

Women & Equalities Committee

Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics

Introduction

Support for Women in Disadvantaged and Rural Areas (hereafter, the Women's Regional Consortium), which is funded by the Department for Communities and the Department of Agriculture, Environment and Rural Affairs in Northern Ireland.

The Women's Regional Consortium in Northern Ireland consists of seven established women's sector organisations that are committed to working in partnership with each other, government, statutory organisations and women's organisations, centres and groups in disadvantaged and rural areas, to ensure that organisations working for women are given the best possible support in the work they do in tackling disadvantage and social exclusion. The seven groups are as follows:

- Training for Women Network (TWN)
- Women's Resource and Development Agency (WRDA)
- Women's Support Network (WSN)
- Northern Ireland Rural Women's Network (NIRWN)
- Women's TEC
- Women's Centre Derry
- Foyle Women's Information Network (FWIN)

The Women's Regional Consortium is the established link and strategic partner between government and statutory agencies and women in disadvantaged and rural

areas, including all groups, centres and organisations delivering essential frontline services, advice and support.

The Women's Regional Consortium ensures that there is a continuous two-way flow of information between government and the sector. It also ensures that organisations/centres and groups are made aware of consultations, government planning and policy implementation. In turn, the Consortium ascertains the views, needs and aspirations of women in disadvantaged and rural areas and takes these views forward to influence policy development and future government planning, which ultimately results in the empowerment of local women in disadvantaged and rurally isolated communities.

The Women's Regional Consortium contributed to a Women's Policy Group¹ statement on Covid-19 and gender which is being submitted as evidence to this Inquiry. We fully endorse this statement and the asks contained within it. Our response to this Inquiry is in support of the Women's Policy Group statement.

Reason for Submission

This submission has been made by the Women's Regional Consortium to highlight the significant impact that Covid-19 will have on the lives of women in Northern Ireland and indeed across the world. We are pleased to have the opportunity to respond to this inquiry on an issue of such importance. We believe that it is vital that the approach to this pandemic must not be gender-neutral. The response by Government now will affect the lives of many women and girls in the future and therefore it must be gender sensitive. We firmly believe that women must not pay the price for Covid-19.

To this end we need women's leadership in the Covid-19 response. Despite the fact that women comprise the majority of frontline healthcare workers globally only 25%

¹ The Women's Policy Group Northern Ireland is made up of women from trade unions, grassroots women's organisations, women's networks, feminist campaigning organisations, LGBT+ organisations, support service providers, human rights and equality organisations and individuals

of global leaders are female. Without women in these positions women's issues could fail to be addressed. Women's voices need to be reflected at the decision making table or gender will be ignored in Government responses. Female representation is vital in tackling this crisis.

Inquiry Questions

1.0 How have people been affected by the illness or the response to it?

- 1.1 It is clear that many people have been and will be affected by Covid-19 and the response to it. Many people have sadly lost their lives and there are as yet untold impacts not only in terms of physical but also mental health, access to healthcare, income, debt, work, caring responsibilities, access to essentials such as food and utilities including the internet, etc.
- 1.2 This pandemic has shone a light on the value of care work, both paid and unpaid, as well as the importance of traditionally undervalued retail work which is often low paid and insecure in nature. Women undertake the majority of this work and we believe this pandemic will deepen the inequalities that women already experience and that is the focus of our submission to this Inquiry.

2.0 Have there been specific impacts on people due to them having a protected characteristic?

- 2.1 There are many structural inequalities that exist which mean that women would be more impacted. Women are more likely to provide care (both for children and other family members), more likely to be in receipt of social security benefits, more likely to be in low-paid, part-time and insecure work and more likely to have to make up for cuts to services through unpaid work.
- 2.2 The concentration of women in sectors such as care, retail and hospitality will have impacts in terms of exposure to the virus and in terms of a disproportionate risk of poverty due to a reduction in income levels.

