

Crises Collide: Women and Covid-19

*Examining gender and other equality
issues during the Coronavirus outbreak*

April 2020

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Crises Collide: Women and Covid-19

UK Women's Budget Group, 9 April 2020

Executive Summary

Covid-19 is a global public health crisis rapidly triggering an unparalleled socio-economic crisis. Crises collide with pre-existing inequalities so that different groups of society experience them differently and often, disproportionately. 73% of Covid-19 critical care cases in England, Wales and Northern Ireland are men.¹ However, growing evidence shows that due to pre-existing gender and other inequalities, different groups of women in the UK will experience Covid-19 in specific ways in the short, medium and long term.

This report sets out to build on this evidence: outlining issues relating to women and Covid-19 in the UK and makes recommendations for gender-sensitive improvements to the UK Government's response.

Key facts

- **Women are the majority of health and care workers.** 77% of healthcare workers are women,² as are 83% of the social care workforce.³
- **Women are the majority of workers with highest exposure to Covid-19.** Of the 3,200,000 workers in 'high risk' roles, 77% are women.⁴ Over a million of these workers are paid below 60% median wages. 98% are women.⁵
- **Young women are disproportionately likely to work in the sectors that have been hit hardest by the lock-down.** 36% of young women and 25% of young men worked in sectors that have been closed down including restaurants, shops, leisure facilities and travel and tourism.⁶
- **Women are more likely to be low paid and in insecure employment.** Women are the majority of low paid earners (69%)⁷ the majority of those in part-time employment (74%), involuntary part-time employment (57%), temporary employment (54%), zero-hours contracts (54%) and part-time self-employment (59%).⁸
- **Women are the majority of people living in poverty and female-headed households are more likely to be poor.**⁹ For example, 45% of lone parents (90% of whom are women) are living in poverty.¹⁰
- **Pre Covid-19, women were more likely to struggle with debt and bills.** 39% of women and 34% of men reported it was a struggle to keep up with bills, some or most of the time, 26% of women and 23% of men said they ran out of money by the end of the month and 29% of

¹ ICNARC, (4 April 2020), Report on 2249 patients critically ill with COVID-19, (<https://bit.ly/2JMQCx1>) Note: does not include cases from Scotland

² WBG, (2020), Health and Gender, (<https://bit.ly/2JMJBw2>)

³ Skills for Care (2019) The State of the Adult Social Care Sector and Workforce in England (<http://bit.ly/31UezsV>) p. 9

⁴ Autonomy (24 March 2020) The Jobs at Risk Index (JARI) (<https://bit.ly/2wVsCVH>)

⁵ Ibid.

⁶ IFS (6 April 2020) Sector shutdowns during the coronavirus crisis: which workers are most exposed? (<https://bit.ly/2XgDc4w>)

⁷ WBG (2020) Women, employment and earnings (<https://bit.ly/2R4d4pi>)

⁸ WBG (2020) Women, employment and earnings (<https://bit.ly/2R4d4pi>) based on ONS (Oct 2019) EMP01 SA: Full-time, part-time and temporary workers (seasonally adjusted) (<http://bit.ly/2pZwHnW>)

⁹ WBG (2018), The female face of poverty, (<https://bit.ly/34iMVZa>)

¹⁰ WBG (29 March 2019) DWP data reveals: women and children continue to be worst affected by poverty (<https://bit.ly/2xHdxHi>)

women and 23% of men said they would not be able to make ends meet for a month or less if they lost their main source of income.¹¹

- **On average, women carry out 60% more unpaid work than men.**¹² This means they earn less, own less and are more likely to be living in poverty.
- **Women are more likely to experience domestic and sexual violence and abuse.** 20% of women and 4% of men have suffered sexual assault, including attempts, since age 16, equivalent to an estimated 3.4 million women and 631,000 men.¹³ More than 1 in 4 women will experience domestic abuse during her lifetime¹⁴: that is 1.3 million women under 60 in the last year alone.¹⁵
- **Women are the majority (67%) of people living in homelessness,** with single parents making up two-thirds of homeless families with children.¹⁶

Key issues:

- Women are the majority of healthcare workers struggling with adequate personal protective equipment (PPE) and testing. There are knock-on effects for other areas of health particularly affecting women.
- Women are the majority of care workers trying to deal with this crisis in an already decimated sector, without adequate PPE. The Government's relaxation of social care standards is cause for concern for many elderly and disabled women.
- There are huge gaps in the Government's salary retention schemes for employees and self-employed, which particularly affect women. Pregnant women are at risk of discrimination and millions will fall through the net or be made redundant anyway.
- The social security system still has huge holes in it disproportionately affecting women including amount and eligibility for Statutory Sick Pay (SSP), design flaws in Universal Credit (UC), arbitrary limits and inadequate provisions for renters.
- With schools and nurseries closed, the huge increase in responsibility for unpaid care work is falling to women, often without the resources or equipment to cope.
- Violence Against Women and Girls (VAWG) is already increasing in 'lockdown,' while funding for organisations plummets.
- Migrant women still have no recourse to public funds, leaving them exceptionally vulnerable to poverty and destitution.
- Undocumented migrants may fear using the health service due to links with immigration enforcement and maintaining social distancing in detention centres – as in prisons - is near impossible, putting both staff and detainees at high risk.

Key recommendations

- *The Government should collect and publish sex-disaggregated data as well as data disaggregated by other relevant protected characteristics to best understand and act on this pattern*
- *All NHS and social care workers, including cleaners and other support staff, must have adequate PPE, and testing for Covid-19 should be rolled out as quickly as possible*

¹¹ ONS (2 April 2020) Early indicator estimates from the Wealth and Assets Survey: April 2018 to September 2019 (<https://bit.ly/34fc1bk>)

¹² ONS (10 November 2016) 'Women shoulder the responsibility of 'unpaid work' (<https://bit.ly/2KBdnG9>)

¹³ Sexual offences in England and Wales: year ending March 2017, ONS, 2018 <https://bit.ly/2C0Y83v>

¹⁴ ONS, 2018, Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018 <https://bit.ly/34cTZp8>

¹⁵ ONS, 2018, Domestic abuse: findings from the Crime Survey for England and Wales: year ending March 2018 <https://bit.ly/34cTZp8> of the 2 million adults who suffered domestic abuse in the last year, 695,000 of these were men. Figures for year ending March 2018.

¹⁶ WBG (2019) A Home of Her Own: Housing and Women (<http://bit.ly/2L9c9Ts>)

- *Decisions about treatment for Covid-19 and end of life care should respect the human rights of disabled people, people with serious health conditions and older people. It should not be denied to people who would benefit based on assumptions about their quality of life and no one should be pressured to refuse treatment*
- *Reinstate, and support with central Government funding, the legal duty on councils to provide social care to all who are eligible*
- *Give local authorities the power to take over care providers and expand local provision, provided they employ workers directly on contracts similar to those used in the NHS*
- *There should be a right to request furlough and part time furlough. The full range of people who are eligible for furlough should be widely publicised*
- *The Government should introduce a paid parental leave scheme for parents of children who are not covered by the furlough scheme*
- *Statutory Sick Pay should be increased and the earnings threshold abolished. The Government needs to take urgent action to extend sick pay to the self-employed*
- *The calculation of support for the self-employed should exclude periods of time off work to care, including maternity leave*
- *Child Benefit should be increased to £50 per child per week to cover loss of free school meals and cover some costs of children being at home full-time¹⁷*
- *Carer's allowance should be increased*
- *Universal Credit should be paid from day one of a claim or advance payments should be widely promoted and converted from a loan into a grant while the IT systems are amended*
- *The two-child limit and overall benefit cap should be abolished*
- *The housing element of UC should be increased in line with actual rents*
- *No Recourse to Public Funds (NRPF) must be suspended immediately*
- *Keep women-only buildings/areas when allocating rooms to rough-sleepers to ensure women's safety*
- *The VAWG sector needs immediate emergency funding, and longer term support to meet the expected surge in cases when lockdown is lifted*
- *The Tampon Tax fund should be re-purposed to provide emergency core funding for specialist women's organisations facing increasing pressures as a result of Covid-19*

¹⁷ LSE (2020) Letter to the Chancellor: Raising Child Benefit to £50 to Help Families through the COVID-19 Pandemic (<https://bit.ly/2UYNBPh>)

Introduction

Covid-19 is a global public health crisis which is fast developing into an unparalleled economic crisis. The social distancing measures that governments around the world have been forced to take to reduce the spread of the virus will have a major impact on the livelihoods of millions of people and the global economy as a whole. It is not clear how long this crisis will last. However, a report by the Imperial College team advising the Government suggests that there may be a need for fluctuating levels of social distancing policies until a vaccine is developed and that this period might last for eighteen months or more.¹⁸

Both the health and economic impacts of Covid-19 will be different for women and men.¹⁹ Men appear to be at higher risk of dying of Covid-19.²⁰ Women are the majority of those providing care, paid and unpaid and the majority of health workers.²¹ Women are also the majority of workers in high-risk exposure jobs – of which the vast majority (77%) are paid at low rates.²² And women, particularly young women, are disproportionately likely to be employed in sectors that have been hit hardest by the shut-down.²³ Many low-paid women will not benefit from current support programmes because they earn too little or are in insecure, temporary and part-time work. Pregnancy creates additional health risks for women and support programmes leave women who have taken maternity leave worse off.

The failure to take the different economic position of women and men into account and the specific challenges women face – including their higher rates of poverty, homelessness, disproportionate load of unpaid care work and widespread violence against women – could see us going backwards on women's equality. Black, Asian and Minority Ethnic (BAME), disabled, low-income women and single mothers will be particularly affected by a gender-insensitive response to this crisis as their economic position is more disadvantaged, and in some cases, exposure to contagion is likely to be greater.

This briefing sets out the key gendered impacts of the Covid-19 crisis. It also highlights impacts on other equality groups. It makes recommendations for a gender-sensitive response to mitigate the worst effects on women, gender equality and other marginalised groups.

This report was written by Women's Budget Group staff: Mary-Ann Stephenson, Director, Sara Reis, Head of Research and Policy, and Jenna Norman, Public Affairs Officer. Thanks to Keelin Dunn and Marion Sharples, for proof-reading and comments.

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¹⁸ Imperial College COVID-19 Response Team (16 March 2020) Impact of non-pharmaceutical interventions (NPIs) to reduce COVID19 mortality and healthcare demand (<https://bit.ly/3bO9YxF>)

¹⁹ The Lancet (6 March 2020) COVID-19: the gendered impacts of the outbreak (<https://bit.ly/2R9Xzwi>)

²⁰ BMJ Global Health (24 Mar 2020) Sex, gender and COVID-19: Disaggregated data and health disparities (<https://bit.ly/3bzenEw>)

²¹ WBG (2020) Health and gender (<https://bit.ly/2X5Vu8l>)

²² Autonomy (24 March 2020) The Jobs at Risk Index (JARI) (<https://bit.ly/2wVsCVH>)

²³ IFS (6 April 2020) Sector shutdowns during the Coronavirus crisis: which workers are most exposed? (<https://bit.ly/2wm05bE>)

Women and the Public Health Crisis

Health, Sex and Gender: what we know

Men are more likely to become critically ill with Covid-19 than women. The Intensive Care National Audit and Research Centre report on confirmed Covid-19 cases in critical care units England, Wales and NI show that 73% of cases were male.²⁴ This is in line with data from other countries showing that men are dying at higher rates than women; Italy has reported that 71% of those who have died have been men²⁵ and in Spain nearly twice as many men²⁶ are dying.

