the most marginalised women most severely. BME and disabled women experienced deeper poverty, with disabled women more likely to report struggling to make ends meet and BME women more likely to lose working hours throughout the crisis (Exhibit CM/98). For example, 39% of BME women reported losing working hours compared to 14% of white women.

Statutory Sick Pay

149. Engender continually highlighted that women were over-represented in industries where workers were most exposed to COVID-19 risk. Many women working in paid roles, such as domestic cleaning, hospitality, and increasingly, social care, are likely to be on zero-hours contracts or are self-employed. Access to statutory sick pay (SSP) and other employment rights, including furlough, was not guaranteed for many women. In addition, many of the jobs the UK Government recognised as priority roles were dominated by women – supermarket workers, nurses, carers, social workers, teachers,

¹⁰⁷ Women's Budget Group (2022) The gendered impact of the cost of living crisis.

¹⁰⁸ Close the Gap (2023) Working Paper: gender pay gap statistics.

¹⁰⁹ Age UK (2021) New Age UK analysis finds one in five UK women pensioners now living in poverty.

and childcare workers (Exhibit CM/106).¹¹⁰ These sectors are also highly reliant on the work of migrant women, who are chronically undervalued and underpaid in the UK labour market (Exhibit CM/107).¹¹¹

"I work in the creative industries. Of course, that means I have several other jobs on the go at the same time (show me anyone working in the arts who doesn't!). My zero-hours bar work has just disappeared due to the new central belt restrictions - but the guys have been kept on. My options for work are limited due to childcare - first homeschooling, now knowing that at any moment there could be a breakout in the school and they'll be sent home to self-isolate. Due to the nature of my work, I wasn't eligible for furlough, or the self-employed support scheme, and I'm still waiting on Universal Credit."

Response shared via Engender's #WomenCovidScot project.

Part-time Work

150. Women's propensity to work part-time meant they were also at greater risk of job disruption due to the pandemic. Women working part-time were 11 percentage points more likely to report losing working hours, with 26% of part-time working women reporting losing hours compared with 15% among their full-time counterparts (Exhibit CM/98). Women were also more likely to be ineligible for SSP due to the number of hours they worked or job insecurity. The inadequacy of rates of SSP led Engender and many other organisations to urge the UK and Scottish Governments to ensure SSP is paid at the rate of the living wage (as a minimum) and is eligible to all workers regardless of hours worked and time employed (Exhibit CM/98).

151. Engender raised how the incompatibility of paid work with homeschooling and childcare led to many mothers withdrawing from the labour market (Exhibit CM/98). For example, evidence indicated that women academics, many of whom could still work from home and therefore balance paid work and childcare, were making considerably fewer submissions to journals while their male counterparts were making more than usual (Exhibit CM/108).¹¹² These patterns were likely replicated across the labour

¹¹⁰ UK Government (March 2020) Guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision.

¹¹¹ Independent Age (2015) Moved to care: the impact of migration on the adult social care workforce.

¹¹² C. Flaherty (2020) No Room of One's Own – early journal submission data suggest COVID-19 is tanking women's research productivity.

market and have worrying implications for women's workplace equality in the long term. Data from Engender and other women's organisations in 2021 showed that mothers who worked part-time were more likely to report that they would have to take time off on no pay due to school closures (20%, compared to 12% of mothers who work full-time) (Exhibit CM/109).¹¹³

Furlough

152. A critical example of the impact of failures in gender mainstreaming in economic policy responses to the pandemic is the gendered implications of the furlough scheme. The scheme paid 80% of the employee's salary, which would leave many women, who are more likely to work in low-paid jobs, in poverty. It was left up to employers whether they topped up the salaries of furloughed employees. Research from 2021 showed that over half of young men (53%) had their furloughed salary topped up by their employer, compared to just over one-third of young women (35%). Just over one-quarter (27%) of young BME women had their furloughed salary topped up by their employer compared to 37% of young white women (Exhibit CM/94).

