Women's Policy Group NI

Westminster Women and Equalities Inquiry:

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

Contents

Introduction:

This submission is being made on behalf of the Women's Policy Group Northern Ireland (WPG).

The WPG is a platform for women working in policy and advocacy roles in different organisations to share their work and speak with a collective voice on key issues. It is made up of women from trade unions, grassroots women's organisations, women's networks, feminist campaigning organisations, LGBT+ organisations, support service providers, NGOs, human rights and equality organisations and individuals.

Over the years this important network has ensured there is good communication between politicians, policy makers and women's organisations on the ground. The WPG represents all women of Northern Ireland and we use our group expertise to lobby to influence the development and implementation of policies affecting women.

Reason for submitting evidence:

The WPG is a group that represents all women of Northern Ireland. This group has collective expertise on protected characteristics and focus on identifying the intersectional needs of all women. The WPG membership is broad and has a deep understanding of how best to approach the impact COVID-19 is having on women in Northern Ireland. The impact on all protected groups will be severe, however, this submission will focus primarily on women given the remit of the WPG.

We recognise that some issues highlighted will be of a devolved nature, and others will be issues that require Westminster intervention. Regardless, it is essential that the Westminster Women and Equalities Committee is fully aware of the unique challenges in Northern Ireland; particularly as the UK government is the duty bearer for human rights in NI.

The ongoing COVID-19 pandemic has created an unprecedented challenge across the UK. It has put in sharp focus the value and importance of care work, paid and unpaid, and highlighted the essential nature of often precarious and almost always low paid retail work. Women undertake the majority of this work, and women will bear a particular brunt of this crisis; economically, socially and in terms of health. The WPG is calling on decision-makers across the UK to take action to ensure a gender-sensitive crisis response.

The current crisis affects men and women differently, and in many cases deepens the inequalities women experience on an everyday basis[1]. These inequalities, along with key solutions, were highlighted in a Women's Manifesto issued by the WPG in preparation for the general election last December[2]. These solutions remain central for a long-term response, but the developing crisis has put a number of issues in sharp focus for urgent emergency action.

How women have been affected by the illness or the response to it:

Domestic Violence:

Most seriously, domestic violence rates rocketed in China when the pandemic hit there[3], demonstrating the risk to women and girls, which increases during lockdown. The sector here is already reporting a rising number of calls to helplines in the UK and Ireland[4]. Most worryingly, domestic abuse killings are now more than double during the current lockdown compared to statistics for killings over the past 10 years. Homeless women, women with insecure immigration status and sex workers are particularly vulnerable, as regular support structures are limited during the lockdown. Urgent action to enable refuges and support services to remain open and safely managed is required, particularly as capacity is already limited following a decade of cuts. In addition, health providers need to be aware of the risks and health consequences of violence against women. They can help women who disclose by offering first-line support and medical treatment. First-line support includes listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to support services. The use of mHealth and telemedicine in safely addressing violence against women must urgently be explored[5].

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[1] See Women's Resource and Development Agency Reports on Gender Inequality in NI in 2020 https://wrda.net/wp-content/uploads/2020/02/Gender-Inequality-in-Northern-Ireland.pdf; Brexit and the Impact on Women in NI https://wrda.net/2019/10/18/brexit-and-the-impact-on-women-in-northern-ireland/; Disabled Women and Discrimination https://wrda.net/2019/11/18/disabled-women-and-discrimination-facts-we-need-you-to-know/; Childcare: A Women's Issue https://www.childcareforallni.com/post/childcare-a-women-s-issue-by-rachel-powell-women-s-sector-lobbyist-at-wrda.

[2] Women's Policy Group NI Election Manifesto 2019: http://www.womensregionalconsortiumni.org.uk/sites/default/files/Women%27sManifesto2019.pdf

[3] China's Domestic Violence Epidemic: https://www.womensaid.org.uk/vawg-sector-statement-on-covid-19/

[4] Women's Aid Sector Statement on Covid-19, Northern Ireland, England, Scotland and Wales: https://www.womensaid.org.uk/vawg-sector-statement-on-covid-19/ ; See also: Jamie Grierson, 'Domestic Violence killings 'more than double' amid Covid-19 lockdown', *The Guardian,* (15 April 2020) https://www.theguardian.com/society/2020/apr/15/domestic-abuse-killings-more-than-double-amid-covid-19-lockdown <accessed 17th April 2020>.