The reason for this is a complex interplay between sex and gendered roles, expectations and patterns of behaviour. A key explanation is thought to be physiological (although influenced by behavioural factors): men are more likely to suffer from underlying health conditions that make them more vulnerable to Covid-19, including respiratory problems, high blood pressure and cardiovascular diseases, and diabetes.²⁷ There are sex differences in response to infection, a result both of the make-up of immune responses and sex hormone composition of female and male bodies.²⁸ Female immune systems are thought to be stronger responders to external threats (e.g. women are more likely to suffer from auto-immune diseases).²⁹ Other likely explanations are behavioural: worldwide, men are five times more likely to smoke than women and men drink five times more alcohol than women.³⁰ These in turn increase the chances of developing chronic diseases.

There is still a shortage of global sex-disaggregated data (confirmed cases and/or deaths). On 24 March the British Medical Journal reported that of the 20 countries with the highest number of cases at the time of collection, six provided sex-disaggregated data for numbers of confirmed cases and deaths, seven provided sex-disaggregated data for the number of confirmed cases only and no sex-disaggregated data could be located for seven countries (including the UK at that point).³¹ Spain and the Netherlands reported that they were in the process of collecting sex-disaggregated data.

Sex-disaggregated data is crucial to inform decision-making to establish adequate responses that could help target and save the groups that are most vulnerable to pandemics. This needs to include not only data on confirmed cases and deaths, but also data on patterns of care and other factors that might increase risk of infection or death. During the 2014 Ebola epidemic, three-quarters and 60% respectively of those who died in Liberia and Sierra Leone were women. There was no evidence that women were more susceptible to Ebola; instead they were much more exposed as the ones responsible for caring for the ill.³²

Black, Asian and Ethnic Minority (BAME) communities are disproportionately likely to need critical care. The ICNARC study found that 35% of almost 2,000 patients were BAME, nearly triple the 13% proportion in the UK population as a whole.³³ This may be because of increased prevalence of health

²⁴ ICNARC, (4 April 2020), Report on 2249 patients critically ill with COVID-19, (<https://bit.ly/2JMQCx1>) Note: does not included cases from Scotland

²⁵ BMJ Global Health (24 Mar 2020) Sex, gender and COVID-19: Disaggregated data and health disparities (<https://bit.ly/3bzenEw>)

²⁶ El País (25 Mar 2020) Why is the Coronavirus killing nearly twice as many men as women in Spain? (<https://bit.ly/2wSKtN1>)

²⁷ Ibid.

²⁸ S. L. Klein, K. L. Flanagan (2016) Sex differences in immune responses. Nature Reviews Immunology. 16. (<https://go.nature.com/39w03ew>)

²⁹ CNN (24 March 2020) Here's why the Coronavirus may be killing more men than women. The US should take note (<https://cnn.it/39GtoD6>)

³⁰ Ibid.

³¹ BMJ Global Health (24 Mar 2020) 'Sex, gender and COVID-19: Disaggregated data and health disparities' (<https://bit.ly/3bzenEw>)

³² M. N. Nkangu, O. A. Olatunde, S. Yaya (2017) The perspective of gender on the Ebola virus using a risk management and population health framework: a scoping review. Infectious Diseases of Poverty. 2017. 6: 135 (<https://bit.ly/3axs3A3>)

³³ ICNARC, (4 April 2020), Report on 2249 patients critically ill with COVID-19, (<https://bit.ly/2JMQCx1>) Note: does not included cases from Scotland

related problems among BAME people over 65 and diseases such as diabetes.³⁴ BAME people are also disproportionately likely to be working in the health and social care sector, so at greater risk of exposure to Covid-19.³⁵

Older people and younger disabled people with serious health conditions, including respiratory conditions and diabetes, are the most vulnerable to severe health impacts if they contract Covid-19.³⁶

Recommendations:

- *Collect and publish sex-disaggregated data and data disaggregated by other relevant characteristics so that response is targeted, and we can learn the different health impact of this pandemic.*

Healthcare workforce

The NHS is at the forefront of the fight against the Coronavirus pandemic and that means women, as the majority (77%) of healthcare staff, are too. In England, 43% of doctors are women and 89% of nurses and midwives are women. Many women working in the health sector can be found in often invisible, but essential, hospital work like cleaning and catering.

This means that women are at high risk of exposure to the virus: in Italy, amongst healthcare workers more women (65%) are contracting it than men, in a reversal of the rates in the general population.³⁷

Healthcare workers continue to raise serious concerns about shortages of personal protective equipment (PPE), exposing them to high risks of infection.³⁸ NHS staff who have raised concerns on social media have been threatened with disciplinary action.³⁹ Doctors have reported being 'bullied and shamed' into working without the necessary protective equipment.⁴⁰ For female staff, who too often have to contend with ill-fitting personal protective equipment,⁴¹ the risk could be exacerbated.

By 1st April 2020, only 2000 NHS staff had been tested for Covid-19.⁴² This number is due to increase with a testing programme rolled on 28 March,⁴³ but there remain serious concerns that without widespread testing staff may be unknowingly infectious, or unnecessarily self-isolating.

As part of its efforts to enlarge and secure the healthcare workforce, the Government has announced an extension for a year of visas to all migrant doctors, nurses and paramedics free of charge, an extension that will also cover their family members.⁴⁴ However, it is not clear if they will still be liable for the NHS surcharge, which is usually paid when applying for a visa. These efforts should include allowing refugees and asylum seekers with full medical qualifications in their countries to work. Many

³⁴ Operation Black Vote (17 March 2020) Corona Virus will hit BAME communities worse (<https://bit.ly/39T3viz>)

³⁵ Cabinet Office (2020) Ethnicity Facts and Figures: NHS workforce, (<https://bit.ly/39UJ3Pi>)

³⁶ Public Health England (30 March 2020) Guidance on shielding and protecting people defined on medical grounds as extremely vulnerable from COVID-19, (<https://bit.ly/3aPyNcp>)

³⁷ Istituto Superiore di Sanità (2020) Epidemia COVID-19 - Aggiornamento nazionale - 19 marzo 2020 – ore 16:00 (<https://bit.ly/2WSGU41>)

³⁸ NHS Providers (23 March 2020) Health and Social Care Select Committee evidence session: Preparations for Coronavirus (<https://bit.ly/2X0leCV>)p1

³⁹ The Guardian (31 March 2020) NHS staff 'gagged' over Coronavirus shortages, (<https://bit.ly/2RdOrgz>)

⁴⁰ DAUK (6 April 2020) Doctors bullied and shamed into not wearing appropriate PPE, (<https://bit.ly/2Rkako9>)

⁴¹ Caroline Criado-Perez (2019) Invisible Women: Exposing Data Bias in a World Designed for Men. Chatto and Windus

⁴² The Times (1 April 2020) Only 2,000 frontline NHS staff have been tested for Coronavirus (<https://bit.ly/34d6Ngu>)

⁴³ BBC News (28 March 2020) Coronavirus: Testing rolled out for frontline NHS staff, (<https://bbc.in/39JdEPT>)

⁴⁴ Gov.uk (31 March 2020) NHS frontline workers visas extended so they can focus on fighting Coronavirus (<https://bit.ly/2wlybXz>)

of them will have experience of working in war-time emergency settings with scarce resources, invaluable skills during a pandemic outbreak.⁴⁵

Recommendations:

- *Healthcare staff, including those in invisible but highly exposed roles such as cleaning, should be provided with the appropriate PPE, testing and guidance to ensure they are as safe as possible.*
- *Testing for all working in the NHS should be rolled out as quickly as possible*
- *Refugees should be allowed to work, especially if they have medical qualifications in their countries*

NHS treatment

The Government has pledged to provide whatever the NHS might need to fight the pandemic, including money and extra resources like new make-shift hospitals, beds, ventilators and PPE.

This is very welcome. However, years of inadequate funding have taken their toll on our National Health Service,⁴⁶ with waiting times rising, bed spaces decreasing, access to some services restricted, and general practice, community and mental health services all under strain. This makes such pledges unlikely in themselves to provide a solution. These underlying challenges have placed the NHS in a weakened position to face the pandemic.

Disabled people's organisations have expressed serious concerns that disabled people and people with serious health conditions are being or may be denied treatment for Covid-19, even where these conditions have no impact on their chance of benefiting from such treatment.⁴⁷ Age UK has described pressure on some older people to sign 'do not resuscitate' forms as 'morally repugnant' following reports that GPs and in one case an entire care home have been asked to get some patients to agree to 'do not attempt CPR' (DNACPR) forms.⁴⁸ Age UK argues that while 'thinking ahead about what kind of treatment you would prefer to have, or not have, if you become seriously ill is a thoroughly sensible thing to do,' the topic should be approached with great sensitivity, factoring in the wishes of the individual, and based on the principle that no one should be pressured to refuse treatment or forced to have conversations in an undignified way.

Recommendations

- *Decisions about treatment for Covid-19 should respect the human rights of disabled people, people with serious health conditions and older people. It should not be denied to people who would benefit based on assumptions about their quality of life.*
- *Conversations about end of life care, including Do Not Resuscitate forms should be approached with sensitivity. No one should be pressured to refuse treatment.*
- *Relaxing of social care, mental health and child protection regulations must be vigilantly reviewed for its impact on disabled, elderly and vulnerable and standards restored as soon as possible.*

⁴⁵ The Financial Times (26 March 2020) Refugee doctors plead for fast-track to practise in UK (<https://on.ft.com/2UGjXja>)

⁴⁶ Nuffield Trust, the Health Foundation and the King's Fund (8 November 2017) The Autumn Budget: joint statement on health and social care (<https://bit.ly/39RqD26>); See also 2017 WBG entry on social care: <https://bit.ly/3417JPP>

⁴⁷ Disability Rights UK et al (April 2020) Covid-19 and the rights of disabled people (<https://bit.ly/34j8h8R>)

⁴⁸ Huffington Post (3 April 2020) Age UK Calls Pushing People To Sign 'Do Not Resuscitate' Forms 'Morally Repugnant' (<https://bit.ly/3aPVzky>)

Impact on other health services

With a healthcare system working at overcapacity to address the Covid-19 pandemic, other essential health services have been cut back. Routine surgery has been suspended and decisions about chemotherapy for cancer patients have become much more complex.⁴⁹ Counselling and other mental health support has been moved to telephone and online. This will have a negative impact on women with ongoing physical or mental health conditions.