Health Impacts

- 2.3 According to the World Health Organisation globally women make up 70% of the health 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. Many women working in the health sector can be found in often invisible, but essential, hospital work like cleaning and catering.² These figures all suggest that women are at a higher risk of exposure to the virus.
- 2.4 Working women are most likely to be bearing the health risks from coronavirus by being key workers, according to research from the Resolution Foundation. Women are twice as likely to occupy key roles in health care, education, food, and pharmaceutical retail. In many of these roles, social distancing is not always possible, leaving them more exposed to contagion.³
- 2.5 In Northern Ireland serious concerns have been raised about access to personal protective equipment (PPE) for health and social care workers. Concerns have been raised by frontline NHS staff including nurses, those providing ancillary services such as cleaning and care workers in the community care sector. Unpaid carers (many of whom are women) are also particularly vulnerable as they do not have access to PPE unless they source it themselves. Shortages of PPE for health and care workers has been described by Unison as a “*crisis within a crisis*”.⁴ It is a crisis which again will impact more on women.
- 2.6 With the healthcare system under pressure dealing with coronavirus other essential health services have been cut back. Some screening programmes, which have a key role in preventing disease, have been paused including routine breast and cervical screening. It has emerged there has been a 70%

² Crises Collide: Women and Covid-19, Women’s Budget Group, April 2020
<https://wbg.org.uk/wp-content/uploads/2020/04/FINAL.pdf>

³ Risky Business, Economic impacts of the coronavirus crisis on different groups of workers, Resolution Foundation, April 2020
<https://www.resolutionfoundation.org/publications/risky-business/>

⁴ <https://www.unison.org.uk/news/article/2020/04/lack-protective-equipment-health-social-care-staff-crisis-within-crisis/>

drop in red flag referrals and cancer charities are calling for cancer screening, diagnosis and treatment to return to normal.⁵ Routine surgery has been suspended and most counselling and mental health support has been moved to telephone or online. This will have a negative impact on women with ongoing physical or mental health conditions.

- 2.7 There are also concerns about access to reproductive healthcare services particularly in Northern Ireland. While new guidance was issued in England to allow women to take abortion pills at home due to the pandemic this is not the case in Northern Ireland. The Department of Health has delayed the full implementation of all abortion services in Northern Ireland and therefore Northern Ireland is now the only part of the UK or Ireland without any formal telemedicine provision. This is an important part of women's health care as it allows women to be in control of their reproductive rights while observing social distancing rules.

Economic Impacts

- 2.8 Pre-existing inequalities only make the economic challenges of Covid-19 worse. The pandemic has underscored the income inequality that exists after a decade of austerity following the financial crisis. Women are paid less on average than men, women are more likely to work part-time and in low-paid, insecure work. Women are also more likely to be caring for children/family members and are more likely to claim social security benefits. In short women's position in the labour market tends to be more precarious than that of men.
- 2.9 Many women will face stark choices between their work and care commitments due to the impact of Covid-19. School closures create significant challenges for many women who are more likely to be forced to leave work to care for children. New data shows that women on both sides of the Atlantic are more likely to have lost their jobs or suffered a fall in earnings since the coronavirus pandemic took hold. Economists from the Universities of Cambridge, Oxford

⁵ <https://www.belfasttelegraph.co.uk/news/health/disaster-looms-if-northern-ireland-cancer-screening-not-fully-resumed-39158557.html>

and Zurich collected data which showed a total of 15% of the UK population have lost their jobs due to the economic impact of Covid-19.⁶ Significantly higher rates of women and workers without a degree had experienced job loss or wage drops in the four weeks prior to questioning, compared to men and those with a university education.

2.10 Women are overrepresented in the hospitality and leisure sectors particularly in the lower paid and frontline services that have been the hardest hit as they are less likely to be able to work from home. These women are disproportionately impacted by this economic crisis.