[5] COVID-19 and violence against women what the health sector/system can do https://www.who.int/reproductivehealth/publications/vaw-covid-19/en/

Gender-Segregated Labour:

Women constitute over 70% of health and social care staff, with a significant proportion from BAME backgrounds. For many this involves a double burden, as women also shoulder the lion's share of unpaid care work. This puts women at increased risk of infection, as well as spreading infection to vulnerable family members. Many women will be expected to take on additional care commitments as the epidemic in Northern Ireland escalates, potentially putting themselves and those they care for at risk. In addition, disabled women may face challenges in accessing the care they need and may need to isolate for longer, adding to potential physical as well as mental health impacts. It is essential that home carers, as well as health and social care staff, have access to appropriate advice and where required to adequate personal protective equipment (PPE), to protect themselves and society at large. Action must be taken to acknowledge the many women who work in precarious, low-paid jobs that are unable stay at home due to employer reluctance to furlough these workers; particularly as many of these women do not have trade union representation nor can they benefit from collective bargaining. In addition to this, action needs to be taken to address how difficult it is for women to complete all aspects of work from home when trying to manage their workloads, childcare and providing education from home. Measures should be introduced to prevent employers from being penalised.

Access to Contraception and Abortion:

Women must also be able to access sexual and reproductive health services, including contraception, emergency contraception and the means to access safe abortion care. International human rights law explicitly recognises the rights to sexual and reproductive health and bodily autonomy. These rights give rise to positive state obligations to ensure abortion-related information and services and to remove medically unnecessary barriers that deny practical access.[6] Introducing additional barriers to abortion and/or failing to ensure abortion access during the COVID-19 pandemic contravenes UN treaty bodies' consistent critique of states' denial of safe abortion services, and recommendations that states both refrain from introducing new barriers and eliminate existing barriers to abortion.[7]Women should not, and may not be able to, travel to access an abortion and healthcare workers should not be put at risk by requiring pregnant people to physically attend healthcare

[6] Center for Reproductive Rights, Breaking Ground: Treaty Monitoring Bodies on Reproductive Rights 12-14, 2020.

[7] Abortion in the context of COVID-19: a human rights imperative, Jaime Todd-Gher &Payal K Shah https://www.tandfonline.com/doi/full/10.1080/26410397.2020.1758394

premises, this has been made clear by WHO advice. The Northern Ireland Office have implemented an abortion framework that is inadequate[8]. Further, the Department of Health has delayed the full implementation of all services and whilst NI is now the only part of the UK or Ireland without any formal local telemedicine provision, they continue to delay its implementation. We need abortion provision that is evidence-based, based on best medical practice, and fully implemented in the safest manner to address the difficulties around COVID-19. This includes telemedicine for self-managed abortions to reduce risk, provisions for those unable to take misoprostol and full, accessible provisions for those accessing an abortion after 10 weeks gestation. The women of Northern Ireland have travelled to Great Britain to access abortions for too long, travel was considered an unviable solution by CEDAW[9], therefore they should be able to fully access healthcare at home during this global pandemic[10].

Childcare, Caring Responsibilities and Work:

Some women will also face stark choices between their work and care commitments due to the impact of COVID19. In particular, school closures – whilst fully justified – create significant challenges for many families, and women are more likely to be forced to care for children either in addition to their work or instead of paid work. This applies particularly to parents of disabled children, as childcare for children with disabilities is extremely limited even in ordinary circumstances. This increases the risk of poverty and is also likely to have health impacts for parents. Crucially, economic support is required for parents and carers who are isolating due to a family member showing symptoms or are looking after a child or relative with COVID-19, especially for single parents, the vast majority of whom are women. We know anecdotally of families who have faced stark choices between losing employment or leaving young children at home alone, or presenting health risks to grandparents where no other care is available. The risks are increased for women who are key workers in low-income positions, or other essential positions such as teachers, as childcare for all key workers has not been fully implemented and many parents are forced to risk being infected due to the nature of their work.