Reproductive and sexual health is an area of concern that has been repeatedly side-lined in past epidemics. The Department for Health and Social Care has now released new guidance on early abortion for women in England.⁵⁰ This allows women to take abortion pills at home, which will result in thousands of women not having to travel to a clinic, meaning they can keep control of their reproductive rights while observing social distancing rules. This is welcomed in a context where a spike in unplanned pregnancies is expected.⁵¹ However, women in other parts of the UK will still be at risk. Although the ban on abortion in Northern Ireland has now been lifted, there are no abortion providers in NI, meaning that women still have to travel to access abortion.

The change in regulations for England is temporary but BPAS's guidance shows that it does not need to be; medication for early abortion can be safely taken at home and this could become established practice and offered as a choice to women.⁵²

Access to contraception is likely to be affected by the disruption in global supply chains and because measures imposed to slow the spread of the disease will make it harder to get it.⁵³

Pregnant women who are undocumented have to pay for essential ante-natal and maternity care. This saddles women who are often the least able to pay with thousands of pounds of debt.⁵⁴ This is a reversal of the NHS's principle of collective responsibility for health.

Recommendations:

- *Healthcare charging should be suspended for all pregnant women and new mothers and the NHS reverted to its original universal and collective responsibility principles.*
- *Women across the UK should be able to take abortion pills at home.*

For more see information on sexual and reproductive health during Covid-19 see [British Pregnancy and Advisory Service \(BPAS\)](#) and [Maternity Action](#).

Women and the Social Care Crisis

The Covid-19 epidemic comes at a time when the care sector is already in crisis following decades of under-funding, with millions going without the care they need and a high rate of vacancies to fill. Funding for social care has increased since a low in 2015, but it is still £300 million below what it was

⁴⁹ The Guardian (25 March 2020) As the NHS pivots to Coronavirus, what about its other patients? (<https://bit.ly/34la1yK>)

⁵⁰ DCMS (30 March 2020) Temporary approval of home use for both stages of early medical abortion (<https://bit.ly/2X9Ypgo>)

⁵¹ The Telegraph (29 March 2020) Coronavirus pandemic may see 'spike' in unplanned pregnancies, experts claim (<https://bit.ly/2wbEBOt>)

⁵² British Pregnancy Advisory Service (25 March 2020) Healthcare professionals call on Boris Johnson to intervene to protect women's health - reckless failure to listen to scientific advice is putting vulnerable women at severe risk (<https://bit.ly/3465Jv1>)

⁵³ United Nations Foundation (23 March 2020) Addressing sexual and reproductive health and rights in the Covid-19 pandemic (<https://bit.ly/3aHP2s5>)

⁵⁴ Maternity Action (2019) What Price Safe Motherhood? Charging for NHS Maternity Care in England and its Impact on Migrant Women (<http://bit.ly/2QyIQd4>)

in 2010 (adjusted for inflation) when provision was already inadequate, while the demand has since then increased substantially.⁵⁵ One in seven older people are now living with some level of unmet care need, a 50% increase since 2010.⁵⁶

The social care market is dysfunctional. A report commissioned by Age UK in 2018 described it as consisting of ‘hyper-local markets across the country, with major variations in quality and provision within and between counties, fragmented and varied’.⁵⁷ Altogether in 2019 there were 18,500 enterprises providing adult social care, comprising 39,000 establishments.⁵⁸ The five largest residential care providers account for a fifth of all residential care places. In their 2019 survey, the Association of Directors of Social Services (ADSS) found that three-quarters of councils (compared with two-thirds in 2018) reported that providers had closed, ceased trading or handed back contracts in the previous 6 months.⁵⁹

Levels of training in the care sector are low. Over 60% of care workers have not started the Care Certificate, an identified set of standards that health and social care workers should adhere to in their daily working life. Among care workers in direct care roles who started after the Care Certificate was introduced in 2015, 32% have not started it and a further 34% have started but not completed it.⁶⁰ Care homes have been accustomed to passing on their residents to hospitals when they become ill with quite minor illnesses or problems with medication because the staff aren't qualified/experienced enough to deal with them. Residents of nursing and care homes account for around 250,000 emergency hospital admissions each year, of which 35/40% are thought to be avoidable if the care system met their needs better.⁶¹

A well-functioning social care system is crucial to maintain a well-functioning health system. In an extraordinary situation, such as the pandemic we're currently facing, this link becomes even starker. It is crucial that people can be safely discharged from hospital so that beds will continue to be available for the expanding number of severe Covid-19 cases. But a sector that has been severely underfunded will face acute pressures and it is likely that an already overstretched workforce will face even more work demands.

The Government has temporarily removed the legal duty on councils to provide social care to all who are eligible. This is intended to allow councils to prioritise care for those most at risk in the event of services becoming overwhelmed by increased demand or staff absences.⁶² This is raising concerns among disability and human rights organisations that older people and disabled people in particular will fall between the gaps and not receive the care that they need.⁶³

In contrast to this approach, authorities in British Columbia, Canada have taken over as the employer of all long-term care workers in the province. Every worker will be hired full-time and paid at the same rate as those in publicly-run facilities with collective pay agreements.⁶⁴

⁵⁵ The King's Fund (20 Nov 2019) Key facts and figures about adult social care (<https://bit.ly/2UCJiu6>)

⁵⁶ Age UK (2019) Briefing: Health and Care of Older People in England 2019 (<http://bit.ly/2MPOoiG>) p. 4

⁵⁷ ADASS (2019) ADASS Budget Survey (<http://bit.ly/2WoyOho>)

⁵⁸ Skills for Care (2019) *The Size and Structure of the adult social care sector and workforce in England* (<http://bit.ly/2EChEmo>) p. 1

⁵⁹ ADASS (2019) ADASS Budget Survey (<http://bit.ly/2WoyOho>)

⁶⁰ Skills for Care (2019) *The State of the Adult Social Care Sector and Workforce in England* (<http://bit.ly/31UezsV>)

⁶¹ Laing Buisson News, 10 May 2019, Programme to tackle over-medication in care homes launched, (<https://bit.ly/3e1Ouze>)

⁶² The Guardian (23 March 2020) UK's emergency Coronavirus bill 'will put vulnerable at risk' (<https://bit.ly/2X43IDy>)

⁶³ Disability Rights UK (23 March 2020) Don't withdraw Care Act from Coronavirus Bill, urge disability charities (<https://bit.ly/2R77iTZ>)

⁶⁴ The Tyee (1 April 2020) BC Boosts Pay for Long-Term Care Workers amidst COVID-19, (<https://bit.ly/2xXtCZm>)

Recommendations

- Reinststate, and support with central Government funding, the legal duty on councils to provide social care to all who are eligible.
- Extend eligibility to all those with care needs whose normal arrangements have broken down due to Covid-19 infections among care workers, carers or their families.
- Give local authorities the power to take over care providers and expand local provision, provided they employ workers directly on contracts similar to those used in the NHS.

Care workers

Care workers are also particularly vulnerable to exposure to Covid-19. By 20 March, up to a fifth of confirmed or suspected deaths from Covid-19 in England and Wales happened outside hospitals, in care homes or in people's own homes.⁶⁵ In one care home in Glasgow, thirteen residents died of Covid-19 in one week and two workers have tested positive.⁶⁶



Figure 1: Gendered work exposure. Source: Autonomy.

However, both residential and domiciliary care workers are reporting a severe lack of personal protective equipment (PPE), despite Government guidelines. Unison has highlighted widespread lack of PPE, including for carers looking after people with suspected Covid-19. The union has also reported staff with underlying health issues being required to work and staff with children told to bring them to work if they can't get childcare.⁶⁷ On 5 April, 80% of home care providers surveyed by the BBC (381 out of 481 providers) said that they did not have enough personal protective equipment for staff who are going into clients' homes.⁶⁸ This not only puts them at risk but increases the risk of infection as care workers move between the homes of many different clients. Care workers are not currently being tested for Covid-19.

The current pandemic is exposing the unfairness of the labour market where some of the most essential workers are also some of the worst paid. Women make up the vast majority (83%) of the

⁶⁵ The Guardian (31 March 2020) England and Wales Coronavirus death toll 40 higher than previously stated (<https://bit.ly/2ReMiKW>)

⁶⁶ BBC News (4 April 2020) Coronavirus: Thirteen Glasgow care home residents die in one week (<https://bbc.in/34fLz1A>)

⁶⁷ UNISON (31 March 2020) Care workers put at risk by lack of face masks and basic safety kit, says UNISON, (<https://bit.ly/2yEp22L>)

⁶⁸ BBC News (5 April 2020) Corona Virus: nearly 400 care groups 'face protection services' (<https://bbc.in/2UMDazG>)

social care workforce and around 21% are BAME.⁶⁹ Care workers are low-paid, often with precarious working conditions. Women care workers earn on average £385 a week, which is nearly £200 below the median weekly earnings in the UK.⁷⁰ It is also below what their male colleagues earn, £409/week. A quarter (24%) of the workforce is on zero-hours contracts.⁷¹ This means they are particularly vulnerable to pressure to work in unsafe conditions for fear that they will not be offered work in future.

Women and the Economic Crisis

Women and men occupy different positions in the economy: they tend to be concentrated in different sectors, in different hierarchical positions and have different career patterns. The economic crisis created by the Covid-19 pandemic will have different impacts on women and men and different groups of women as a result of these disparities.

Recommendations

- *Care workers should be provided with the appropriate PPE, testing and guidance to ensure they and those they care for are as safe as possible.*
- *Care workers should be offered routine testing for Covid-19.*

Pre-existing economic inequalities

Pre-existing inequalities exacerbate the economic challenges facing women in the wake of Covid-19:

- Women are the majority of low paid earners (69%⁷²) and the majority of people living in poverty, including 90% of lone parents – 45% of whom are living in poverty.⁷³ Many of these women are also disabled or suffer from race and ethnicity-based inequalities.
- As a result of their disproportionate responsibility for unpaid care women earn less, own less and rely more on public services and social security.
- According to ONS data, pre-Covid-19, women were consistently more likely to struggle to keep up with bills, run out of money by the end of the month or struggle to cope if they lost their main source of income.⁷⁴ 39% of women and 34% of men reported it was a struggle to keep up with bills, some or most of the time, 26% of women and 23% of men said they ran out of money by the end of the month, and 29% of women and 23% of men said they would not be able to make ends meet for a month or less if they lost their main source of income.
- Women are the significant majority of people experiencing domestic violence and abuse and sexual violence.⁷⁵
- Women have more difficulty affording suitable homes for themselves and their families. This is particularly an issue for single mothers, who have to rely on a single income, and BAME women who are more likely to have larger families and to be poor. Disabled women also face

⁶⁹ Skills for Care (2019) The State of the Adult Social Care Sector and Workforce in England (<http://bit.ly/31UezsV>) p. 9

⁷⁰ Autonomy (24 March 2020) The Jobs at Risk Index (JARI) (<https://bit.ly/2wVsCVH>)

⁷¹ Skills for Care (2019) The State of the Adult Social Care Sector and Workforce in England (<http://bit.ly/31UezsV>) p. 8

⁷² WBG (2020) Women, employment and earnings (<https://bit.ly/2R4d4pi>)

⁷³ WBG (29 March 2019) DWP data reveals: women and children continue to be worst affected by poverty (<https://bit.ly/2xHdxHj>)

⁷⁴ ONS (2 April 2020) Early indicator estimates from the Wealth and Assets Survey: April 2018 to September 2019 (<https://bit.ly/34fc1bK>)

⁷⁵ WBG (2020) Violence against women and girls (<https://bit.ly/2UG8sbt>)

specific difficulties in finding adapted homes and they will also often struggle with lower incomes.

