

ENGENDER RESPONSE TO THE CALL FOR VIEWS ON THE AIMS AND PRINCIPLES OF THE SCOTTISH COVID-19 PUBLIC INQUIRY

October 2021

1. INTRODUCTION

Engender welcomes this opportunity to comment on the Aims and Principles paper that will shape Terms of Reference for Scotland's Inquiry into Covid-19.

Over the past eighteen months we have undertaken extensive work on the impact of the pandemic and of public policy responses on different groups of women and on structural gender inequality.¹ We have seen a widely recognised rollback on women's rights and equality in terms of health, care, financial security, employment, violence against women and housing. Within this, specific issues and even deeper impacts have manifested for Black and minoritised women, young women, disabled women, unpaid carers, mothers, pregnant women, LGBTI women, and women with insecure immigration status, amongst other groups who experience intersecting forms of oppression and discrimination. The extent of these gendered impacts and the long-term implications for women and girls are as yet unknown.

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. For example, although the Advisory Group on Economic Recovery's report covers unquestionably gendered areas, such as employment, skills, enterprise and entrepreneurship, education, care, and macroeconomics, the systemic links with gender inequality are not made clear.

¹ Reports, consultation responses and parliamentary briefings can be found at: <u>https://www.engender.org.uk/content/publications/</u>

It is therefore vital that the Terms of Reference for the Inquiry include an intersectional focus on equalities, and that it seeks to identify cumulative impacts on gender equality, as well as harms caused to different groups of women. An intersectional equalities mainstreaming approach must be integrated across **all four harms** identified in the draft aims; women have been disproportionately and specifically impacted by the pandemic in terms of direct health impacts, other health impacts, societal impacts and economic impacts. Equality cannot be treated as a separate theme, but must be understood as integral to all aspects of the Inquiry's scope.

2. A GENDERED APPROACH TO THE INQUIRY

Gender mainstreaming means ensuring that intersectional gender perspectives are embedded within the development of a process, policy or programme from the very outset, with a view to promoting equality between women and men, and combating discrimination. It is the critical methodology for ensuring that states, agencies, and public bodies integrate consideration of the differences between men's and women's lives into policymaking. Equality objectives can then be strategically worked towards as a central aim of the given work. In this instance, this requires that equality, and specifically gender, are clearly set out within the Terms of Reference for the Inquiry.

There must also be adequate and diverse representation of gender expertise on the team appointed to undertake the Inquiry. Whilst vitally important, gender balance alone is not enough to ensure that structural and intersectional inequalities are systematically taken into account. Further to official appointments, it is vital that the inquiry seeks iterative input from equalities experts, in addition to experts by experience, throughout its design and subsequent work. We welcome the personcentred focus set out in the principles paper and agree that this is vital. Success will require participation that recognises how individual needs have been undermined, as well as the scale of impacts on different groups; one individual's experience is informed by structural oppression but is not alone reflective of it. Inclusion of lived experience must therefore sit alongside a comprehensive structural analysis. Integrating and balancing forms of expertise should be a priority within design of the Inquiry.

We also welcome the intention to adopt a human-rights based approach, which in general terms holds great potential to improve women and girls' lives. However,

greater attention to human rights approaches² must be managed in such a way that does not exclude a structural analysis of inequality. Whilst human rights and equalities lenses overlap, they have not yet been integrated in practice. The draft Human Rights Bill, including incorporation of CEDAW, and the Scottish Government's forthcoming equality and human rights mainstreaming strategy, may offer an opportunity to further embed these analyses in a complementary way.

3. IMPACTS OF THE PANDEMIC ON WOMEN'S EQUALITY

Engender has written extensively over the last eighteen months on the impacts of the pandemic, and subsequent policy decisions, on women's equality. This includes research and analysis on gender and economic recovery, on gathering and using data to integrate women's equality and rights into the COVID-19 response, and the impact of COVID-19 on women's caring roles, mental health, economic position, social security, and access to justice.³ Engender's 'Women Covid Scot' platform collates the experiences women share with us about how COVID-19 is impacting their lives, outlining the scale of constant pressure they face from multiple directions.⁴

A summary of issues that have shaped women's lives since the beginning of the crisis are set out below. These represent or have emerged because of pre-existing, structural inequalities that have been exacerbated and deepened by the contours of the pandemic. Much of this has been especially pernicious for disabled women, Black and minoritised women, women with caring roles, younger women, and older women, amongst other oppressed and further marginalised groups. In order to deliver recommendations and outputs that are meaningful for women and girls, the Inquiry must be built on understanding of these and other gender analyses.