153. Women were more likely to be furloughed and put under more significant financial pressure. They were less likely to have access to savings to rely on if hours were reduced or they were made redundant (Exhibit CM/110).¹¹⁴ Across the UK, 1.19 million women were furloughed on 31 October 2020 compared with 1.14 million men (Exhibit CM/111).¹¹⁵ There have also been indicators that suggest the process was influenced heavily by intersecting discrimination against women and marginalised groups. Black and minority ethnic women and disabled women were significantly more likely to say they were unfairly selected for furlough than their white and non-disabled counterparts. Over a fifth of BME women (21%) felt they were unfairly selected for furlough because of their race, sex, age, disability, or health condition, compared to 1% of white women, and 19% of disabled women felt they were unfairly selected for furlough because of their race, sex, age, disability, or health condition, compared to 1% of non-disabled women (Exhibit CM/98).

¹¹³ Women's Budget Group (2021) Mothers on the lowest incomes are eight times more at risk of losing their job due to school closures in the UK.

¹¹⁴ Close the Gap (2020) Disproportionate Disruption The impact of COVID-19 on women's labour market equality.

¹¹⁵ UK Government (2020) Coronavirus Job Retention Scheme statistics: December 2020.

"I've just been furloughed ([on] full pay, I acknowledge it could be a lot worse). Decisions had to be made very quickly about what staff were to be furloughed and who was to be kept on. We have roughly 50:50 gender split in our department but an all-male management team. The only staff deemed business critical and kept on were men. It's really shone a light on how roles have been assigned and how unconscious bias has had an effect."

Response shared via Engender's #WomenCovidScot project

154. Engender expressed concern that many working mothers had been refused furlough, although the furlough scheme belatedly included the possibility of employers granting furlough to support caring responsibilities.

Caring Responsibilities

155. As the country began to lessen lockdown restrictions, Engender highlighted the importance of ensuring women had access to appropriate childcare support to remain in or return to paid work. For example, the Scottish Government placed paid childminder provision before familial care in the staged journey out of lockdown, which was likely to have negatively impacted women with lower earnings who were more likely to rely on family for childcare support.
156. Engender worked to ensure critical consideration of how part-time or shorter school days, delayed nursery opening, and indefinite reductions in social care packages aligned with expectations around restarting the economy. Where women could not work from home, it was unclear how they could be expected to balance commuting, workdays and shorter school days without wrap-around flexible childcare. Even where women could work from home, many told Engender it was impossible to do childcare and paid work simultaneously. Overall, the Scottish Government failed to consider these complications, thrown up by women's disproportionate caring responsibilities, as lockdowns eased and as it shaped policies on economic recovery.

"My partner and I have busy jobs and two young primary-age children. My employer hasn't mentioned furlough as an option for me and I am struggling to cope with two children who don't understand what is going on and my workload. My employer is offering flexibility, but there just aren't enough hours in the day for both me and my partner to do all the work we have to do and make sure that our wee people are taken care of. I'm worried about my mental health, but mostly about

my children. My partner earns a lot more than me and I'm seriously considering resigning.”

Response shared via Engender’s #WomenCovidScot project.

Economic Recovery Decision-Making

157. Despite a wealth of evidence on women’s economic inequality before and during the pandemic, mainstream economic policymaking in Scotland still does not reflect the reality of women’s lives and contributions to society (Exhibit CM/112).¹¹⁶ Responses to the economic shocks of the pandemic demonstrated starkly how patterns of inequality are repeatedly entrenched for women through a lack of gender competence and poor policy decision-making. Many measures relating to supporting the workforce did not consider the gendered nature of women’s work, low pay, and increased household and childcare responsibilities.

“Attempting to home-school children, whilst working from home, alone most of the time as my partner was working in a hospital, was one of the most stressful situations I have encountered. I felt like a failure as a parent and an employee. Constantly on edge, anxious, losing my temper with the children. No contact or support from school, family shielding, I felt completely alone, isolated and close to breaking point a lot of the time. We’re not a family that would usually need support, but I needed it then. I am so scared of the prospect of another lockdown over winter.”