- Women are the majority (67%) of people living in homelessness, with single parents making up two-thirds of homeless families with children.⁷⁶

Women in the labour market

Paid work

Women's position in the labour market tends to be more precarious than that of men, making them vulnerable to redundancy and low pay. Prior to Covid-19, 87% of men in paid work were full-time workers, compared to only 59% of women.

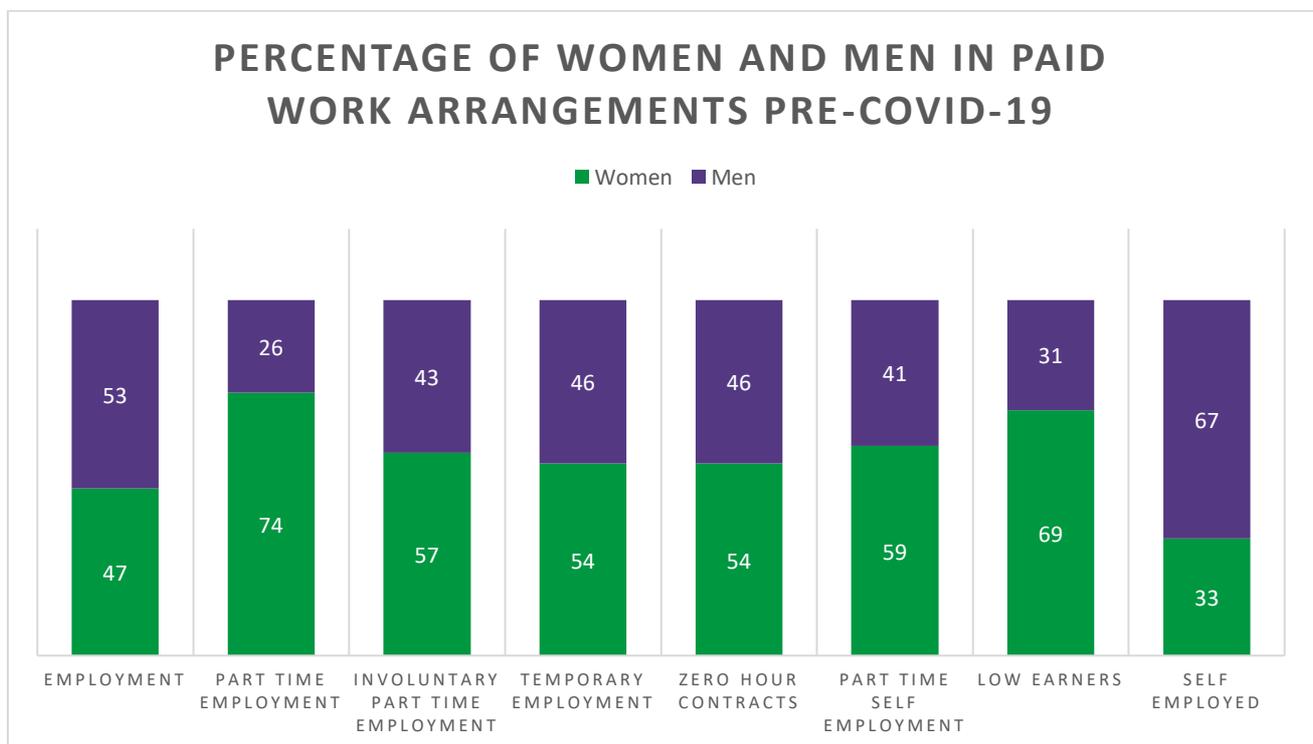


Figure 2: Percentage of women and men in paid work arrangements pre-Covid-19⁷⁷

The number of self-employed women has risen sharply since 2008 and their share of the self-employed is now 33% (from just over a quarter before the 2008 crisis). Earnings for self-employed women are markedly lower than for self-employed men: in 2016, full-time self-employed women earned £243/week, compared to £363 for their male counterparts. This is a gender earnings gap of 32%, which is 12 percentage points higher than for full-time employees.⁷⁸ Women are also the majority (59%) of workers in part-time self-employment.

Women are disproportionately likely to work in the sectors that have been hit hardest by the lockdown. Analysis by IFS shows that 36% of young women and 25% of young men worked in sectors that have been closed down including restaurants, shops, leisure facilities and travel and tourism. Overall,

⁷⁶ WBG (2019) A Home of Her Own: Housing and Women (<http://bit.ly/2L9c9Ts>)

⁷⁷ WBG calculations using ASHE Table 1.1a Weekly pay gross (2011 and 2019)

⁷⁸ ONS (2018) Trends in Self-Employment (<https://bit.ly/2G0JUUM>)

17% of women and 13% of men work in these sectors. Low-paid workers are seven times as likely to work in a sector that has shut down: one third of employees in the bottom tenth of the earnings distribution work in shut down sectors versus just 5% of those in the top 10%.⁷⁹ Women are also overrepresented in the informal economy, including the sex industry, where workers are at particular risk of income-loss and resultant poverty. This is especially because of the overrepresentation of migrant women in the sex industry (see ‘no recourse’ and VAWG sections below.)

High exposure and low pay

Many jobs need to be kept going even in a lockdown situation. Most of these occupations, deemed ‘key worker’ occupations, have a very high risk of contagion, determined by their frequency of human contact. Care workers, nurses, medical practitioners, paramedics, pharmacists, and midwives are some of the professions with the highest exposure risk but indispensable on the fight against this pandemic. Of the 3,200,000 workers in ‘high risk’ roles, 77% are women.⁸⁰

Shockingly in the current circumstances, the average pay for workers in these high-risk occupations is below the median weekly UK wage.⁸¹ These workers are indispensable and most at risk of exposure to Covid-19 but they are also some of the worst paid. They are also overwhelmingly women: 98% of workers in high-risk jobs that are being paid below 60% of median wages are women.⁸²



Unpaid care work

With schools and nurseries closed it will be impossible for millions of parents to work. This will be a particular problem for lower-paid workers (who are less likely to be able to work from home) and parents of younger children who need care and supervision. In addition to care work, having children at home all day increases the burden of domestic work, particularly cooking meals and cleaning. It is

⁷⁹ IFS (6 April 2020) Sector shutdowns during the Coronavirus crisis: which workers are most exposed? (<https://bit.ly/2XgDc4w>)

⁸⁰ Autonomy (24 March 2020) The Jobs at Risk Index (JARI) (<https://bit.ly/2wVsCVH>)

⁸¹ Ibid.

⁸² Ibid.

likely that this will disproportionately impact women, who are more likely to have caring responsibilities and more likely to be the lower earner in heterosexual couples.

Working Families has reported that some parents are being refused permission to work from home and told that they must take unpaid leave.⁸³ In some cases, mothers have been refused permission to work from home which has been granted to other employees, reflecting gendered assumptions about caring responsibilities.

On 4 April 2020, the Government extended its furlough scheme to cover employees who cannot work because they are caring for children. This is very welcome. However, it does not cover the self-employed, or people who started work or changed employers after 28 February 2020. Some employers have chosen to make staff redundant rather than put them on furlough.⁸⁴ Employees can only be furloughed on a full-time basis, making it hard for couples to share childcare and paid work. This is likely to increase unpaid care work for many women, while reducing their income.

Prior to this crisis, women took on more responsibility for unpaid care work, including childcare, than men. This crisis may offer an opportunity to change that pattern. However, WBG has already received reports from women who are working from home while also dealing with home educating and the demands of children while their partners are able to get on with work in another part of the house. It is more probable that the crisis will increase women's responsibilities for unpaid care.

Recommendations:

- *The extension of the furlough scheme to employees who have caring responsibilities, including for children, should be widely publicised to employers and employees.*
- *The Government should introduce a paid parental leave scheme for parents of children who are not covered by the furlough scheme.*

Impact of school closures on children

The move to remote and online learning is disproportionately impacting children from the poorest families who are already twice as likely to leave school without GCSEs in English and maths.⁸⁵ A prolonged period away from school is likely to exacerbate this situation and increase the attainment gap which usually widens in the summer holidays.⁸⁶

Children from poor families are less likely to have access to the internet or a computer/tablet at home. IPPR has pointed out that only 2 per cent of teachers working in the most disadvantaged schools believe their pupils have adequate access to online learning.⁸⁷ Even where a family has a computer this may be needed by a parent who is working from home. Sutton Trust polling has shown that that 34% of parents with children aged 5-16 say that their child does not have their own computer, laptop or tablet at home.⁸⁸

⁸³ Working Families (2020) Weathering the Storm: the COVID-19 pandemic and working parents, (<https://bit.ly/2V0v45n>)

⁸⁴ Ibid.

⁸⁵ Sutton Trust (19 March 2020) School Closures and Disadvantaged Students, (<https://bit.ly/2x7B5Fd>)

⁸⁶ H Stewart, N Watson & M Campbell (2018) 'The cost of school holidays for children from low income families', *Childhood*, 25:4 (<https://bit.ly/2V4abpT>)

⁸⁷ IPPR (2020) Children of the Pandemic (<https://bit.ly/3aFMH0m>)

⁸⁸ Sutton Trust (19 March 2020) School Closures and Disadvantaged Students (<https://bit.ly/2x7B5Fd>)

Awarding qualifications on the basis of predicted grades based on teacher assessments, mock examinations and course work will further disadvantage poorer students. High-attaining disadvantaged students are more likely to have their grades under-predicted than their richer counterparts.⁸⁹ The Runnymede Trust has highlighted that this will disproportionately affect BAME students as “teachers’ expectations of black students and their working-class peers tend to be systematically lower than warranted by their performance in class.”⁹⁰ They call on the Government to provide teachers with guidance and support to ensure more accurate predictions and on how to carry out equality impact assessments. They also call on Universities to use contextual data in making offers to ensure that students from lower socio-economic backgrounds do not lose out.