Economically, women are overrepresented within the hospitality and leisure sectors, and are therefore disproportionately affected by this economic crisis. Many are also extremely vulnerable if they do get ill; 70% of jobs earning under the £118/week limit for Statutory Sick Pay are undertaken

[8] Details on the best provision for NI, see the WPG response to the NIO Abortion Framework Consultation here: https://wrda.net/wp-content/uploads/2020/01/WPGNIOAbortionConsultation.pdf

[9] For more information on the heavy financial, emotional and logistical burden of travelling to GB on women, see the CEDAW Committee comments here: https://undocs.org/CEDAW/C/OP.8/GBR/1

[10] For more information, see: https://www.who.int/reproductivehealth/publications/self-care-interventions/en/

by women. Self-employed women also tend to run businesses with very tight margins, and many have limited savings to fall back on. This increases the risk of poverty and debt, and increases the reliance on high cost lenders, with associated long-term financial impacts. The risk is greatest for single parents, who already are more likely than other groups to experience poverty and debt. The Job Retention Scheme and recent amendments to Universal Credit and other benefits provide a degree of support for some women, but a longer-term plan is required to ensure all women affected by job losses can provide for themselves and their families both now and in the recovery phase.

Socio-economic disadvantages for low-income families:

For low income families, the crisis will put an insurmountable strain on budgets through increased expenditure on food, energy and online services**.** Lack of access to computers and laptops to support education at home will also add to the pressure experienced by parents. There are potential health impacts for parents as well as long term educational impacts for children and young people. There are issues for low-income women who don't have **access to technology/internet** to access home schooling information from schools which is increasingly online. This is worsened for rural women in Northern Ireland, as up to 20,000 households in **rural** Northern Ireland do not have access to adequate broadband services.

In addition, as women make up 70% of health and social care staff, 85% of part time workers and the vast majority of those **in low-paid, insecure work**, many will not qualify for the already worryingly low **Statutory Sick Pay** rate of £94.25 per week. According to the UK Women's Budget Group, women make up 70% of those in jobs ineligible for SSP across the UK as they earn less than £118 per week. Low-income workers should be eligible for SSP and the rate of SSP should be increased to £322.64 per week. Many of those who work in low paid and insecure work will not be represented by unions or covered by collective bargaining; it is accepted that companies which are unionised are safer places to work[11].

Recently published research from the Women's Regional Consortium in Northern Ireland shows that fewer adults in NI have a savings account relative to the rest of the UK[12]. 54% of adults in NI have either **no cash savings** or savings of less than £2,000. A greater proportion of people in NI also are considered vulnerable due to their financial circumstances and 56% have stated that they could cover

[11] For more information on health and safety and unionised workers see: https://worksmart.org.uk/health-advice/health-and-safety/union-safety-reps/are-unionised-workplaces-safer

[12] Siobhán Harding, 'Making Ends Meet: Women's Perspectives on Access to Learning', *Women's Regional Consortium,* Feb 2020, http://www.womensregionalconsortiumni.org.uk/sites/default/files/Making%20Ends%20Meet%20-%20Women%27s%20Perspectives%20on%20Access%20to%20Lending.pdf <accessed 17 April 2020>.

their living expenses for less than a week if their household income was lost. Women are at great risk of needing to access **high-cost lending**, particularly doorstep ending and credit/store-card/catalogues.

Further, with vastly increasing numbers of those applying to **Universal Credit**, many more will face hardship and distress due to the **five-week wait** for payment. This wait is delayed even further if families have delayed wage payments from their work before lockdown began. **Advance Payments** are available but they are a loan and must be repaid often causing continued hardship and debt. These payments should be changed from loans to grants to avoid hardship and debt. Consideration could also be given to making a mitigation payment through the Universal Credit Contingency Fund to help with the five week wait particularly for first time claimants. With the evidence of those struggling to financially make ends meet in NI, it is clear that this is heightened for those on Universal Credit during COVID-19.

To tackle this, there needs to be a **suspension of all benefit debt** so that those who are struggling to survive on benefits can adjust and react to COVID-19 without further deductions to their payments. As more and more people are struggling on benefits, they are likely to be pushed towards Discretionary Support to cope with increased costs due to COVID-19. Unless changes are made to eligibility criteria, including the removal of the income ceiling and the one claim per 12-month limit, this will not provide the support many people will need during these unprecedented times of financial loss and insecurity.