Response shared via Engender’s #WomenCovidScot project

158. Engender, alongside Close the Gap, stressed to the Scottish Government that women’s needs had to be integrated into economic recovery efforts. Promoting a gender-equal recovery should have meant building a labour market and economy that values and counts women’s work and recognises the complexities of their lives. Yet, plans for economic recovery did not include an adequate gender analysis, which risks compounding the harms created during the pandemic into the long term.
159. Engender frequently cited the work of the short life ‘Advisory Group on Economic Recovery’ (AGER) as an example of a failure to undertake a gendered approach. The

¹¹⁶ Close the Gap, Engender (2021) Submission to the Advisory Council: Development of the National Strategy on Economic Transformation.

Group was formed to provide expert advice on Scotland's economic recovery after the immediate emergency response. Women's organisations submitted information to the AGER on the need to gender Scotland's approach to inclusive growth. However, despite the profoundly gendered nature of the crisis, the report did not recognise women's worsening economic position in the recommendations produced.

160. Engender outlined in July 2020 (Exhibit CM/112A)¹¹⁷ how significantly the AGER had failed to use a gendered approach to shape their advice and work on economic recovery for the Scottish Government. In fact, the AGER's final report in June 2020 (Exhibit CM/112B)¹¹⁸ included only one mention of the points raised by Engender and Close the Gap, by recognising the need for the Scottish Government's future economic recovery plans to "*be informed by gender-sensitive and sex-disaggregated intersectional data.*" However, although this gap was acknowledged, there was no evidence of gendered issues being integrated into any of the AGER's recommendations produced for the Scottish Government.

161. In 2020, Engender and Close the Gap shaped nine principles for designing and delivering gender-sensitive policymaking for economic recovery to share with policymakers (Exhibit CM/113).¹¹⁹ These included prioritising inclusive economic growth, investing in the care economy, reorganising and redistributing unpaid care, addressing the undervaluation and underpayment of women's work, and redefining measures of economic success beyond GDP. Engender called for the greater inclusion of women, particularly BME and disabled women, in defining economic growth. Existing patterns of growth not only leave women behind but actively exclude women. Changing this means considering which industries should be prioritised for investment and policy focus. It also requires systemic change in areas of production and individual enterprise that have functionally excluded women, particularly minority women. Finally, it necessitates meaningful consideration of the connection between unpaid work, principally done by women, and growth.

162. For Engender, the gender-blind approach to economic recovery was unsurprising due to the existing exclusion of reproductive labour in national accounting. This occurred

¹¹⁷ Engender, Close the Gap (2020) Response to the Advisory Group on Economic Recovery.

¹¹⁸ Advisory Group on Economic Recovery report, June 2020.

¹¹⁹ Engender, Close the Gap (2020) Gender and Economic Recovery research report, May 2020.

despite its estimated £1.1 trillion value, or around 56% of GDP (Exhibit CM/114).¹²⁰ Data analysis carried out for Engender in 2020 found that the loss of two hours of earnings per day for mothers with dependent children amounts to a loss of £33 per mother per day and, if replicated across the UK, amounts to a loss of £188,529,000 per day to the UK economy (Exhibits CM/31 and CM/46).¹²¹ On a population share basis (8%), Engender estimated that the impact of mothers' lost earnings or productivity would equate to £15,082,320 per day in Scotland. This figure will have increased as lockdowns were extended and women exhausted their annual leave and temporary flexibilities that had enabled them to maintain paid work.

"I'm trying to balance working from home and caring for a pre-schooler and eight year old and being unsuccessful at both. I'm feeling resentful towards my partner who is also working from home but does 12 hour days in a home office only surfacing for food and comfort breaks. He works extremely hard but all of the homeschooling and childcare responsibilities are down to me."