Recommendations:

- *The Government should fund schools to provide access to laptops and wifi for families with children who cannot afford them*
- *The Government should provide teachers with guidance and support to ensure accurate grade predictions and to assess the equality impact of predictions*
- *Universities should expand the use of contextual data in making offers*
- *The Government should increase child benefit to £50 per child per week to reflect, in part, the cost of additional schooling responsibilities.*

Childcare

The Government announced that nurseries and childminders should close from 23 March apart from those that are providing care for ‘critical workers’ and vulnerable children. Many childcare settings have closed, either because staff are classed as vulnerable or are in self-isolation or because of fears that remaining open will risk the health of their employees.⁹¹

These closures have had a severe impact on both childcare providers and on parents. Even prior to this crisis, there were serious problems with the supply, access and affordability of childcare.⁹² The funding provided to nurseries and childminders to deliver free childcare places did not cover their costs, leading to an increase in additional charges to parents and fees paid for care outside the free hours.⁹³

The Government has agreed to continue to pay for the ‘free hours’ for children who are registered with a nursery or childminder for the next three months, even if they are unable to attend. Since this funding was already insufficient, many have continued to charge full or partial fees to parents who are not key workers. This causes particular difficulties to parents who have lost their job, had their hours reduced or been put on furlough on reduced pay.⁹⁴ Self-employed parents who have lost work are likely to find it impossible to continue to pay childcare costs while waiting for the Government support grant in June.

⁸⁹ Sutton Trust (2017) Rules of the game (<https://bit.ly/2VbUAog>)

⁹⁰ Runnymede trust et al (2 April 2020) Letter to Gavin Williamson Re: Covid-19 Cancellation of GCSEs, AS and A levels in 2020 (<https://bit.ly/39NLjbl>)

⁹¹ Nursery World, (26 March 2020), Coronavirus: More childcare settings closing their doors, (<https://bit.ly/2XmSggO>)

⁹² WBG, (2020), Childcare: Key policy issues, (<https://bit.ly/34nxXkQ>)

⁹³ Early Years Alliance, (2019), Election research: Childcare fees will increase after next election thanks to parties’ funding shortfall, (<https://bit.ly/3e9qrhR>)

⁹⁴ Mumsnet.com (13 March 2020), COVID-19 nursery closure and refund, (<https://bit.ly/34ml3DL>)

The vast majority (around 98%) of childcare workers are women⁹⁵ and average wages in the sector are very low. In 2018, the Low Pay Commission highlighted concerns about low pay in the childcare sector, in particular that 40% of childcare workers on the National Minimum Wage were underpaid.⁹⁶ This means that many childcare workers furloughed on 80% of their previous wage are likely to be pushed into poverty.

It is likely that some childcare providers will not survive this crisis, further reducing the already limited supply of childcare when many parents are trying to return to work.

Recommendations:

- *The Government should provide urgent funding for the childcare sector to meet their current costs without having to charge parents who cannot use childcare.*
- *A fully-funded childcare strategy should be part of the Government's exit strategy from the current lockdown.*

Social Security

It has rarely been more important that the social security system provides a safety net to protect all people against risk. Yet, after successive Governments have reduced levels of support in order to reduce costs and 'make work pay,' the system is not equipped to do quite the opposite: 'make staying at home pay.'

With large-scale job losses in a wide range of sectors, it is inevitable that more people will need to claim social security. Indeed, in the two weeks between 16 March and 2 April, 950,000 people applied to claim Universal Credit.⁹⁷

Gender inequalities and social security

Women, especially low-paid, disabled and BAME women are most likely to already be living in both in-work and out-of-work poverty in the UK.⁹⁸ This means women on average rely on social security for larger parts of their income than men. This is because they are most likely to have responsibility for caring duties, which means they have less time for paid work and rely more on public services such as child-, health- and social care.

In the wake of the Covid-19 crisis, these gendered assumptions about care responsibilities, and the earnings gap between women and men, are exacerbated: it is likely that a higher proportion of women will have to take unpaid leave (if their employer permits this) or leave work altogether. Inequalities of ethnicity, ability and income are also exposed and exacerbated by economic downturn with BAME and migrant women significantly overrepresented in precarious work⁹⁹ and disabled women relying on social security more than ever.

⁹⁵ Fatherhood Institute, (2015), Men in Childcare, how can we achieve a more gender-balanced early years and childcare workforce? (<https://bit.ly/3c3gbG7>)

⁹⁶ Low Pay Commission, (2018) National Minimum Wage, Low Pay Commission Report 2018, (<https://bit.ly/2J5WPra>)

⁹⁷ BBC News (2 April 2020) Coronavirus: Nearly a million universal credit claims in past two weeks (<https://bbc.in/2X5W1QZ>)

⁹⁸ WBG (2019) DWP data confirms: women and children continue to be worse affected by poverty (<https://bit.ly/2xHdxHj>)

⁹⁹ TUC (2017) BAME workers over a third more likely to be in precarious work, finds TUC (<https://bit.ly/2UX6LW0>)

The Government has demonstrated unprecedented agility within the social security system in responding to the economic impact of the Covid-19 outbreak. This demonstrates that change is both desirable and possible. Despite these welcome measures, there remain some serious gaps in the Government's response with regard to social security, which must be addressed to stop a significant proportion of the population, many of them women, falling through the net and into poverty:

Social security and Covid-19: The UK Government's Response		
Government's action	Remaining gaps	Recommendation
'Furlough' Salary Retention Scheme:		
<p>Recognising widespread loss of earnings and employment, the Government has announced two salary retention schemes designed to limit widespread redundancy, employment and poverty.</p> <p>On 11 March 2020, the Government announced that it will pay wages of workers who are not needed during the pandemic at 80% of their earnings up to £2500 per month. This includes foreign national staff who have no recourse to public funds.</p> <p>On 4 April this scheme was extended to employees who are unable to work because they have caring responsibilities resulting from Covid-19, including parents whose children are no longer at school. It also covers employees in high risk categories who are shielding in line with public health guidance.¹⁰⁰</p>	<p>There is no right to be furloughed, both employer and employee have to agree. The significant increase in Universal Credit claims indicates that many employers are choosing to make people redundant rather than furlough them.</p> <p>Although employees on zero hours and other casual contracts are covered by the furlough scheme, employers may be more likely to simply not offer shifts rather than furlough them. Women are more likely than men to be on zero hours contracts.</p> <p>The Government decision to extend the furlough scheme to employees who cannot work because of care responsibilities as a result of Covid-19 or who are shielding because they are in a vulnerable group is very welcome. However, this has not been widely publicised, meaning that employers may not be aware of the new groups that are covered by the scheme.</p> <p>To qualify for the furlough scheme, employees have to have been included on the PAYE payroll on or before 28</p>	<p>There should be a 'right to request' furlough.</p> <p>The Government should publicise the extension of the furlough scheme to new groups of employees.</p> <p>The furlough scheme should allow for part-time furlough, particularly for those who have caring responsibilities.</p>

¹⁰⁰ HMRC (4 April 2020) Claim for your employees' wages through the Coronavirus Job Retention Scheme, (<https://bit.ly/3dVwEOx>)

	<p>February 2020. Anyone who started work after that date is not eligible.</p> <p>The furlough scheme does not make provision for people whose hours have been reduced rather than cut altogether. For parents with small children, this means that it is not possible for both to be furloughed part time to meet caring responsibility while continuing to work part time. It is likely that the lower earner in a couple (usually a woman) will therefore be more likely to request to be furloughed, while the higher earner continues on full earnings. This will increase women's unpaid work while lowering their income.</p>	
Self-employment payments:		
<p>On 26 March, the Government announced it will also pay a taxable grant of 80% of average annual earnings for the previous three years to self-employed people earning less than £50,000</p>	<p>The Institute for Fiscal Studies has highlighted¹⁰¹ that approximately 2 million people with some self-employment income will not be eligible for the Government's self-employment payments. Around 1.3 million people receive less than half of their income from self-employment because they combine self-employment with a part-time job. A further 650,000 people started self-employment after April 2019. Around 225,000 people earn more than £50,000 a year from self-employment. Bearing in mind the self-employment earnings gap, it is likely that the majority of these people will be men.</p>	<p>Parents or carers who have taken time off to care should be eligible to average payment of three years of full pay, excluding their maternity or paternity pay.</p> <p>The minimum income floor for self-employed claiming Universal Credit should be scrapped.</p>

¹⁰¹ IFS (2020) Income protection for the self-employed and employees during the Coronavirus crisis (<https://bit.ly/2wamY1u>)

	<p>Those who do qualify will have to wait until June for a lump sum payment. If they have low household income, they can claim Universal Credit in the meantime. However, when they receive the lump sum, this may take them over the savings threshold after which Universal Credit is reduced.</p> <p>The calculation of income from self-employment is based on earnings over the last three years. This means that those who have taken time off for caring responsibilities will lose out. This will disproportionately affect women, who are more likely to have caring responsibilities, and in particular mothers who have taken maternity leave.¹⁰²</p>	
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Universal Credit:

<p>These schemes will significantly reduce the number of people requiring social security payments. However, there are still millions who will fall through the net and, with self-employment payments not promised till June, many will need to claim UC in the meantime.</p> <p>The Government has increased the standard allowance in Universal Credit and the basic element in Working Tax Credit by £20 a week on</p>	<p>Many of the problems with the design of UC¹⁰⁵ will now be experienced by increasing numbers of households and individuals. Most immediately, people will feel the impact of the five-week wait to receive their first payment.</p> <p>The two- child limit means that families with third or subsequent children born after April 2017 will not receive support for those children.</p> <p>Payment into a single bank account will exacerbate the risk</p>	<p>Universal Credit should be paid from day one of a claim. If the current IT system does not allow for this, then advance payments should be widely promoted and converted from a loan into a grant while the IT systems are amended.</p> <p>The two-child limit and overall benefit cap should be abolished.</p> <p>The minimum income floor for the self-employed should be abolished.</p> <p>The Government should allow separate payments of Universal Credit by default.</p>
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¹⁰² Maternity Action (2020) Covid-19 FAQs: Maternity pay and benefits for self-employed women (<https://bit.ly/2x2qA65>)

¹⁰⁵ WBG (2017), Universal Credit: A 2017 briefing from the UK Women's Budget Group, (<https://bit.ly/2JC3tll>)

<p>top of planned annual uprating.¹⁰³</p> <p>Face-to-face assessments have been replaced with telephone assessments. There has also been an increase in local housing allowance (see below). The Department for Work and Pensions has seen a ten-fold increase in applications for UC in the two weeks since people were asked to stay at home, demonstrating the unprecedented demand the system is facing.¹⁰⁴</p>	<p>of financial abuse in households¹⁰⁶.</p> <p>The level of Universal Credit is too low.</p>	<p>The individual element of UC should be increased.</p> <p>The housing element of UC should be increased in line with actual rents (see below).</p> <p>Work related requirements in UC and Jobseeker's Allowance should be suspended, as should any sanctions and deductions currently in place.</p> <p>The Government should help medium-income households by scrapping rules that lower the level of support for those with savings over £6,000 and rule out people with savings over £16,000.</p>
<p>Employment Support Allowance (ESA):</p>		
<p>There are specific parts of the social security system to support disabled people, and disabled women¹⁰⁷ have been disproportionately affected by cuts and changes since 2010. This includes Employment Support Allowance (ESA) which can be claimed by employees or self-employed people unable to work due to disability or chronic illness.</p> <p>The Chancellor has announced that contributory ESA (for those who have enough National Insurance</p>	<p>Disabled people claiming ESA do not benefit from the increase in rates to Universal Credit.</p>	<p>The increase to Universal Credit should be applied to all legacy benefits.</p>