Research from the Money Advice Service shows that debt impacts women more than men as out of the estimated 8.8 million people with **severe debt problems** nearly two-thirds (64%) are women. If adequate financial help and support is not available to those women who have lost their jobs, face reduced wages or struggle financially on current benefit levels, there will be undoubted increases in debt levels which will have a **long-term impact** on women. **Single parents** are particularly vulnerable to debt, food insecurity and poverty, an issue that is striking as 91% of single parents in Northern Ireland are women. StepChange report that single parents are over-represented amongst their debt clients compared to the UK population, as single parents make up 23% of their clients in 2018 yet represent only 6% of the UK population. According to Trussell Trust, lone parents are overrepresented as users of **foodbanks** compared to the general population - 22% compared to 5%.

In summary, early evidence highlights a range of urgent needs in the acute and recovery phase of the crisis. However, the Women's Policy Group is also hopeful that long term, gender equality can be strengthened through actions put in place to address the specific gendered impacts of the COVID-19

crisis. This is of particular importance when implementing any policies to mitigate against the impact of the resulting and inevitable economic downfall as a result of COVID-19. We do not wish to see the situation repeated following the financial crash in 2008 which resulted in austerity measures that disproportionately impacted on women[13].

Carer's Allowance

As many benefit payments and mitigation packages have been adjusted to address increasing needs due to COVID-19, Carer's Allowance has not changed. Northern Ireland's carers make a huge contribution to our communities and there are more people caring full-time for relatives and friends than staff working in the NHS or social care. Carers in NI provide unpaid care to the value of £4.6 billion per year – this does not even begin to cover the value of women's additional unpaid domestic work. As women make up the majority of carers in Northern Ireland, and the UK more generally, we are asking you to consider increasing the low level of Carer's Allowance alongside some other key asks.

Carers are the lowest paid "benefit claimants" in Northern Ireland and only receive £64 per week through Carer's Allowance. With self-isolation measures in place, many carers will suffer with inadequate funding for basic necessities and PPE during this time. Compared to other counties, carers in Northern Ireland are amongst the lowest paid. In Germany, for example, carers receive £1,100 per month. Carer's Allowance needs to be increased urgently, and reform of the current assessment processes is needed to waive the tight eligibility criteria during COVID-19 to reflect the needs of those needing care. This is of increasing importance as some carers may need to self-isolate while other carers step in urgently.

Unforeseen Consequences of Measures Introduced:

Statutory Maternity Pay

Women's eligibility for Statutory Maternity Pay (SMP) is being affected because of employment issues connected with COVID-19. For example, a woman who is eligible for SMP and has reached the earnings threshold, finds herself going to be put on furlough on 80% of her salary and her employer does not top up the additional 20% of her salary. She is faced with starting her maternity leave earlier

[13] 86 percent of savings made through tax and benefit changes in the decade following the financial crash came from women, ibid p.18

than anticipated (and then having to finish it earlier before she is ready) in order to qualify for SMP or having to apply for Maternity Allowance because she no longer meets the earnings threshold.

You can get SMP if you meet certain qualifying conditions. If you do not quality for SMP, you may be able to claim Maternity Allowance. You can get SMP if:

- you have been employed by the same employer for at least 26 weeks by the end of the 15th week before your expected week of childbirth.
- you are still employed in the same job in the 15th week before your expected week of childbirth.
- you actually receive at least £118 (before tax) per week (April 2019 – April 2020) in earnings, on average in the eight weeks (if you are paid weekly) or two months (if you are paid monthly) up to the last pay day before the end of the 15th week before your baby is due.

From April 2020, SMP is £151.20. If you do not qualify for SMP, you may be able to claim Maternity Allowance. The amount paid depends on a number of factors and can range from £151.20 a week or 90 per cent of your average weekly earnings (whichever is less) for up to 39 weeks to £30 a week for up to 14 weeks. The process of applying for MA is cumbersome, requires significant documentation and the average time for a decision on a claim is 35 days.

We are bringing this to your attention as a large number of women are set to lose their eligibility for SMP after being put on furlough. As women make up 85% of part-time workers and a large proportion of the hospitality and retail industry in Northern Ireland, they are at great risk of falling below the threshold and having to make the difficult decision to start their maternity early, which is extremely problematic, or apply for MA which has proved to be extremely difficult for many.