Vitally, much of this evidence and experience is also relevant in terms of futureproofing – the Inquiry must seek to learn lessons from actions that have served to disadvantage women and undermine gender equality.

The points made below are not intended as an exhaustive list of issues experienced by women and girls throughout the crisis. Indeed, we envisage engaging with the Inquiry further down the line with regard to specific issues that could have been

² For example in budgeting processes and wider mainstreaming initiatives.

³ Reports, consultation responses and parliamentary briefings can be found at: <u>https://www.engender.org.uk/content/publications/</u>

⁴ Engender (2021) Covid-19 and women's equality. Available at: <u>https://www.engender.org.uk/content/covid-19/</u>.

handled differently. Rather, this overview is intended to highlight why a mandated focus on intersectional women's equality in the Terms of Reference is necessary.

3.1 Gender mainstreaming

The lack of gender mainstreaming in crisis management and ongoing interventions has contributed to the exacerbation of women's inequality that we have seen. There has been a notable failure to comply with statutory mainstreaming obligations, despite additional equality and non-discrimination requirements within Scotland's Coronavirus Acts.⁵ This has included a significant deterioration in delivery and quality of equality impact assessments, with this vital tool frequently applied after policy had been developed or even after it had been announced.⁶ Whilst crisis management decision-making happens quickly, this intensifies the need for gender mainstreaming rather than excuses its absence.

Evidence tells us that in working at pace, public bodies can overlook critical differences between men's and women's lives, entrenching and exacerbating women's inequality.⁷ In order to rapidly develop public policy and legislation that works for women, it is imperative that Scottish Government analyses and uses evidence that captures women's experiences. However, much of the data that Scottish Government and its agencies are gathering, using, and analysing is not gender-sensitive.⁸ This obscures women's realities, prevents gender-competent policy development and undermines the Scottish Government's ability to respond to the needs of women and girls.⁹

3.2 Health

COVID-19 intersects with gendered health inequalities in multiple ways. Women's health issues are diagnosed and treated differently, are less prioritised within research, and taken less seriously by practitioners than those of men. Pain, mental

⁷ See Davies, Sara E., and Belinda Bennett (2016) "A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies." International Affairs 92 (5): 1041–1060. doi:10.1111/1468-2346.12704.; Smith, Julia (2019) "Overcoming the 'Tyranny of the Urgent': Integrating Gender into Disease Outbreak Preparedness and Response." Gender & Development 27 (2). Routledge: 355–369. doi:10.1080/13552074.2019.1615288.

 ⁵ Section 9 Coronavirus (Scotland) Act 2020. Available at https://www.legislation.gov.uk/asp/2020/7/contents
 ⁶ Engender (2020) Submission of evidence to the Equality and Human Rights inquiry on the impact of COVID-19 pandemic on equalities and human rights. Available at:

https://www.engender.org.uk/content/publications/Engender-submission-of-evidence-EHRiC-Inequalities-and-Covid19.pdf.

⁸ Gender-sensitive data are statistics and other information that adequately reflect gendered differences and inequalities in the situation of women and men in all areas of life.

⁹ Engender (2020) Covid-19: Gathering and using data to endure that the response integrates women's equality and rights. Available at: engender.org.uk/content/publications/Covid-19-Gathering-and-using-data-to-ensure-that-the-response-integrates-womens-equality-and-rights.pdf

health and chronic post-viral conditions are notable areas within this.¹⁰ Women continue to be exposed to Covid-19, and to experience related stress and anxiety, as frontline workers in health care, social care and education. Black and minoritised women and migrant women are over-represented in these occupations.¹¹

The full gendered nature of the health impacts of Covid-19 are still unknown. Emerging evidence demonstrates higher rates of long-covid among women, who are 35% more likely to report ongoing illness than men.¹² More young women (aged 20-39) have been admitted to hospital at all stage of the pandemic than male counterparts,¹³ and there are increased health risks for pregnant women, as well as greater risk of pregnancy complications.¹⁴ Women are almost twice as likely as men to report that their mental health has worsened since the start of the pandemic,¹⁵ with Black and minoritized women, young women, disabled women, unpaid carers and those on lower incomes particularly affected.¹⁶

Gendered issues regarding healthcare during the pandemic have included access to perinatal, maternity, fertility and sexual health services, access to contraception, access to screening programmes, the move to digital by default, a lack of appropriately sized and fitted PPE, and inconsistent advice and support for pregnant women.