2.11 Many families will struggle with the increased burden of work, childcare and home-schooling as a result of Covid-19. Having children at home all day increases the burden of domestic work including cooking meals and cleaning. Unfortunately most of this burden will fall on the shoulders of women. Research has shown that on average during a typical working day, men in the UK spend under 2.5 hours on childcare and do under two hours of homeschooling. Women in the UK however spend over 3.5 hours on childcare and do over two hours of homeschooling.⁷

2.12 Single parents (in Northern Ireland 91% of single parents are women) face even harder decisions when schools are closed and their children are at home. They have to decide how to juggle earning and caring which makes their lives even harder.

2.13 As previously stated women make up many of those workers in high risk jobs so they may be more likely to need to claim Statutory Sick Pay (SSP) if they become ill. The rate of SSP is just £95.85 per week and is an extremely low amount of money to live on. Low levels of SSP increase the risk that people who are ill will continue to work risking the spread of the virus. In addition as women make up the majority of those in low-paid, part-time and insecure work many will not qualify for Statutory Sick Pay (SSP) if they become sick.

⁶ Inequality in the Impact of the Coronavirus Shock: Evidence from Real Time Surveys, Cambridge-INET Working Paper Series No: 2020/18, April 2020

<https://www.inet.econ.cam.ac.uk/working-paper-pdfs/wp2018.pdf>

⁷ Ibid

According to the Women's Budget Group women make up 70% of those jobs which are ineligible for SSP across the UK as they earn less than £118 per week limit for claiming it.⁸

2.14 Low income families will be particularly impacted by this crisis putting a huge strain on budgets through increased expenditure on food, energy and online services. Many low income families were already struggling with essential costs as is evidenced by the rise in foodbank use. Many will also struggle with increased costs of home-working and home-schooling much of which is online and requires the necessary technology and internet access to be available. This may be a particular issue for rural households who do not have adequate broadband services.

Social Security

2.15 There has never been a more important time for the social security system to provide a safety net to protect people from poverty. With job losses and the reduction in income felt by many people it is inevitable that more people will need to claim social security.

2.16 There have been 45,000 new claims made for Universal Credit in a 3-week period (a ten-fold increase) as a result of the Coronavirus pandemic.⁹ The volume and pressure of new claims has led to people experiencing delays, struggling to get through on the phone and talk to advisers.

2.17 Research by the Women's Regional Consortium showed the severe impact of the five week wait for Universal Credit on the lives of local women. The five week wait severely restricted household budgets and caused many women to get into debt. It also had negative impacts on women's mental health and on the lives of their children. The women we spoke to took on the burden of this poverty cutting back on essentials such as electricity and gas so that they could afford food. Some of the women reported "*feeling like a failure*" for not being able to provide for their children.

⁸ <https://wbg.org.uk/wp-content/uploads/2020/03/FINAL-Covid-19-briefing.pdf>

⁹ <https://www.belfasttelegraph.co.uk/news/northern-ireland/coronavirus-universal-credit-claims-in-ten-fold-increase-in-northern-ireland-39114116.html>

- 2.18 Delays particularly affect women as they are often the “*shock absorbers*” of poverty going without food, clothes or warmth in order to meet the needs of other family members when money is tight. It is clear that in a global pandemic with low-income households facing increased costs that the hardship caused by the five week wait will be even more severe.
- 2.19 In Northern Ireland a package of mitigation measures was agreed by the Northern Ireland Executive to protect some claimants from the harshest impacts of welfare reform.¹⁰ However the mitigations which exist to help with Universal Credit (namely the Contingency Fund and Cost of Work Allowance) have either not been implemented at all or are significantly underspent. The CliffEdge NI Coalition¹¹ is campaigning for a strengthening of the mitigations to take account of new challenges that people face particularly around Universal Credit. CliffEdge NI is calling for a one-off supplementary payment to be made to people claiming Universal Credit to support them through the five week wait. Rather than the Advance Payment loan, which results in debt, all claimants should be offered a grant.
- 2.20 Research by the Women’s Regional Consortium¹² showed that problems accessing Discretionary Support had lessened the ability for low income families to access support for emergency essential costs through the benefits system. Women reported that it was harder to get help through Discretionary Support than it had been before welfare reform due to restrictive eligibility criteria and problems with making applications through a telephone helpline. The Minister for Communities, Deirdre Hargey has recently announced changes to Discretionary Support including a rise in the income ceiling below which a person is entitled to receive Discretionary Support and a new payment