We do not believe that a global pandemic should lead to women losing their right to SMP. Difficult circumstances are already arising as many women now struggle with changing birth plans, no support for perinatal mental health and extremely limited contact from health professionals after giving birth. Further, many women in NI already face workplace discrimination for being pregnant or going on maternity leave; losing their maternity pay is an undue stress on top of these factors.

Pregnant Women

The furlough guidance does not explicitly address pregnant women, even though pregnant women were identified as a vulnerable group in Government guidance on 16 March. This has led to confusion and bad practice. The guidance should state that pregnant women who can't work from home should

be suspended on full pay or offered furlough. It should also state that pregnant women can be placed on furlough even if the business is not otherwise affected by COVID19. This will address the problem of pregnant women wrongly told to take sick leave or unpaid leave rather than suspension on full pay or furlough, and employers refusing to offer pregnant women furlough as they mistakenly believed that their business was not eligible for furlough support.

Women on variable incomes who have taken maternity leave in the past year face a lower furlough payment than women who haven't taken maternity leave. This impacts on agency and zero hours workers who tend to be on lower incomes. There is a conflict between the Treasury Direction of 15 April and the CJRS guidance of 9 April. As a result, employers may be unable to move employees onto furlough until their sick leave is completed, which will impact on pregnant women wrongly placed on sick leave. Universal Credit regulations should be amended so that Maternity Allowance is treated in the same manner as Statutory Maternity Pay. Government guidance is needed on the health and safety of pregnant women. Pregnant women are continuing work in public-facing roles, which is a breach of health and safety protections.

BAME Women and Migrant Women:

One area of concern for migrant women relates to the new powers granted to immigration officers to detain people suspected of being infected with COVID-19. These can be exercised against any person and in any place – there is no restriction to ports/airports. This represents a dramatic extension of the role of an immigration officer and could clearly have a negative impact on BAME women or migrant women, who may be targeted as a result of racial profiling[14]. Migrant women with an 'irregular status' may be put off from accessing healthcare for themselves or their families during this crisis because of the continued operation of the 'hostile environment' measures.

Perinatal Mental Health:

As many mothers face drastically changed birthing plans and limited follow-up healthcare support from midwives or social workers due to COVID-19, it is crucial that telemedicine is used to provide perinatal mental health support for all new mothers. This is of particular importance in Northern Ireland, where perinatal mental health services do not currently exist.

[14] For more information, see pp.7-8 of CAJ Briefing Note on Coronavirus Bill: https://s3-eu-west-1.amazonaws.com/caj.org.uk/2020/03/23183646/CAJ-briefing-note-on-Coronavirus-Bill.pdf.

In addition, many mothers are struggling with having limited control over their birthing plans and are worrying about contracting the virus in hospital. As a result, many are opting for last minute changes to give birth at home. Introducing telemedicine is crucial to supporting women giving birth during a pandemic. This is of increased importance for black mothers, as evidence suggests that black women in the UK are five times more likely to die in childbirth than white women[15]. In addition, in the UK black babies have the highest infant mortality rates out of any ethnic group. For the health and wellbeing of all mothers and babies, telemedicine needs to be introduced immediately to increase the help, advice and support available.

Disabled Women

There should not be any rationing of healthcare, including life-saving healthcare, that excludes or deprioritises people based on disability, transgender identity, age, race, sexual orientation, migrant status or any other identity. In particular, all people must have equal access to COVID-19 testing and treatment without discrimination. The rationing of healthcare, including life-saving healthcare, and the reallocation of medications and healthcare equipment to exclude people based on their disability upholds the idea that disabled people are worth less and can have no equal value of life to an able-bodied individual. This is a false assumption rooted in discrimination and violates the human rights of disabled people. In addition, disabled women should be able to access sexual and reproductive health services; income; education; support for domestic abuse and other government support services during COVID-19. Disabled women must also be included in response efforts related to COVID-19.