Response shared via Engender's #WomenCovidScot project

163. The invisibility and exclusion of reproductive labour from mainstream economic measures and decision-making has far-reaching consequences and entrenches gender inequality in Scotland. Increased caring responsibilities created barriers for women accessing education and training opportunities. A 2021 study found that 1 in 10 female respondents could not access such opportunities because of their caring roles, whilst no male respondents cited caring responsibilities as a reason they could not access training (Exhibit CM/94).

KEY LINES OF ENQUIRY

164. Engender suggests the following key lines of enquiry for consideration by the Inquiry in relation to paid work and economic policy:

- Examine decision-making around guidance for employers, particularly in relation to offering flexibility to staff with childcare or other caring responsibilities.

¹²⁰ Office for National Statistics (2016) Women shoulder the responsibility of unpaid work.

¹²¹ UK figures taken from Table 12B of the main data reference tables from the Office for National Statistics Families and Labour Market October 2019 based on the Labour Force Survey.

- Consider any data regarding changing employment patterns to understand the impact of a lack of flexibility on women's employment.
- Examine decision-making on any criteria in place for workers being included and excluded from different types of support, including furlough, particularly focusing on gendered dimensions and other areas of potential bias.
- Examine the establishment, terms of reference, and gender competence of Expert Advisory Groups, such as the Advisory Group on Economic Recovery, to ascertain the extent to which intersectional gender inequality was factored into decision-making and recommendations to the Scottish Government.

Violence Against Women and the Justice System

165. Engender worked to amplify the expertise of organisations working in Scotland to prevent Violence Against Women and Girls (VAWG) and support survivors and their children. Early in the pandemic, Engender raised significant concerns about the impact of periods of isolation and social distancing on women's experiences of domestic abuse (Exhibit CM/18). Aspects of VAWG, such as coercive control, can intensify if women are 'locked down' inside the home with their abuser and without regular interaction with other people.

"I left a disastrous relationship, now recognised as coercive control, [a number] years ago. The impact of the relationship on my own mental health and our two children was compounded by manipulation and control that is still playing out these years later. In lockdown, both our children, now young adults, are staying with me. We recently had to go and pick up a delivery from their father's house, some 30 miles away. He got in touch after the pick-up, demanding I explain to him why I was breaking social distancing rules and threatening to "take matters further" if I did not respond. When I did not, he emailed my work demanding they take action. Last time he contacted my work, shortly after leaving, I was interviewed by police and social work due to allegations of child abuse. His enduring, controlling vengeance exhausts and scares me."

Response shared via Engender's #WomenCovidScot project.

166. Globally, violence against women services had to change the delivery of vital support radically and needed resources to do so. Interactions with health and education frontline services are typically crucial in identifying suspected cases of VAWG, and these services were seriously limited in their ability to interact with victims/survivors. In Spain, a system was developed where women experiencing gender-based violence while under national lockdown could alert their local pharmacies, as pharmacies were one of the few accessible services. A similar scheme, 'Ask for Ani', was launched in the UK in January 2021 (Exhibit CM/115).¹²²
167. The same services also subsequently had to deal with the long-term consequences of lockdowns and increased numbers of victim-survivors coming forward after the period(s) of isolation ended (Exhibit CM/116).¹²³ In early 2020, Engender recommended that extra financial support be provided to VAWG services in Scotland which needed to transition to remote working and to help explore new ways of providing support both during and after the immediate crisis (Exhibit CM/18). At the end of March 2020 and in September 2020, the Scottish Government responded to these calls by providing additional funding for VAWG organisations and related charities across Scotland to help with the increase in demand for support services from victims of abuse (Exhibits CM/117 and CM/118).¹²⁴
168. Engender also echoed (Exhibit CM/41) concerns from Scottish Women's Aid about the impacts of safety measures on the provision of refuge accommodation. This included highlighting challenges due to social distancing and isolation protocols, including fewer available refuge spaces and barriers to moving women and their children into more permanent accommodation (Exhibit CM/119).¹²⁵ It was also reported that some local authorities did not designate support workers in VAWG organisations as key workers, creating barriers to delivering these services.