3.3 Care

Division of labour between women and men remains profoundly gendered. Women's access to paid work, leisure time and power remains heavily constrained by traditional social roles as carers and mothers, even as they have increasingly

¹⁰ Engender (2021) Vision for a feminist recovery: Engender manifesto for the Scottish Parliament election 2021. Available at: <u>https://www.engender.org.uk/content/publications/Vision-for-a-feminist-recovery---Engender-manifesto-for-the-Scottish-Parliament-Election-2021.pdf</u>

¹¹ Women's Budget Group (2020) 'It is women, especially low-paid, BAME & migrant women putting their lives on the line to deliver vital care.' Available at: <u>https://wbg.org.uk/blog/it-is-women-especially-low-paid-bame-</u> <u>migrant-women-putting-their-lives-on-the-line-to-deliver-vital-care/</u> (Accessed 3 May 2021).

¹² ONS (2021) All data relating to prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK. Available at:

https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/datasets /alldatarelatingtoprevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk (Accessed 3 May 2021).

¹³ SAGE <u>https://www.sciencefocus.com/news/covid-19-young-women-at-higher-risk-of-hospitalisation-than-men/</u>

¹⁴ https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/

¹⁵ Close the Gap and Engender (2021) Joint briefing on the impact of COVID-19 on women's wellbeing, mental health, and financial security. Available at: <u>https://www.engender.org.uk/content/publications/Close-the-Gap-and-Engender-Joint-briefing-on-the-impact-of-COVID-19-on-womens-wellbeing-mental-health-and-financial-security.pdf</u>.

¹⁶ WBG <u>https://wbg.org.uk/wp-content/uploads/2020/06/BAME-women-and-Covid-FINAL.pdf</u>

entered and remained in the labour market.¹⁷ This has been exacerbated by the response to COVID-19, which has seen a significant displacement of care and childcare from services to households throughout lockdown and school closures, and exposed the lack of value that we place on the unpaid and paid care work that is predominantly done by women.¹⁸

Social care

The provision of unpaid and social care in Scotland is highly gendered. Women are the majority of social care service users,¹⁹ the majority of unpaid carers, and the vast majority of the social care workforce, accounting for 85% of employees across the sector and up to 96-100% in particular subsectors.²⁰ Between 59% and 70% of unpaid care is delivered by women in Scotland, worth approximately £10.8 billion to the economy per annum.²¹ Women are twice as likely as men to give up work to carry out unpaid care,²² are much more likely to juggle caring with (often low-paid) employment, and to provide care for more than 35 hours per week.

The crisis has increased demand on an already under-valued, over-burdened and under-resourced social care system, staffed predominantly by under-paid and overworked women. Unpaid carers have plugged gaps where social care services and support were withdrawn – sometimes overnight – and where assessments have been delayed. By early stages of the pandemic, there were an estimated 1.1 million unpaid carers in Scotland, an increase of 34% percent as a result of Covid-19.²³

Childcare

Women continue to provide the majority of primary care for children,²⁴ with time use data showing that women provide more than double the amount of unpaid work when it comes to childcare, cooking and housework.²⁵ Meanwhile, 20% of UK households with dependent children (aged 15 or below) are headed by single

¹⁷ Engender (2020) Gender & Unpaid Work: The Impact of COVID-19 on Women's Caring Roles. Available at: https://www.engender.org.uk/content/publications/1594974358_Gender--unpaid-work---the-impact-of-Covid-19-on-womens-caring-roles.pdf

¹⁸ Folbre, Nancy (2020) "The Care Theory of Value." Care Talk. https://blogs.umass.edu/folbre/2020/04/08/the-care-theory-of-value/.

¹⁹ 75% of social care clients are aged 65 or more, of whom 67% are women

²⁰ Scottish Social Services Council (2018) Scottish Social Service Sector: Report on 2017 workforce data
²¹Carers UK (2015) Valuing carers 2015

²² Skills for Care (2012) Carers Matters – Everybody's business

²³ National Carer Organisations (2021) A manifesto for unpaid carers and young carers

 ²⁴ V. Alakeson (2012) The price of motherhood: women and part-time work. (Resolution Foundation)
 ²⁵ EU Harmonised Time Use Surveys, HETUS 2010 (round 2, 2008-2015). Analysis available at:

https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldertheresponsibilityofunpaidwork/2016-11-10

mothers, a fact that is masked by the top-line household figures.²⁶ The high cost and insufficient availability of childcare remains a significant barrier to women's ability to work, study and train.