Trans Communities

Trans communities have been disproportionately impacted by COVID-19 as an already heavily marginalised group. Due to high self-exclusion rates from schools, trans individuals are more likely to be in low paid, yet essential, frontline work, including retail, cleaning roles, etc, and are also more likely to be unemployed. As a result, many of these workers are those suffering from lack of PPE, proper testing and adequate safeguarding. Many trans individuals also have disproportionately higher issues with housing security, mental health, and domestic and sexual abuse. It is imperative that homelessness and mental health services remain functional during this crisis, are adequately funded,

[15] See Mothers and Babies: Reducing Risks Through Audits and Confidential Enquiries Report: https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf

and are equipped with the cultural competency to support trans individuals. This also applies to the above points raised regarding access to abortion care for trans men and non-binary individuals.

Further, some trans people have been experiencing issues accessing essential hormonal and other care from the health service. Testosterone injections for many trans men and non-binary people have been, in some cases, completely halted, with no alternative provisions being put in place. Despite being contacted for clarification, the Department of Health has provided no guidance on how these individuals should continue receiving essential care. Unexpected breaks in treatment can have a detrimental impact on physical and mental health. This also applies to sexual health, in particular HIV prevention, testing, and treatment. As trans communities are at higher risk of contracting HIV, lack of access to prevention, testing and treatment programmes can have a detrimental impact on their mental and physical health, and disruption of treatment or unavailability of testing can cause undue stress and anxiety.

Personal Protective Equipment (PPE):

Amid the ongoing controversy over PPE shortages across the UK, there are concerns that there is no PPE that is designed to fit women even though the majority of key workers in high risk roles are women. PPE is made to fit the "average" person who is inevitably a man with a flatter chest and larger head circumference which means that often PPE doesn't fit women snugly enough. This can be a matter of life and death – borne out in the numbers of women health workers catching the virus. Most health trusts won't let people modify or buy their own custom fitted gear. Women's lives are being put at risk by the very nature of this work and this work is made even more dangerous by the fact that they are even less protected for it. The situation is even worse for workers in care homes many of whom have not been provided with adequate PPE, domiciliary care workers (many of whom work for private companies) without adequate guidance or protection and unpaid carers (that are predominately women) who do not have access to PPE at all unless they source it themselves.

"Women's Work" during a pandemic:

Women more likely to be working in the sectors which are now closed - retail, hospitality, teaching etc - that makes them at risk of increased debt including rent arrears and poverty. Single mothers are already disproportionately at risk of poverty. Women are more likely to be working in sectors exposed to the virus (health, social care, teaching, supermarkets) and therefore may be more likely to contract

the virus and be forced to rely on SSP. The ongoing issues with shortages of PPE make that even more of a possibility.

Now that many families are working from home/flexibly - women are taking on most of the childcare responsibilities - moving 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. It is also worth noting 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 more important now than ever and women should not be allowed to pay the price for COVID-19. In addition, when moving forward it is crucial that the mental health and wellbeing of those with caring responsibilities and other work commitments are addressed, as financial pressure should not be worsened on top of already increased stress levels. "Women's work" needs to be adequately supported by the Government, by ensuring that all have financial security and support for their mental wellbeing.

What needs to change or improve (which could be acted on in three weeks' time):

The Women's Policy Group NI is calling for:

Immediate action:

1) Gender balanced COVID-19 taskforces and working groups, crucially with representation from women and women's sector groups to ensure a gender lens to all actions and ensure that women are involved in all decision-making,
2) Prioritisation of domestic violence services, including additional resourcing during the crisis and identifying staff as key workers,
3) Ensure that homelessness, mental and sexual health services are adequately funded and continue operating,
4) Urgent arrangements to support refugee and asylum-seeking families to ensure they are entitled to free school meals allowances,
5) Update furlough guidance to address pregnant women as a vulnerable group. This should include stating:
    - Pregnant women who can't work from home should be suspended on full pay or offered furlough,

- Pregnant women can be placed on furlough even if the business is not otherwise affected by COVID-19,
- Government guidance the health and safety of pregnant women to prevent pregnant women working in public-facing roles.