¹⁰ Welfare Reform Mitigations Working Group Report, Professor Eileen Evason, January 2016
<https://www.executiveoffice-ni.gov.uk/sites/default/files/publications/ofmdfm/welfare-reform-mitigations-working-group-report.pdf>

¹¹ The CliffEdgeNI Coalition is a group of over 100 organisations from across Northern Ireland who came together to express concerns about the end of welfare reform mitigations in March 2020 and to campaign for a strengthening of these mitigations going forward. The Women’s Support Network and Women’s Regional Consortium are members of the Coalition.

¹² Making Ends Meet: Women’s Perspectives on Access to Lending, Women’s Regional Consortium, February 2020
<http://www.womensregionalconsortiumni.org.uk/sites/default/files/Making%20Ends%20Meet%20-%20Women%27s%20Perspectives%20on%20Access%20to%20Lending.pdf>

for those impacted by Covid-19 and we welcome these changes as a response to this crisis.

2.21 Child Benefit is a key benefit for families with children and particularly for women. It is often described as a payment to the purse rather than the wallet and is an important part of many women's income. An increase to Child Benefit is a simple, efficient and cost-effective way to provide urgently needed support to families now that children are at home and household costs have increased. The Women's Regional Consortium has along with a range of other organisations in Northern Ireland added its voice to the call for an increase in Child Benefit to £50 per child per week. We believe that this would make a significant difference to families and support people facing immense financial strain in these difficult times. However in order for women and families to feel the full benefit of this change this must be carried out in conjunction with some other changes including the removal of the benefit cap and punitive two-child limit.

2.22 One in five people in Northern Ireland are providing care for a family member or friend and women are most likely to provide this care and most likely to be providing more hours of care. Carers in Northern Ireland provide unpaid care to the value of £4.6 billion per year. Women make up the majority (58%) of carers in Northern Ireland.¹³ Carers are the lowest paid benefit claimants and only receive £67.25 per week. Over half of carers (55%) who are receiving Carer's Allowance are struggling to make ends meet.¹⁴

2.23 Many carers are now providing more unpaid because local care services have reduced or closed due to Covid-19. Many carers will also suffer with inadequate income for basic necessities and to afford PPE during this time. The Minister for Communities has announced that during the Covid-19 pandemic emotional support can also count towards the 35 hours a week a person spends caring for someone who is ill or has a disability. While we welcome this move we believe that action needs to be taken on the level of

¹³ State of Caring, A snapshot of unpaid care in Northern Ireland, Carers NI, October 2019 <https://www.carersuk.org/northernireland/news-ni/state-of-caring-in-northern-ireland-2019>

¹⁴ Ibid

Carer's Allowance which is totally inadequate especially in the current circumstances.

Debt

2.24 Research¹⁵ shows that fewer adults in Northern Ireland have a savings account compared to the rest of the UK. Well over half (54%) of adults in Northern Ireland have either no cash savings or savings of less than £2,000. This research also suggests a greater proportion of people in Northern Ireland than elsewhere in the UK are considered potentially vulnerable due to their financial circumstances. 56% said they could cover their living expenses for less than a week if the main source of household income was lost.