Childcare responsibilities during the crisis has been the most common strain women have raised directly with Engender.²⁷ During the first lockdown women were interrupted by children while doing paid work 50% more than fathers.²⁸ Even where mothers were the higher earner, they still did more childcare and the same amount of housework as their male partner.²⁹ This incompatibly of paid work, homeschooling and childcare has seen mothers withdraw from paid work, and poses significant risks for women's mental health and economic equality.³⁰

3.4 Financial inequality

These structural gender inequalities regarding care mean that women earn less and are more reliant on dysfunctional social security programmes than men. Poverty is a significantly gendered phenomenon, with women more likely to live in poverty and to experience in-work poverty.³¹ Black and minoritised women, disabled women and trans women, amongst other marginalised groups, experience significant income inequality compared with white women. Women's lesser access to resources, including within households, leads to and sits within a vicious circle of lesser access to power, security and safety.

Social security

Women's economic inequality has been augmented by the UK Government's 'welfare reform' programme, causing poverty and insecurity that pre-dates the pandemic. By 2021-22, 59% of the cumulative social security cuts will have come from women's purses.³² In Scotland, women are currently 88% of applicants for devolved direct-application social security payments.³³

Recourse to social security during the pandemic has rocketed³⁴ as a result of operating restrictions on employers and escalating volumes of unpaid work.

²⁶ C. Hupkau, B Petronglo (2020) COVID-19 and gender gaps: Latest evidence and lessons from the UK

 $^{^{\}rm 27}$ Engender (2020) Covid-19 and women's equality.

 ²⁸ A. Andrew et. al. (2020) How are mothers and fathers balancing work and family under lockdown? IFS.
 ²⁹ ibid

³⁰ Engender and Close the Gap (2021) Joint briefing on the impact of COVID-19 on women with childcare responsibilities in Scotland

 $^{^{31}}$ UK Government (2019) National Statistics Households below average income: 1994/95 to 2017/18

³² WBG (2018) Social Security Briefing

³³ Social Security Scotland client diversity and equalities analysis to November 2020

³⁴ Rates of Universal Credit applications doubled over the course of 2020: UK Government stat-xplore (2021) Starts to Universal Credit

Consequently, significantly more families are now exposed to aspects of the 'welfare system' such as the two-child limit, five-week wait and single household payment³⁵ all of which have severe consequences for women's human rights and poverty levels. The temporary uplift to Universal Credit worth £20 per week has been insufficient to compensate for years of the benefits freeze,³⁶ a policy that has especially egregious impacts for lone parents, nine in ten of whom are women.³⁷ The refusal by the UK Government to retain the uplift at a time of sharply rising costs poses significant threat to women's financial security and therefore child poverty rates.

Labour market

Women's labour market participation is characterised by occupational segregation that sees women overrepresented in certain undervalued and low-paid sectors.³⁸ Women account for 60% of workers earning less than the Living Wage, and Scotland's gender pay gap persists at 13.3%.³⁹ Women are less likely to have access to savings to rely on if hours are reduced or they are made redundant. All of this is disproportionately experienced by women who face multiple structural inequalities, including Black and minoritised women, disabled women, trans women, and younger and older women.

Women's labour market inequality has deepened over the course of the pandemic. Women – especially Black and minoritised women and younger women – are more likely to be employed in a sector that was shut down or affected by social distancing restrictions, such as tourism, retail, services and hospitality.⁴⁰ Since the start of the crisis 18% of women have been forced to reduce their hours, compared to 10% of men, and one in four women are considering downshifting their career or leaving the workforce entirely.⁴¹ While the furlough scheme belatedly enabled employers to support employees' caring roles, 71% of working mothers have been refused it.⁴²

3.5 Violence against women

Violence against women is a human rights violation and a cause and consequence of women's inequality. Men's violence against women is endemic. At least one in five women in Scotland will experience domestic abuse in her lifetime and an average of

³⁶ Joseph Rowntree Foundation (2020) Autumn Budget - why we must keep the £20 social security lifeline ³⁷ EHRC (2018) The cumulative impact of tax and welfare reforms

³⁵ Sefton, T., Monk-Whinstanley, R. and Howes, S. (2020) No one knows what the future can hold

³⁸ Close the Gap (2020) Disproportionate disruption: The impact of COVID-19 on women's labour market equality.