6) Urgent support arrangements for vulnerable and low-income households, including:
   - A ban on private-landlord evictions across all of the UK for the entire duration of this pandemic,
   - Arrangements to secure access to energy supplies for all customers, including a security of supply guarantee for customers falling into debt,
   - Suspend all benefits debt to prevent reductions in benefits payments during the COVID-19 crisis,
   - Change Discretionary Support Payments to grants rather than loans and extend the eligibility criteria,
   - Streamlined access to Universal Credit and payments to help with the five week wait either through grants or mitigation payments,
   - Providing financial support for childcare, in particular for parents unable to work due to 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 the priority access given to the elderly and more vulnerable at present,
   - Increasing Child Benefit payments to £50 per child per week for the duration of this pandemic,
   - Scrapping the two-child cap on Tax Credits/Universal Credit,
   - Recognise internet connectivity as a utility and work with the telecommunications industry to take immediate measures to remove all barriers to internet connectivity,
   - Universal Credit regulations should be amended so that Maternity Allowance is treated in the same manner as Statutory Maternity Pay,
   - Low-income workers should be eligible for SSP and the rate of SSP should be increased to £322.64 per week.
7) Ensure that women who were entitled to Statutory Maternity Pay before being furloughed are still able to access SMP when on 80% of their wage so that they do not lose this entitlement,
8) Ensuring ongoing access to sexual and reproductive health services for women, including access to contraception and the introductions of measures to enable abortion access through telemedicine,
9) Ensure that trans individuals are able to access essential care and monitoring from GPs throughout the pandemic, in line with their individual needs,

10) Introduce telemedicine and adequate perinatal support services for mothers facing drastically changing birth plans,
11) Provide access to support services and safe shelter for particularly vulnerable groups including homeless women, women with insecure immigration status and sex workers, in line with provision in England, Scotland and Wales,
12) There is a need for sex disaggregated data collection so that women's needs, and realities, do not fall through the cracks. Surveillance and response systems should collate data broken down by sex, gender, age and pregnancy status,
13) Expanding economic support measures to cover all workers affected by COVID-19, including self-employed people and employees unable to work as they are caring for relatives or forced to isolate due to a family member showing symptoms,
14) Prevent reporting of COVID-19 cases to the Home Office and ensure free healthcare for all migrants,
15) Provide PPE that is made to fit/adequately protects women and ensure all those working in care homes, or providing unpaid care, are able to access adequate PPE materials,
16) Prevent any rationing of healthcare, including life-saving healthcare, and the reallocation of medications and healthcare equipment, to exclude people based on their disability due to assumptions of a lower quality of life compared to an able-bodied individual,
17) Ensure that disabled women are included in response efforts and are able to access all support services during COVID-19, including, but not limited to, contraception and reproductive healthcare, domestic abuse services, education, basic levels of income,
18) Increasing Carer's Allowance in line with other benefits payments and reforming the stringent eligibility criteria to enable those temporarily caring for family members to receive these payments,
19) Increased funding to enable women's centres and women's organisations to respond to the immediate needs of women as a result of the crisis.

What needs to change or improve (which could be acted on in six months' time):

1) Developing support structures for people experiencing extended financial hardship and/or unemployment due to the COVID-19 crisis,

2) Ring fencing of support for SMEs for female enterprise (building on the Cura Italia model),

3) Funding to address the wider health impacts of the crisis, in particular mental health impacts,

4) Introducing gender budgeting to strengthen gender analysis across all policy areas,

5) Providing access to universal childcare,

6) Introducing gender pay regulations and addressing values underpinning low pay in care sector,

7) Supporting and listening to women on the frontlines of the COVID-19 response so that their lived experiences can be learned from and they are supported through the recovery phase and beyond,

8) Fully design a gender-responsive economic recovery plan to deal with the aftermath of COVID-19[16],

9) Introduce a Universal Basic Income,

10) Women's rights organisations and women's centres are one of the first to respond to the needs of women locally, yet they are often the last to receive funding. At a time when women need more help in the form of support, education and advice, community-based support services for women are under serious threat from funding cuts. Government should commit to increase and provide longer-term funding for grass roots women's organisations to enable them to continue and develop their vital services for financially vulnerable women.

ENDS

Contact:

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[16] For a detailed example, see 'Building Bridges, Not Walking on Balks: A Feminist Economic Recovery Plan for COVID-19', *Hawaii State Commission on the Status of Women, Department of Human Services, State of Hawaii* https://humanservices.hawaii.gov/wp-content/uploads/2020/04/4.13.20-Final-Cover-D2-Feminist-Economic-Recovery-D1.pdf; See also *Women's Budget Group* Briefing: Covid-19 – Gender and Other Equality Issues: https://wbg.org.uk/blog/briefing-covid-19-and-gender-issues/