¹²² Sky News, Domestic abuse victims can 'Ask for Ani' at pharmacies as codeword for needing help, 14 January 2021.

¹²³ The National, 'We need new ways to protect women from violence during pandemic', 22 March 2020.

¹²⁴ Scottish Government (2020) Support for victims of domestic violence during COVID-19 outbreak; Scottish Government (2020) Tackling violence against women and girls.

¹²⁵ Scottish Women's Aid (2020) Crisis and Resilience: the impact of a global pandemic on domestic abuse survivors and service providers in Scotland.

169. Women isolating at home with abusive perpetrators were also at increased risk of financial abuse and control during this period (Exhibit CM/120).¹²⁶ Engender raised in early 2020 the continued risks that the single household payment of Universal Credit places on women experiencing domestic abuse (Exhibit CM/18). The payment of Universal Credit as a single household benefit has been a consistent area of advocacy for Engender. It remains a commitment by the Scottish Government that has yet to be realised. Engender has consistently argued that it is regressive, reinforces outdated ideas about male breadwinners and female caregivers, and is a direct risk for women experiencing domestic abuse. Payments should be automatically split to ensure each partner has an independent income that addresses their needs (Exhibit CM/35).
170. Engender focused on the need for more targeted financial support to be available for women leaving abusive partners. In October 2020, Engender urged the Scottish Government to explore options for a dedicated support fund or entitlements with clear guidance that enabled short-term recurring payments to support women leaving an abusive partner (Exhibit CM/41).
171. As part of this, Engender also raised whether existing financial support through the Scottish Welfare Fund (SWF) could be utilised more effectively by local authorities to support women experiencing domestic abuse during the pandemic. As previously raised in the section on Social Security, women leaving abusive partners are identified as one of the groups that apply for financial assistance from the SWF (termed as 'people fleeing domestic abuse') (Exhibit CM/63). Engender highlighted that the Scottish Government's guidance for local authorities on the delivery of the SWF lacked detailed information on how the Fund could be used to meet the acute needs of women experiencing domestic abuse during the pandemic (Exhibit CM/41).
172. Engender also received feedback from partner organisations indicating that COVID-19 was providing a pretext for perpetrators with shared contact arrangements to refuse to allow their child or children to return to their mother:

"I had made a police report and social work report for serious issues, but due to the pandemic he was not properly interviewed and a serious child related incident and years of historic abuse were lessened to 'just a joke' by him over the phone and the cases were closed without further investigation. Solicitor and court matters

¹²⁶ Surviving Economic Abuse (2020) Economic abuse and the COVID-19 outbreak.

are all via telephone and a child hearing will be carried out by conference call - leaving me feeling alone, unsupported and without all information being able to be given - body language etc. I feel my ex can hide behind the telephone and I'm worried, because this matter is so incredibly important and will have a huge impact on mine and my children's futures."

Response shared via Engender's #WomenCovidScot project.

Court Closures

173. Engender raised concerns about court closures, which led to significant delays to cases and negative consequences for survivors, including safety issues for women experiencing domestic abuse.¹²⁷ The negative impact of the closure of courts to survivors was significant, including impacts on the mental health of women as processes were delayed for many months. Many women experienced depression, anxiety, and re-traumatisation. Engender recommended that the Scottish Government explore innovative options to protect women's access to justice, including juryless trials in the instance of rape and serious sexual assault (Exhibit CM/18).

174. In addition, insufficient gender analysis was undertaken to inform measures to restart jury trials, particularly the effects of virtual trials on jury representation. Restarting trials required jurors to leave their homes, risking exposure to COVID-19. Engender questioned how women's increased burden of childcare and homeschooling would affect their representation on juries (Exhibit CM/121).¹²⁸ In June 2020, the proposals for restarting courts were made but not accompanied by an EQIA, reinforcing concerns about de-prioritising the PSED during the pandemic.