2.25 Debt impacts women more than men. Figures from the Money Advice Service showed that of the estimated 8.8 million people with severe debt problems nearly two-thirds (64%) are women.¹⁶ Debt advice agencies report that single parents are particularly vulnerable to debt. StepChange reports that single parents are over-represented amongst their debt clients compared to the UK population. Single parents made up 23% of their clients in 2018 yet represent only 6% of the UK population. 85% of their single parent clients are female.¹⁷ In Northern Ireland Christians Against Poverty report that 27% of their clients are single parents (25% of which are single mothers).¹⁸ According to the Trussell Trust, lone parents are overrepresented as users of foodbanks compared to the general population – 22% compared to 5%.¹⁹

2.26 Research by the Women's Regional Consortium²⁰ showed that the majority of women participating in the research (87%) had needed to borrow money in the

¹⁵ The financial lives of consumers across the UK, Key findings from the FCA's Financial Lives Survey 2017, Financial Conduct Authority, June 2018

<https://www.fca.org.uk/publication/research/financial-lives-consumers-across-uk.pdf>

¹⁶ Indebted lives: the complexities of life in debt, Money Advice Service, November 2013

https://mascdn.azureedge.net/cms/cs-indebted-lives-the-complexities-of-life-in-debt_november2013.pdf

¹⁷ Life Happens, Understanding financial resilience in a world of uncertainty, StepChange, July 2019

<https://www.stepchange.org/Portals/0/assets/pdf/life-happens-safety-nets-stepchange-debt-charity>

¹⁸ Client report, Changing perceptions, Northern Ireland edition, Christians Against Poverty, April 2019

<https://capuk.org/files/server/downloads/general/Client-Report-2019-NI-WebDP.pdf>

¹⁹ <https://www.trusselltrust.org/2019/11/05/state-of-hunger-2019/>

²⁰ Making Ends Meet: Women's Perspectives on Access to Lending, Women's Regional Consortium, February 2020

last three years and much of this borrowing was for essential items and to make ends meet. The use of high-cost credit was widespread with many women reporting they were unable to access cheaper forms of borrowing due to poor credit ratings, low income or having other debts. Many of the women reporting difficulty in meeting their debt repayments and/or had missed repayments.

2.27 It is evident from much of this research that debt is a gendered issue and that many people in Northern Ireland are ill equipped to deal with financial shocks like the impact of Covid-19. This is a major issue for many women as this crisis unfolds but also into the future when we start to emerge from the lockdown and deal with its aftermath.

Social Impacts

2.28 Covid-19 and the resulting lockdown has led to an increase in domestic violence as many women are trapped at home with their abusers. PSNI figures show that almost 2,000 domestic abuse calls were made to the PSNI in the first three weeks of April (1-7 April: 585 calls, 8-14 April: 723 calls and 15-21 April: 611 calls. This compares to an average of 570 domestic abuse calls per week in the last 12 months). There is a need for urgent action to ensure that refuges and support services for those suffering from domestic violence can remain open and that capacity is increased to cope with demand. Funding opportunities are limited given the crisis and these organisations must have access to funding to ensure that they can increase their services and meet the demand safely.

2.29 Northern Ireland's mental ill health was 25% higher than England even before Covid-19. One in nine people in Northern Ireland is living with a diagnosis of depression and our higher suicide rate has been well documented.²¹ Mental

<http://www.womensregionalconsortiumni.org.uk/sites/default/files/Making%20Ends%20Meet%20-%20Women%27s%20Perspectives%20on%20Access%20to%20Lending.pdf>

²¹ <https://www.belfasttelegraph.co.uk/news/northern-ireland/mental-ill-health-rate-in-n-ireland-25-higher-than-england-charity-warns-39167055.html>

health is a key area to consider during isolation and must be central to any exit and recovery strategy as we emerge from this pandemic.

2.30 Welfare reform and austerity have created a crisis situation where women need more help in the form of support, education and advice however community-based support services for women are under serious threat from funding cuts. Consequently many organisations have been forced to reduce their package of services, reduce staff numbers or close down completely. This was before the impact of Covid-19. It could be argued that women will need the services of local community-based organisations now more than ever and into the future as we exit the pandemic. These services can help them access advice and guidance, help with food and other essentials, referrals for information and signposting and emotional support.