¹⁰³ DWP (2020) Coronavirus and claiming benefits, (<https://bit.ly/3aKaTPJ>)

¹⁰⁴ BBC News (2 April 2020) Coronavirus: Nearly a million universal credit claims in past two weeks (<https://bbc.in/2X5W1QZ>)

¹⁰⁶ WBG, SEA and EAW (2019) Benefits or barriers? Making social security work for survivors of violence and abuse across the UK's four nations (<https://bit.ly/39Chevj>)

¹⁰⁷ WBG (2018) Disabled women and austerity (<http://bit.ly/2ifsOSS>)

<p>Contributions) can be paid from day one rather than day 7, without a fit note if they have Covid-19. Whilst welcome, this will not cover women who do not have enough National Insurance Contributions to claim contributory ESA.</p> <p>The Government has also said that people will not have to attend face-to-face assessments for ESA or Personal Independence Payment (PIP) for 3 months.</p>		
<p>Statutory Sick Pay (SSP):</p>		
<p>Workers needing time off sick, or to self-isolate if a family member is ill who qualify for Statutory Sick Pay (SSP) can now claim can now claim from day 1. SSP has been increased from £94.25 a week to £95.85 a week.</p>	<p>SSP is still just £95.85 per week and 1 in 5 workers are not eligible. This is an unliveable amount of money for people trying to self-isolate and contain the spread of Covid-19. Low levels of statutory sick pay, and restricted eligibility increase the risk that people who are ill, or who have been in contact with someone who is ill, will continue to work, risking the spread of the virus.</p> <p>Women are less likely to qualify for SSP (and other contributory benefits) because of low or intermittent pay, zero-hours contracts and not enough regular hours / earnings due to caring responsibilities: women make up 70%¹⁰⁸ of those on jobs not eligible for SSP. They also make up 77% of workers in</p>	<p>The earnings threshold and employee status for Statutory Sick Pay should be abolished.</p> <p>The rate of SSP should be raised to at least that paid to a full-time worker on the National Living Wage (£322.64 per week).</p> <p>The Government needs to take urgent action to extend sick pay to the self-employed.</p>

¹⁰⁸ BBC News (31 March 2020) Coronavirus: Wages, sick pay and time off explained (<https://bbc.in/3aHccPg>)

	'high risk' jobs, so may be more likely to need to claim SSP ¹⁰⁹ .	
Child benefit:		
The Government has not yet acted to support parents with children out of school and nursery, although carers can now claim furlough.	Families with children at home as a result of schools, nurseries and other childcare facilities being closed will face increased food and utility costs. This will be particularly hard for low income families who are entitled to free school meals. At the same time, many will be waiting for the first Universal Credit payment or payment for the self-employed so without any source of income. Those who have been furloughed will be on reduced incomes. Child benefit is one of the best targeted and efficient ways of providing support to these families.	Child benefit should be increased to £50 per child per week to cover loss of free school meals and cover some costs of children being at home full time ¹¹⁰ .
Carer's Allowance:		
Workers with caring responsibilities as a result of Covid-19 can now be furloughed if this means they are unable to work.	However, those who are already full time caring, or those who have to take on new full time care responsibilities that are not related to Covid-19 are only entitled to Carer's Allowance, currently £67 a week, even less than SSP.	Carer's allowance should be increased in recognition of increased demand and the importance of providing this care in taking the non-urgent strain off the NHS.
Migrant workers and 'No Recourse to Public Funds':		
The Government's furlough rules allow migrant workers to be furloughed.	Many migrant women have No Recourse to Public Funds (NRPF). Migrants face particular challenges in being away from their loved ones and without socio-economic support compounded by the NRPF policy.	NRPF must be suspended immediately. The UK Government should follow the example of other European countries and extend residence and support rights to all. Across many European countries, steps are being taken to mitigate

¹⁰⁹ WBG (2020) Low paid women at highest risk of exposure to Covid-19 (<https://bit.ly/3dRI1a2>)

¹¹⁰ LSE (2020) Letter to the Chancellor: Raising Child Benefit to £50 to Help Families through the COVID-19 Pandemic (<https://bit.ly/2UYNBPh>)

	<p>If migrant workers lose their job or hours, they cannot claim Universal Credit, Child Benefit or Housing Benefit. If a migrant woman is experiencing abuse in isolation, she may find it difficult to find a refuge that can take her. The Government's current Covid-19 response ignores the large proportion of the UK population who are born abroad but significantly contribute to society and the economy.</p>	<p>the precarity of migrants: Ireland is extending all immigration visas due to expire in the coming weeks for two months to ensure no one becomes 'illegal' through no fault of their own.¹¹¹ Portugal is giving an automatic right of residence to everyone who has an application pending with the Portuguese Home Office equivalent until July.¹¹² This is to ensure that everyone currently living in the country has access to public services and support during the Coronavirus outbreak, but could also change the way we think about and regulate migration in the future.</p>
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It is vital that everyone who needs support can access information about what schemes are available. The Government should ensure that all information materials are available in multiple formats, including different languages, and avoid images of text to convey information as they cannot be read by screen readers.¹¹³

Housing

The economic impact of Covid-19 will also exacerbate a pre-existing gender crisis in the housing market. Women's Budget Group research finds huge disparities between mortgage and rent affordability between women and men due to the gender pay gap¹¹⁴. With many people set to lose income and earnings in coming months, many groups could struggle to keep a roof over their heads, whilst those already homeless are extremely vulnerable to contracting the virus.

In recognition of the economic effects of the crisis, the Government introduced a three-month moratorium for homeowners who are struggling to pay their mortgages as a consequence of having lost their earnings due to the economic impact of the Covid-19 outbreak. Measures were also introduced, in agreement with the industries, to make sure clients facing financial difficulties will not see their energy, water and other utilities cut, with suppliers instructed to reduce or pause bill payments or have them reassessed.

The Government has not announced measures to support renters. Private renters are in a particularly precarious financial situation. 63% reported having no savings at all, which means their home is at risk if they lose their jobs.¹¹⁵ Meanwhile, the housing affordability gender gap in the UK is a clear

¹¹¹ The Irish Times (20 March 2020) Coronavirus: Immigration permits to be extended temporarily (<https://bit.ly/2ypwv1c>)

¹¹² Reuters (28 March 2020) Portugal to treat migrants as residents during Coronavirus crisis (<https://reut.rs/2X7NWBW>)

¹¹³ RNIB website, (2020) Coronavirus and accessible online information, (<https://bit.ly/2UUbcBY>)

¹¹⁴ WBG (2019) A Home of Her Own: Housing and Women (<https://bit.ly/2y0k3Jc>)

¹¹⁵ MHCLG (2019) English Housing Survey: Headline Report 2018-2019 (<https://bit.ly/39EM4mX>)

example of pre-existing inequalities: on average in England: average rents take 43% of women's median earnings but just 28% of men's¹¹⁶.

Local housing allowance rates have been updated to reflect the 30th percentile of local private rents. This is a welcome uprating considering that the vast majority of claimants in the private-rented sector were facing large shortfalls between their housing benefit and rent.¹¹⁷ However, it will still leave many tenants with average or below average household costs with a shortfall. Women make up 60% of those in households claiming housing benefit,¹¹⁸ reflecting their higher likelihood of living in poverty.

Recommendations:

- *Evictions should be suspended for as long as the social isolation measures are in place.*
- *Local housing allowance rates should be up-rated to reflect the median (50th percentile) local private rents.*

Homelessness

When poverty increases in times of economic crisis, there is a risk of increased homelessness. Already, 67% of statutory homeless people are women and housing unaffordability is also closely linked with violence and abuse (see VAWG section.) Rough sleeping is the visible face of homelessness but just the tip of the iceberg. For every person sleeping rough on the streets, there are 12 households that are homeless. They are usually in temporary accommodation provided by the council, staying temporarily with friends and family or sofa-surfing. Women are the majority of those in these circumstances and single mothers are overrepresented in homeless families.¹¹⁹

In recognition of these problems the Government has taken some partial measures:

- 1) For social- and private-sector renters, all eviction cases in train were suspended and the eviction notice period was extended from two to three months. These measures do not rule out widespread evictions, simply pushing them down the road while tenants accrue spiralling debts.
- 2) On 27 March, the Ministry of Housing, Communities and Local Government (MHCLG) sent a message to all local authorities instructing them to house everyone sleeping rough in their areas and those in hostels and night shelters, by that weekend.¹²⁰ This is an unprecedented effort to end rough sleeping during a global health crisis, and a package of support should be put in place so that when the outbreak subsides people will not have to return to the streets. Local authorities should keep women-only areas when allocating rooms to homeless people to ensure women are safe from harm.

¹¹⁶ WBG (2019) A Home of Her Own: Housing and Women (<https://bit.ly/2y0k3Jc>)

¹¹⁷ Shelter (2017) Briefing: Local Housing Allowance Freeze (<http://bit.ly/2Wq2A4p>)

¹¹⁸ Assuming couple household claimants include an equal total number of men and women. DWP (2018) Housing Benefit Caseload Statistics: Data to May 2018

¹¹⁹ WBG (2019) A Home of Her Own: Housing and Women (<http://bit.ly/2L9c9Ts>)

¹²⁰ Crisis (27 March 2020) Government aims to house all rough sleepers by the weekend (<https://bit.ly/2wSFUIO>)

According to Shelter, 5,400 families are currently living in B&Bs and hostels, sharing kitchens and bathrooms and often crammed in one room.¹²¹ Living in temporary accommodation is difficult in the best of times; complying with the Government's lockdown measures is challenging in such circumstances; no privacy takes a toll on people's mental health, and no space to store food or to cook makes it difficult to limit trips to the shops.

Housing refugees and asylum seekers

Refugees and asylum seekers are some of the UK's most vulnerable and marginalised people, often living in gender-specific destitution¹²². They are at increased risk of poverty, homelessness and therefore exposure to Covid-19. The Home Office announced that asylum seekers who see their application refused or people granted refugee status will be allowed to stay in their current state accommodation for the next three months.¹²³ This is a very welcome measure that will spare 50,000 people from becoming homeless during this health crisis, yet there will be thousands of refugees and asylum seekers without access to employment on social security who remain vulnerable to poverty and exposure.

Recommendations:

- *Keep women-only buildings/areas when allocating rooms to rough-sleepers to ensure women's safety.*
- *In the medium term, a package of support should be put in place so that when the outbreak subsides people, including refugee and asylum seekers, will not have to return to the streets.*
- *Increase level of housing benefit and provide other support so families can move from temporary accommodation.*

For more information on homelessness and housing support during Covid-19 see [Shelter](#).

Violence Against Women and Girls (VAWG)

Home is not always a place of safety. As the World Health Organisation points out, violence against women tends to increase during every type of emergency, including epidemics¹²⁴, and this is supported by growing evidence of increases in demand for VAWG services around the world during Covid-19 'lockdowns in Italy¹²⁵, China¹²⁶ and France¹²⁷. There are reports of women struggling to contact support services. In Italy, for example, the number of calls to domestic abuse helplines has decreased but text messages and emails by women in desperate circumstances have increased sharply.