³⁹ Close the Gap (2020) Gender Pay Gap Statistic 2019

⁴⁰ Close the Gap (2020) Disproportionate Disruption: The impact of Covid-19 on women's labour market equality

⁴¹ Women in the Workplace (2020), McKinsey and LeanIn.Org.

⁴² TUC (2021) Working Mums Paying the Price. London.

three rapes is reported per day, yet even this shocking figure masks the true extent of sexual violence due to underreporting. Harassment permeates almost every aspect of women and girls' lives, constraining choices, opportunities and movement. Fear of men's violence alters how women navigate public spaces, participate in sport and leisure activities, and feel able to leave the home.⁴³

Since the outbreak of the pandemic, periods of isolation and social distancing have exacerbated women's experiences of domestic abuse. Women have faced significantly heightened barriers to accessing support from services and support networks, including legal advice and refuge accommodation. Many women and their children have been obliged to remain at risk with a perpetrator or seek other unsuitable forms of temporary accommodation.

Access to justice for victim-survivors of men's violence has been severely undermined by the closure of courts, where jury trials including domestic abuse and sexual crimes could not be heard. Even prior to this disruption, victim-survivors in Scotland faced procedural delays of up to two years, with the Scottish Courts and Tribunal Service now having an estimated backlog of nearly 50,000 trials due to Covid-19.¹

3.6 Housing

Women's access to safe and secure housing remains weak. Unequal access to resources and safety shapes women's experience of housing instability, with particular issues manifesting for Black and minoritised women, disabled women, and other oppressed groups. Women are the majority of renters in social housing and the minority of homeowners in Scotland, are more likely to be reliant on social security to cover housing costs, pay a greater share of their incomes on rent than men, are more likely to live in overcrowded housing or poor conditions, and are more vulnerable to housing insecurity.⁴⁴ Increasing numbers of young women, single women, women who have experienced gender-based violence, and women with children are entering homeless services.⁴⁵

The pandemic has increased this risk of homelessness and insecure or unsuitable housing for women, including women leaving abusive relationships. The lack of income support for renters has disproportionately impacted women in private rented accommodation. Increased flexibility for rent arrears and the temporary moratorium on eviction proceedings were welcome, but ultimately do not affect

⁴³ Engender (2020) Making Women Safer in Scotland: the case for a standalone misogyny offence.

⁴⁴ Engender (2020) Gender Housing and homelessness: A literature review Engender

⁴⁵ Engender (2020) A Woman's Place: Gender, Housing and Homelessness in Scotland

affordability of costs at a time of financial precarity for many women and their children. Most tenants will still need to pay an increased level of arrears at some point in future.⁴⁶

4. CONCLUSION

Women's economic and social inequality has been significantly undermined by the COVID-19 pandemic. Since March 2020, women have been experiencing poorer physical and mental health, increased levels of unpaid work, loss of paid work, greater reliance on state support, insecure housing and increased levels of gender-based violence.¹ As such we are seeing a rollback on women's human rights, and on hard-won progress on gender inequality.

This will impact on Scottish Government's commitments on gender equality, including recommendations from the First Minister's Advisory Council on Women and Girls, Equally Safe⁴⁷ (Scottish Government and COSLA's joint strategy on ending violence against women) and the Fairer Scotland for Women action plan on the gender pay gap.⁴⁸ Scotland's ability to fulfil existing and forthcoming human rights obligations has also been undermined.

Scottish Government must therefore take every opportunity to analyse emerging issues for women's equality, and embed intersectional gender mainstreaming throughout its recovery agenda and ongoing responses to the pandemic. As such, the Inquiry must include a focus on women's equality, in the Terms of Reference and throughout all strands of it work.

FOR FURTHER INFORMATION

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ABOUT US

Engender is Scotland's feminist policy and advocacy organisation, working to increase women's social, political and economic equality, enable women's rights, and make visible the impact of sexism on women and wider society. We work at Scottish, UK and international level to produce research, analysis, and recommendations for intersectional feminist legislation and programmes.

⁴⁶ Scottish Women's Convention (2020) Scottish Women's Convention response to The Scottish Parliament Equalities and Human Rights Committee Inquiry: COVID-19.

⁴⁷ Scottish Government (2018) Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls

⁴⁸ Scottish Government (2019) A Fairer Scotland for Women: Gender Pay Gap Action Plan