3.0 Are there any unforeseen consequences to measures brought in to ease the burden on frontline staff?

3.1 There have been issues identified with women's eligibility for Statutory Maternity Pay (SMP) because of issues with Covid-19. As many of these women were put on furlough they were set to lose their eligibility for SMP. However a recent change introduced by the Economy Minister and the Communities Minister has ensured that workers will not miss out²² and we very much welcome this swift action by these Departments.

3.2 There is the potential for issues within the social security system as a result of changes to some benefits. Government has announced an emergency increase of £20 a week for Universal Credit and Working Tax Credit as a result of Covid-19. This is to be welcomed and should we believe be extended to a range of other benefits. However this may result in some people being subject to the benefit cap which essentially means that the Government is giving with one hand and taking away with another. We would like to see the immediate end to the benefit cap particularly in these difficult times as many low-income families struggle to put food on the table and provide for their children.

²² <https://www.economy-ni.gov.uk/news/ministers-announce-protection-family-related-statutory-payments-furloughed-workers>

- 3.3 As previously stated we have added our voice to the list of organisations calling for Child Benefit to be increased to £50 per week per child. If any changes were made in this regard this again would be subject to the benefit cap and the two-child limit. Both these policies will ensure that any help provided to help low-income families and women will be limited. We call for an immediate end to the benefit cap and the two-child limit in response to this crisis.
- 3.4 Many mothers will face changed birthing plans and limitations to follow-up healthcare support from midwives or social workers due to Covid-19. This is a frightening time for new mothers many of whom are worried about contracting the virus in hospital and struggling with changes to how they thought the birth of their baby would happen. There are obvious concerns over perinatal mental health in particular for Northern Ireland where perinatal mental health services do not currently exist. It is important that telemedicine is used to provide perinatal mental health support for all new mothers.
- 3.5 There are big issues around what is considered “women’s work” during the pandemic. Women are more likely to be working in the sectors which have largely closed including retail and hospitality. That makes them at risk of poverty and debt. This is particularly the case for lone parents who are so vulnerable to poverty already. Women are also more likely to be working in sectors that are exposed to the virus including health, social care, food retail, etc. They are therefore more likely to become sick and be forced to rely on SSP with shortages of PPE making this even more of a possibility.
- 3.6 With many families now working from home, women are taking on most of the childcare responsibilities. This moves this vital work from paid to unpaid work. Women’s jobs are often considered lower priority when disruptions happen as they are more likely to work part-time and are usually paid less. Many women who are now working from home are juggling work commitments, childcare and domestic work adding significantly to the pressure they are under. The effect of this pandemic is likely to send many couples back to the 1950s where women shoulder the burden of childcare and domestic work. Women’s independence will be a silent victim of this pandemic.

3.7 It must also be noted that the gender pay gap reporting obligations have been suspended despite the fact that Covid-19 disproportionately affects women in the workplace. Gender equality should be important now more than ever and women should not be allowed to pay the price for Covid-19. In general there is a greater need for sex disaggregated data collection so that women's needs and realities do not fall through the cracks at this time.

4.0 What needs to change or improve, which could be acted on in three weeks' time?

4.1 As previously stated the Women's Regional Consortium contributed to a Women's Policy Group statement on Covid-19 and Gender which was submitted as evidence to this Inquiry. We are in agreement with the asks in this statement which includes many of the following:

- All taskforces and working groups on Covid-19 should be gender balanced. These must include representation from women/women's sector groups to ensure a gender lens is applied to all actions and women are involved in all decision-making processes.
- Prioritisation of domestic violence services including additional resourcing during the crisis and identifying staff as key workers.
- Ensure homelessness, mental and sexual health services are adequately funded and continue operating.
- Update furlough guidance to address pregnant women as a vulnerable group.
- Arrangements to secure access to energy supplies for all customers including a security of supply guarantee for customers falling into debt.
- Suspend all benefit debt payments so that those who are struggling to survive on benefits can adjust and react to Covid-19 without further deductions from their income.

- Increase the budget and further widen the eligibility criteria to access Discretionary Support Payments including making payments grants rather than loans.
- Help with the five-week wait for Universal Credit either through making the Advance Payment a grant rather than a loan or through mitigation payments.
- Providing financial support for childcare in particular for parents unable to work due to a lack of childcare resulting from Covid-19 and associated measures.
- Providing priority access for single parents to supermarkets, pharmacies and other facilities along the lines of priority access to the elderly and more vulnerable.
- Increasing Child Benefit payments to £50 per child per week for the duration of the pandemic and in the recovery phase.
- Scrapping the Benefit Cap and the two-child limit in Tax Credits and Universal Credit.
- Recognise internet connectivity as a necessary utility and work with the telecommunications industry to remove all barriers to internet connectivity and work to help support those on the lowest income to access the internet.
- Universal Credit regulations should be amended so that Maternity Allowance is treated in the same way as SMP. Maternity Allowance should be disregarded in full allowing women to access Universal Credit and the Sure Start Maternity Grant.
- Low income workers should be eligible for SSP and the rate of SSP should be significantly increased.

- Screening programmes such as breast and cervical screening which are key to preventing disease should be reinstated immediately.
- Ensure ongoing access to sexual and reproductive health services for women, including access to contraception and the introduction of measures to enable abortion access through telemedicine in Northern Ireland.
- Introduce telemedicine and adequate perinatal support services for mothers facing changing birth plans and anxiety over birth and early care of their babies.
- Gender pay gap reporting should be reinstated and surveillance and response systems should collate data broken down by gender. There is a need for sex disaggregated data collection so that women's needs are evidenced.
- Provide PPE that is made to fit and adequately protects women and ensure all those working in the health service, care homes and those providing unpaid care are able to access suitable and adequate PPE.
- Significantly increase the amount of Carer's Allowance and reform the eligibility criteria to enable those temporarily caring for family members to receive the benefit.
- Increase the funding to enable women's centres and organisations to respond to the immediate needs of women as a result of this crisis.

5.0 What needs to change or improve, which could be acted on in 6 months' time?

5.1 We do not wish to see the situation repeated following the financial crash in 2008 which resulted in austerity and welfare reform measures that disproportionately impacted on women.²³ Women should not have to pay the

²³ Research by the House of Commons Library shows that 86% of the savings to the Treasury through tax and benefit changes since 2010 will have come from women
<https://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf>

price for Covid-19 either during the pandemic or in the longer-term. We again agree with the Women's Policy Group longer-term asks which include:

- Develop support structures for people experiencing extended financial hardship and/or unemployment due to the Covid-19 crisis and ensure that these can respond quickly and efficiently to this need.
- Make available funding to address the wider health impacts of this crisis in particular in relation to mental health issues.
- Introduce gender budgeting to strengthen gender analysis across all policy areas.
- Provide access to universal childcare.
- Introduce a universal basic income.
- Introduce gender pay regulations and address issues underpinning low pay in the care sector.
- Fully design and implement a gender-responsive economic recovery plan to deal with the aftermath of Covid-19 including adequate resourcing.
- Increase and provide longer-term funding for grassroots women's organisations many of whom are under serious threat from funding cuts. These organisations are one of the first to respond to the needs of women locally yet often the last to receive funding. This would enable them to continue and develop their vital services for women who are likely to need more help as a result of this crisis.

6.0 Conclusion

6.1 This pandemic shows just how serious gendered inequality is. The impact of Covid-19 will mean that many will rely on the services of women whether that is through working in healthcare, looking after children and the elderly and making sure that essential retail is open to provide food and necessities. Government so far have failed to recognise this in emergency support packages. Government need to involve women in decision-making processes around this pandemic and implement policies that not only help women during this crisis but level the playing field for future generations.