Organisations in the UK working on violence against women and girls (VAWG), have highlighted the impact that self-isolation measures are having on levels of violence and abuse.¹²⁸ The National Domestic Abuse Helpline reported a 25% increase in calls and online requests for help since the

¹²¹ Shelter (20 March 2020) Self-isolation? Try it as a homeless family living in one room (<https://bit.ly/2JSBXAh>)

¹²² Women for Refugee Women (2020) Will I ever be safe? Asylum seeking women made destitute in the UK (<https://bit.ly/3aUAqWm>)

¹²³ The Guardian (28 March 2020) Home Office to hold on evicting asylum seekers during lockdown (<https://bit.ly/2xNttro>)

¹²⁴ WHO (23 March 2020) COVID-19 and violence against women What the health sector/system can do (<https://bit.ly/2x2lEx5>)

¹²⁵ The Guardian (28 March 2020) Lockdowns around the world bring rise in domestic violence (<https://bit.ly/3aBiRum>)

¹²⁶ BBC News (8 March 2020) Coronavirus: Five ways virus upheaval is hitting women in Asia (<https://bbc.in/2ywsTyR>)

¹²⁷ France 24 (25 March 2020) Trapped at home: Domestic violence victims at high risk in Coronavirus confinement (<https://bit.ly/2yr1UEF>)

¹²⁸ EVAW et al (2020) Statement on Covid-19, (<https://bit.ly/2R98B4W>), EVAW, (8 April 2020) Initial Briefing on the COVID-19 Pandemic and the Duty to Prevent Violence Against Women & Girls, (<https://bit.ly/2Xnd9Zs>)

lockdown.¹²⁹ Avon and Somerset police reported a 20.9% increase in domestic abuse incidents in the two weeks to 26 March and police forces in other areas have warned that they expect to see an increase in domestic violence cases over the next few weeks.¹³⁰

As Women's Aid has pointed out, Covid-19 does not cause abuse – only abusers are responsible for their actions, but it does threaten to escalate abuse and close down routes to safety for women to escape.¹³¹ Self-isolation confines many women and children in homes with their abusers, threatening their emotional and physical health and putting them in danger of further abuse. Women in abusive relationships will become more isolated from friends and family and find it harder to access support services safely.

Some people, particularly students and other young people, may have had to return to the family home during this crisis after living independently. For those who have experienced childhood abuse, or ongoing abuse from family, this may put their physical or mental health at risk. This includes young people who experience rejection from their family because of their sexuality or gender identity.

Some key issues being are highlighted by VAWG organisations are as follows:

- The End Violence Against Women Coalition (EVAW) and others have warned that abusers will use infection control measures as a tool to control their partners.¹³²
- For example, Surviving Economic Abuse point out that social distancing creates more opportunities for abusers to control, exploit or sabotage their partner's economic resources including interfering with the ability to work from home by refusing to share childcare or preventing access to equipment such as a computer or phone.
- Rights of Women have reported cases of abusers placing children at intentional risk, insisting on contact arrangements contrary to guidance and refusing to return children after contact.¹³³
- Rape Crisis England and Wales warn that for survivors suffering trauma following abuse, including rape or sexual abuse, self-isolation may cause or exacerbate stress or anxiety, risking mental health problems.¹³⁴
- Southall Black Sisters and other VAWG and women's rights organisations (including WBG) have called on hotel chains to offer free rooms to women (and their children) trapped in their homes with abusive partners.¹³⁵

Funding for women's organisations

VAWG services were already overstretched before the outbreak of Covid-19, following years of under-funding.¹³⁶ The housing crisis had created severe difficulties for survivors in accessing affordable housing, leading to extended stays in refuge and reducing the number of available refuge

¹²⁹ BBC News (6 April 2020) Coronavirus: Domestic abuse calls up 25% since lockdown, charity says (<https://bbc.in/2JLHN6P>)

¹³⁰ The Guardian (26 March 2020) Warning over rise in UK domestic abuse cases linked to Coronavirus (<https://bit.ly/3bSR497>)

¹³¹ Women's Aid (1 April 2020) COVID-19 does not cause homicide – abusers do (<https://bit.ly/2weWQ5D>)

¹³² EVAW et al (2020) Statement on Covid-19 (<https://bit.ly/2R98B4W>)

¹³³ Rights of Women (26 March 2020) Coronavirus and child contact arrangements (<https://bit.ly/2wRUt9p>)

¹³⁴ Rape Crisis England and Wales (1 April 2020) Coronavirus latest (<https://bit.ly/3dWcoMl>)

¹³⁵ Southall Black Sisters (27 March 2020) SBS and Compassion in Politics, supported by MPs and women's campaigners, call on hotels to offer rooms to abused women and children (<https://bit.ly/2yCm3Yw>)

¹³⁶ WBG (2020) Violence against women and girls (VAWG) (<https://bit.ly/3bQ44vX>)

beds.¹³⁷ Women with no recourse to public funds found it difficult to find refuges that could take them.¹³⁸ These pre-existing problems have exacerbated the pressures on VAWG services as they have had to rapidly re-organise to comply with social distancing measures and deal with staff shortages, moving to online and telephone support.¹³⁹ Some refuge services are having to close or reduce the number of places they have available because of staff shortages as a result of illness or school closures, or to self-isolate survivors with symptoms or in vulnerable categories.¹⁴⁰ This creates additional pressures as refuges can lose rental income.

The Women's Resource Centre has reported initial feedback from hundreds of specialist women's organisations that they are working at double the usual rate and expect to see up to a threefold increase in need. Women's organisations are reporting to WRC that the women they support urgently need help to buy food, access their usual medication, have phones and data to keep in touch and be able to secure their homes. Many organisations are having to adapt quickly to remote support, online or via telephone. Those, such as refuges, still providing in person support need Personal Protection Equipment, hygiene and cleaning products.¹⁴¹

This increase in demand is happening at the same time as new challenges for women's organisations in raising funds. Social distancing measures are having an impact on donations to the women's voluntary sector, an important source of unrestricted funding for the organisations. The cancellation of many charity events such as fairs, street fundraising and multiple races like the London Marathon (last year participants raised £60 million for hundreds of charities) is already having a toll on many charities' financial sustainability. With people cooped up at home, street fundraising has disappeared and individual and workplace fundraising efforts are also hindered.

Once social distancing restrictions are limited, it is highly likely that there will be a surge in demand for support from women's organisations, particularly VAWG organisations, from women who are currently unable to access support. It is important that the Government's contingency planning includes provision for this increased demand.

Women's services organisations also rely on trusts, foundations and other private funders for financing. The stock market crash we are witnessing will leave many of these funders with shrunken budgets in the context of increasing numbers of voluntary organisations struggling for existence. It is important that the additional pressures on the voluntary sector, particularly the specialist women's voluntary sector led 'by and for' BAME women are recognised and support provided.

Voluntary organisations are as vital to society as businesses are. Women's organisations support the most vulnerable and do vital prevention as well as crisis response work, generating between £5 and £11 worth of social value to women, their children, and the state for every pound invested into their services.¹⁴²

¹³⁷ WBG (2019) A Home of her Own: Housing and Women (<https://bit.ly/2UGprKx>)

¹³⁸ Ibid.

¹³⁹ See for example statement from Coventry Women's Partnership on changes to working patterns as a result of Covid-19 (<https://bit.ly/2yuT5d2>)

¹⁴⁰ Welsh Women's Aid (2 April 2020) Responding to Violence against Women, Domestic Abuse and Sexual Violence during the COVID-19 Pandemic (<https://bit.ly/2xRoBl6>)

¹⁴¹ WRC et al (2020) Our call to repurpose the Tampon Tax Fund during this emergency - a letter to the Minister for Civil Society & DDCMS (<https://bit.ly/2UKaVBm>)

¹⁴² WBG and WRC (2018) Life-Changing & Life-Saving: Funding for the women's sector (<https://bit.ly/3aHIPws>)

The Department for Digital, Culture, Media and Sport (DCMS) has announced its next funding round for the Tampon Tax. Applications must be for over £1million and are not limited to women's organisations. It is not possible to apply for work that is specifically limited to Wales or Northern Ireland because the formula for distributing the money between the four nations means that less than £1million is available for either Wales or Northern Ireland.¹⁴³ These criteria mean that many small specialist organisations and the women they support may not benefit from the Tampon Tax fund. The Women's Resource Centre has called on the Government to re-purpose the Tampon Tax fund to provide unrestricted emergency funding for specialist women's organisations as an emergency response to Covid-19.¹⁴⁴ The Women's Budget Group, along with over 60 other organisations, supports this call.

On 8 April, the Government announced a package of support for charities providing frontline services worth £750 million. While this is extremely welcome, it is not clear whether the support for specialist women's organisations will be sufficient to meet the additional pressures they are facing.

VAWG services have identified the following priorities for action, which the Women's Budget Group supports.

Recommendations:

- **Funding:** *an immediate cash injection is needed to enable services to cope with additional pressures, including re-purposing the £15 million Tampon Tax funding as unrestricted grants to specialist women's services.*
- *The Government should set up a UK-wide emergency fund to support voluntary organisations providing essential frontline services, following the London Mayor's creation of a £1 million Emergency Support Fund for voluntary organisations in London.*
- *The Tampon Tax fund should be re-purposed to provide emergency core funding for specialist women's organisations facing increasing pressures as a result of Covid-19*
- *Provision needs to be made for an increase in demand for specialist women's services once social distancing provisions are lifted.*
- **Equal support:** *an end to hostile environment policies, 'no recourse to public funds' conditions, and immigration detention to prevent the spread of the virus and ensure migrant women experiencing VAWG can access free healthcare at the point of need and other forms of statutory support. Local authorities must work to identify all women and children made homeless and destitute due to VAWG and support them to self-isolate as required.*
- **Contingency planning:** *life-saving VAWG professionals must be specified as key workers. There should be immediate investment in technology to ensure survivors can access support. Refuge services must be supported to test for Coronavirus and deliver self-contained provision where needed.*
- **Guidance:** *Government guidance on social distancing and self-isolation must include safeguarding advice for those who experience harm at home, the steps survivors, their family and friends, and professionals can take to protect their safety, the support that's*

¹⁴³ DCMS (2020) Tampon Tax Fund 2020/21 - Guidance for Applicants (<https://bit.ly/3bSSkI8>)

¹⁴⁴ WRC et al (2020) Our call to repurpose the Tampon Tax Fund during this emergency - a letter to the Minister for Civil Society & DDCMS, (<https://bit.ly/2UKaVBm>)

available and how to access it. This should be developed in partnership with specialist VAWG services and relevant public sector agencies.