"I am staying in a hostel after leaving an abusive relationship. Because of COVID-19, all of my court proceedings about getting a divorce, my case against him, and my immigration status have been stopped and my solicitor is on furlough. I am getting support on the phone from Rape Crisis Scotland and [name of local] Women's Aid and they are wonderful, but it is so difficult. Most days I just don't leave my room. Meanwhile, my ex is using his free time to contact all of my friends

¹²⁷ I am aware that Rape Crisis Scotland and Scottish Women's Aid will provide further information to the Inquiry on the impacts of court closures for survivors of gender-based violence.

¹²⁸ Engender (2020) Parliamentary Briefing: Criminal Trials During the COVID-19 Outbreak, April 2020.

and family and spread vicious rumours about me as well as sharing intimate details.”

Response shared via Engender’s #WomenCovidScot project.

Women in Prison

175. Engender also raised the impact of the Scottish Government’s decision-making on women prisoners. The decision to exclude prisoners on remand from the Early Release scheme meant that women charged with non-violent offences were kept in custody, risking their health. Women in prison and detention were often held in overcrowded facilities, not suitable for social distancing, and the vast majority posed no risk to public safety. Engender advocated for the release of women detained in prison or detention centres for non-violent offences.

KEY LINES OF ENQUIRY

176. Engender suggests the following key lines of enquiry for consideration by the Inquiry in relation to violence against women and the justice system:

- Examine guidance and decision-making in relation to key worker status, including whether gender analysis was undertaken, whether key worker status included domestic abuse support workers, and whether consideration was given by decision makers to the crucial nature of these services when deciding key worker status.
- Examine if guidance was given to those enforcing COVID-19 regulations on how to identify and address the impacts of pandemic-related measures on cases of domestic abuse.
- Scrutinise the decision-making on restarting courts and the processes put in place for holding remote court hearings (both criminal and civil). Examine what consideration was given to enhancing safety for survivors participating in remote hearings and how they were supported to participate. Examine whether any EQIA was undertaken on these proposals.
- Examine the impact of virtual trials during the pandemic on juries’ representativeness. Assess data on juries’ gender balance before the pandemic, comparing it to gender representation at virtual trials. The inquiry should also consider representation based on age, ethnicity, and socio-economic group.

- Examine any accompanying gender analysis in decisions on the Early Release Scheme for prisoners. In particular, whether EQIAs were conducted to inform these decisions.

Concluding comments

177. Engender's statement has laid out in detail the numerous ways the pandemic disproportionately and negatively impacted women's lives in Scotland, exacerbating the deep fault lines of gender inequality. The dramatic shifts in the burden of care and education, loss of income from paid work, increases in financial precarity, inadequate social security supports, underlying health inequalities, lack of recognition in economic planning, and intensifying men's violence, particularly in the form of domestic abuse, fundamentally shaped women's lives during the Covid-19 outbreak. There are many clear examples included in this statement of how additional intersecting forms of inequality compounded and added to these impacts for marginalised and minoritised women. The continuing significance and legacy of these impacts from the pandemic on women's everyday lives, particularly the most marginalised women, and the threat this poses to Scotland's progression toward intersectional gender equality, cannot be overstated.

178. To ensure this impact is fully understood and recognised in the public record by the Scottish Covid Inquiry, we have included numerous lines of enquiry to be taken forward. This Inquiry presents a vital opportunity for lessons to be learned on how key junctures to embed an intersectional gendered approach in the Scottish Government's policy responses during the pandemic, and in recovery efforts, were missed or ignored. The many instances of failure to ensure women, especially marginalised women, were fully accounted for in the design and delivery of public policy underlines the fundamental need for effective mainstreaming of gender and equalities approaches across the Scottish Government, and for adequate prioritisation and resourcing. We urge the Inquiry to examine how decisions were made by the Scottish Government and public bodies regarding the prioritisation of intersectional gender equality. It is critical that we ensure future pandemics or similar crises in Scotland do not lead to significant parts of our population being left to deal with such a disproportionate burden in terms of the fallout.

Personal Data

Signature:

Name: Catherine Murphy

Date: 07/11/2024