- **Awareness:** the Government should deliver clear public communications on why forms of VAWG are crimes and that the additional pressure families and individuals will be facing at this time is no excuse to commit them. It should also highlight the full range of support that is currently available.
- **Equal representation, monitoring and action:** Women should be fully represented in national and global responses to COVID-19, including the UK's C-19 ministerial group which should be cross-party, and include all devolved nations.¹⁴⁵

Justice, Human Rights and Democracy

Prisons and detention centres

Women in detention in prisons, young offender units or immigration detention centres are some of the most vulnerable to contracting the virus without adequate healthcare, given the lack of space, PPE, staff and healthcare.¹⁴⁶

Recommendations:

- Women in Prison and other prison reform organisations are calling for early release of people in custody and an immediate reduction in the number of people in prison, young offender institutions, secure training centres and immigration detention settings.¹⁴⁷
- With women most likely to be in prison on short sentences (77% for 12 months or less)¹⁴⁸ and for non-violent crimes (82%)¹⁴⁹, action is needed to avoid additional deaths in custody.

For more information on Covid-19 and detention, visit [Women in Prison](#) or [Women for Refugee Women](#).

Human rights and democracy

There is concern from human rights organisations¹⁵⁰ that the powers given to police, immigration and public health officials to detain or forcibly isolate people could be particularly dangerous for some communities for whom the police do not necessarily represent safety including: victims/survivors of domestic abuse, BAME groups, homeless people, sex-workers/women in prostitution and undocumented migrants.

¹⁴⁵ For the recommendations in full see EAW et al (2020) Statement on Covid-19 (<https://bit.ly/2R98B4W>) and EAW, (8 April 2020) Initial Briefing on the COVID-19 Pandemic and the Duty to Prevent Violence Against Women & Girls, (<https://bit.ly/2Xnd9Zs>)

¹⁴⁶ The Guardian (19 March 2020) Fears over Coronavirus risk in prisons as first UK inmate case confirmed (<https://bit.ly/2JGSBD3>)

¹⁴⁷ Inquest (2020) NEWS: Over 100 signatories call on Government to immediately reduce number of people in detention settings (<https://bit.ly/2w9TQaD>)

¹⁴⁸ Women in Prison (2019) Key statistics (<https://bit.ly/2yx09ci>)

¹⁴⁹ Ibid.

¹⁵⁰ E.g. Liberty (2020) New law is biggest restriction on our freedom in a generation (<https://bit.ly/2wOMTMJ>); Amnesty International UK (2020) Coronavirus Bill must human rights at the centre of response (<https://bit.ly/2UGUWUE>)

There is also concern¹⁵¹ that the extended Easter recess could see parliament close temporarily, therefore limiting the scope for democratic scrutiny of Covid-19 measures as well as the post-Brexit trade deals, Domestic Abuse Bill and other key pieces of legislation set to appear before both Houses. Now more than ever, cross-party parliamentary scrutiny is crucial, especially given the dismal representation of women in the cabinet (27%) and Covid-19 response.

Recommendations:

- The six-month review built into the Coronavirus Act 2020 is welcome but extended police powers must be kept under review and used vigilantly.
- Parliament must be taken online to allow for safe scrutiny.
- The Brexit transition period will clearly need to be extended to allow time for scrutiny.
- Women's representation in the response to Covid-19 needs desperate attention.

For information about Covid-19 and Human Rights visit [Amnesty International UK](#), [Equally Ours](#) or [Liberty](#). For more information on women's representation in parliament visit the [Centenary Action Group](#).

Conclusions: looking ahead

The outbreak of Covid-19 in the UK and around the world has collided with several gender-based crises as a result of a decade of public service cuts to social care, social security, VAWG services, local government and housing, to name but a few. These crises have become pronounced and exacerbated, especially for the most marginalised women, in the wake of the Covid-19, meaning that it is women who are facing the highest risks of exposure and economic shocks.

The purpose of this briefing is to provide an overview of the immediate policies needed to mitigate the worst of the crisis for women. As the immediate crisis lifts, there will be additional challenges for women and women's services. It is likely that VAWG organisations will see a further surge in demand as women who have been unable to access support while at home with their abuser seek help. There are also concerns that women who have been unable to work while children are off school may be vulnerable to redundancy. We will explore these issues in a future briefing.

There must also be an acknowledgement that this crisis has exposed the state of our public services and the precarity of people's lives, especially for women and other marginalised groups. The response to the economic downturn ahead cannot be further austerity, unfettered consumption and individualism. We must learn lessons from this crisis to do things differently to prioritise both people and planet, care and community.

[The Women's Budget Group's Commission on a Gender-Equal Economy](#) will continue to report in Autumn 2020 and hopes to inform the post-pandemic socio-economic reform desperately needed to enable the economy to become more resilient and compassionate in the future.

Key challenges for different groups of women*:

¹⁵¹ The Guardian (25 March 2020) UK parliament to close early for Easter amid Coronavirus fears (<https://bit.ly/2UDjA8W>)

<p>Key challenges for low-paid women</p> <ul style="list-style-type: none"> • Failure to qualify for Statutory Sick Pay, furlough or self-employment payments and/or high risk of job loss. • Challenges in keeping themselves and their families fed and housed in the face of supermarket shortages or income loss. In low-income households, women are most likely to 'go without' to feed or clothe their family. • The cruelty of Universal Credit, Carer's Allowance, SSP and other social security transfers. Low paid women are less likely to have savings to fall back on and are more reliant on the state's safety net which has been reduced in recent years. • Likelihood of living in overcrowded accommodation without outdoor space and feeling the mental health effects of quarantine. 	<p>Key challenges for pregnant women and new parents</p> <ul style="list-style-type: none"> • Pregnant women are amongst those with pre-existing health conditions who need to work from home, yet the Government has not extended necessary furlough to those who cannot. There is no clear guidance about what pregnant key workers are supposed to do or furlough guidance. • Parents-to-be who are furloughed or on SSP risk their average weekly earnings falling below the lower earnings limit (£120) to qualify for Maternity Pay, Paternity Pay or Shared Parental Pay. • Self-employed parents who have taken Maternity or Parental Leave over the last 3 years will have a higher risk of their average 3-year income being reduced because they have taken periods of leave in the last 3 years. • Mothers who are furloughed during the period used to calculate Maternity/Paternity pay will only receive 80% of their Maternity Pay.
<p>Key challenges for disabled women</p> <ul style="list-style-type: none"> • Standards of care were lowered by the Coronavirus Act 2020, leaving many disabled people fearful for their care in addition to concerns they will be denied care. • If carers need to self-isolate, disabled people will be left without vital support. • Contributory Employment and Support Allowance is still unavailable to disabled people without enough National Insurance Contributions. • Disabled women claiming legacy benefits rather than Universal Credit will not benefit from the increase in UC rates. • Disabled women are twice as likely as non-disabled women to experience domestic abuse and face more barriers seeking support, so challenges for victims/survivors apply. • Disabled women already face lower earnings but higher costs of living, including care. Loss of earnings could be detrimental to their wellbeing and quality of life. 	<p>Key challenges for Black, Asian and Ethnic Minority Women</p> <ul style="list-style-type: none"> • Black, Asian and Ethnic Minority women are three times more likely to be in precarious work, so they are less likely to qualify for furlough or Statutory Sick Pay. • They are also more likely to be low paid and already living in poverty. They also have lower levels of savings to cope with a fall in earnings. • BAME women are overrepresented in the health service where they face increased exposure and shortages of or unsuitable PPE. • BAME families are statistically more likely to have more than 3 children, which means they face additional costs of school closure and struggle with the two-child limit on benefits within Universal Credit • VAWG services led 'by and for' BAME women already face funding difficulties, and a fall in donations will be disproportionately felt by these services. • Fake news about the inception of Covid-19 has seen incidents of racist hate crime and xenophobia.

<p>Key challenges for victims/survivors of abuse</p> <ul style="list-style-type: none"> • Being enclosed with an abusive partner in self-isolation without support networks confronts victims/survivors with an impossible challenge. • Increased demand for online services and helplines meaning additional funding is required to meet need • Specialist VAWG services are struggling to access the technology they need and cover the costs of backfilling staff • Decreased funding for services as a result of cancellation of sponsored events and donations, and the risk of lost rental income in refuges • Financial abuse, heightened in times of economic downturn, could see women more likely to go hungry during isolation or facing further barriers to leaving. • Enforcing self-isolation and social distancing in refuges and shelters is challenging and government commitment to PPE and testing is urgently required • For survivors of trauma, self-isolation can cause serious mental health problems. 	<p>Key challenges for migrant women</p> <ul style="list-style-type: none"> • Migrant women still have no recourse to public funds, meaning that if they lose their jobs, hours or home they cannot claim social security. • Migrant women victims/survivors of abuse with no recourse cannot access women's refuges. • Despite being overrepresented in frontline work like care, migrants are paying for the NHS twice through the Immigration Health Surcharge and their taxes. • Undocumented migrants may fear seeking treatment from the NHS due to connections with immigration enforcement and fear of charging. • Women in detention centres are at high risk of contracting the virus without adequate staff, space or healthcare.
<p>Key challenges for older women</p> <ul style="list-style-type: none"> • Older women (particularly over the age of 65) are at higher risk of experiencing complications if they contract Covid-19, especially if they have underlying health conditions. • Gender pension inequality also means that women pensioners are significantly more likely to be living in poverty than men. On average, men have 11 times the private pension wealth of women and 23% of single woman pensioners are living in poverty. • Accessing necessities is complicated for older people if they cannot leave the home, especially given the lack of availability of online deliveries. • The Coronavirus Act 2020 'relaxes' hard-won standards in the Care Act 2004, to the detriment of many older people receiving social care. • Care homes present serious risk of exposure and deaths especially given staff shortages. Social care staff are underpaid, working precarious contracts without the necessary PPE to keep themselves and older people safe. 	<p>Key challenges for lone parents</p> <ul style="list-style-type: none"> • Women are the majority of single parents (90%) and nearly half are living in poverty (45%). Lone parents are more likely to rely on social security and struggle with housing costs. • For lone parents, having children at home whilst also trying to go to work or work from home presents an impossible challenge. Lone parents are reliant on formal and informal childcare, which has been made impossible by social distancing. • If lone parents lose earnings or jobs or need to claim SSP, they may struggle to feed and house their children, as they are often dependent on one income. • If lone parents become unwell, they risk infecting their children for lack of other support networks. <p><i>* These are only a few of examples of groups of women at risk and there are overlaps, omissions, exceptions and intersections between them.</i></p>

Additional resources:

- For more information on challenges for pregnant women visit [Maternity Action](#).
- For more information on challenges for disabled people visit [Disability Rights UK](#).
- For more information on challenges faced by BAME women visit [The Runnymede Trust](#), [Imkaan](#) or [Southall Black Sisters](#).
- For more information on VAWG and Covid-19 visit [Women's Aid](#), the [End Violence Against Women Coalition](#) or the [Women's Resource Centre](#).
- For more information on challenges faced by migrant women visit [Southall Black Sisters](#) or [Women for Refugee Women](#).
- For more information about challenges faced by older people visit [Age UK](#).
- For more information on challenges faced by lone parents visit [Gingerbread](#) or [Working Families](#).



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With thanks to:

