

*One of many*TM

Written Evidence submitted to the Women & Equalities Committee

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

“Fear for my widowed mother, my sister in law who works with Covid patients as a nurse with no PPE in the community and my brother’s girlfriend who works as an usher in the courts with no protection. Exhaustion from working 11-15 hour days including weekends trying to do an impossible job from home and covering for colleagues who have been furloughed. Worry for my husband, a teacher who is exhausted trying to provide lessons remotely alternating with going into school to look after the children of key workers. Trying to look after the physical and mental health of my 12 and 15 year old sons who are at home full time. intense sadness for those sick and dying. I cry regularly, I can’t sleep, I have panic attacks. Dread over finances if we lose our jobs, or if I break under the pressure and hand in my notice. Fear that this is damaging my health.”

(Sam J, 47, Wales)

MAY 2020

Summary

One of many is grateful for the opportunity to submit written evidence to the Women & Equalities Committee Inquiry into the unequal impact of Covid-19 on people with protected characteristics.

As an organisation dedicated to empowering women, we are politically neutral. We are not seeking to pursue a pre-determined agenda but to give voice to the lived experience and opinions of the tens of thousands of women who make up our community.

In that capacity, we have not sought to hypothecate the views of women – our submission is based instead on the collated responses of women to a questionnaire based on the Committee’s terms of inquiry (see **Appendix 1**).

We have divided this submission into the following parts:

1. Introducing *One of many*
2. Overview
3. Women on the Frontline
4. Women & Work
5. Women in the Home
6. Women & Health
7. Leadership, Communication & Review
8. Summary of One of many Recommendations

1. Introducing One of many

About Us

- 1.1. *One of many* was established in 2014 by Dr Joanna Martin, a renowned coach, trainer and entrepreneur with a vision to encourage more women to step up into leadership in organisations, the community and politics.
- 1.2. *One of many* is a supportive community and educational hub for women who feel called to do more, give more, and be of greater service. The women in our community are not necessarily politicians, celebrities or CEOs of FTSE 500 companies (although some are). More accurately they are what we call “grasroots women leaders”. They represent every socio-economic group and every demographic across the UK and beyond. What unites these women is a desire to impact the world positively in a small or large way.
- 1.3. *One of many’s* community is vast and active. These are women who, no matter where they live or what they do for a living, are ready to become a part of a shared vision and a bigger, wider movement that has the potential to profoundly change the world in which we live.

Our Approach

- 1.4. As an organisation, our focus is on empowering women to step up as leaders. That is our only agenda.
- 1.5. In the context of this submission, we therefore see our role as a facilitator, empowering them to be heard. As such, we chose not to hypothesise about the views of our community or to assume that we know about their experiences. Instead, we wanted to give voice to their concerns by asking them to share their stories and suggestions with us directly.
- 1.6. With that in mind, we put together a questionnaire based on the questions posed by the Committee (a copy of the questionnaire is included at Appendix 1) and circulated this to the tens of thousands of women in our community via Facebook and email¹.
- 1.7. Our submission therefore doesn’t just represent the views of the *One of many* business - it is a synthesis of the responses of the members of our community. The women within our community come from all backgrounds and all political persuasions; many are stay at home mothers or unpaid carers supporting elderly

¹ We posted a link to the questionnaire in our community group on Facebook (7,000+ members) and sent an email to the most active 12,000 members of our mailing list.

parents or relatives with special needs. Those that work are employed across every sector of our economy and in businesses of all sizes. Many are self-employed as coaches, trainers, consultants or in their own micro-businesses.

- 1.8. In spite of this diversity, the views expressed by the women who responded to our questionnaire were remarkably consistent. All of the quotes, case studies and many of the suggested policy approaches outlined in this submission are drawn from the responses we received².
- 1.9. Many of the women who completed our questionnaire have indicated a willingness to discuss their experiences further if that would be of interest and use to the Committee.

“Being expected to work full time and carry out full time childcare is a nightmare. I have been told to stay inside until at least the end of June being at higher risk because of my condition. The feeling is that it will be longer as there is no real plans and things being mooted leave anyone more vulnerable as prisoners in their own homes for potentially years. The lack of plan is psychologically difficult, but more so when you are in the 'vulnerable' category as government messages often seem to write you off, forgetting that statistic is made up of human beings. I have no access to my usual support work for my condition, which includes a physio, chiropractor, trainer and physical therapist. Without that input my medical condition is getting worse and the GP can only offer strong painkillers that knock me out, which is not an option when you have to work and care for a child. I expect the extended lockdown will have more significant impact on my longer term health and well-being as a result of being disabled/chronically ill. I am also one of those sole company directors who earns over half my income through dividends and I can't furlough myself as the business would fail...and furlough won't pay enough due to sole director status...so I fell through the cracks on that too.”

(Claire P, 39, England)

² Many responses were received with a request for anonymity which we have respected.

2. Overview

“I am trying to hold down a full-time job, while caring for a preschool child. My husband (a nurse) is out at work as normal, so I am forced to work evenings and weekends. And I have more work than ever to do as a knowledge exchange officer (communications) and lecturer. I am exhausted and unsupported. I don't fit in any of the boxes, so am forgotten.”

(Iona E, 37, Scotland)

- 2.1. There can be no doubt that the impact of Covid-19 is falling disproportionately on women. There are multiple structural, societal and economic reasons for this imbalance – which is experienced right across our community. As one respondent put it, the pandemic has *“amplified the inequalities that are ‘baked in’ to society”*.

“With all schools and childcare settings closed, I have had to cut down my business hours in order to care for my children and do what I can, when they are in bed. I am up working until midnight in most cases. It's not sustainable in the long run. My husband cannot help as he is also working and has the stable income (for now: the company is shaky). I think...that Covid-19 has amplified all the inequalities that are “baked in” to society. I have the unstable job as someone needed to work around the kids and I had the lower pay in the first place. It becomes a self-fulfilling cycle.”

(Anon, 39, England)

- Women make up the majority of the frontline in the fight against Covid-19 (see **Section 3**)
 - Women make up the majority of the ‘High Risk’ occupations most exposed to Covid-19 (see **Section 3**)
 - The overwhelming burden of childcare and household chores still falls to women who are now having to complete these tasks with little or no support (see **Section 5**)
 - 90% of single parents are women who are now taking care of children without any external support at all (see **Section 4**)
 - Women live longer than men and form the majority of those living with complex health and care needs, mobility issues or health conditions that place them in the ‘clinically vulnerable’ category but do not qualify for extra assistance (see **Section 6**)
 - Women already do three-times as much unpaid care work as men – caring for elderly relatives or those with disabilities and other health issues (see **Section 5**)
 - Women are most likely to suffer domestic violence and abuse and many are being forced to ‘lockdown’ at home with their abusers at the same time that services to support survivors are being disrupted or made inaccessible (see **Section 5**)
- 2.2. Many of the women who responded to our questionnaire talked about the incredible pressure of trying to combine child-care & home-schooling with

housework and working from home. This was particularly problematic for single parents, for those on lower incomes with limited resources and for women with children who have special educational needs or disabilities.

“Working from home, managing the home, and 'crisis schooling' children has all fallen to me, my husband is a farmer (Key Worker) and his work has been practically unaffected by the pandemic or the government's response to it. I am a rural Chartered Surveyor, and the period from the end of March to Mid/Late May is consistently my busiest time of the year. I have had to manage all competing and mutually exclusive tasks with very little allowance for any part.”

(Rebecca H, 45, England)

3. Women on the Frontline

“As a health care professional I am required to work, but my children’s school is closed, (insufficient numbers of key workers to warrant it remaining open/limited available teaching staff)...I am required to send my children to another school (no friends/unknown teachers) to be supervised whilst I go to work. No allowances made for their or my welfare.

At work...no PPE in place, further reduced once guidelines changed by government. Exposing myself and family to Covid-19. Increasing the risk of spreading the infection further.

The mental well-being /challenges have taken a significant impact on our lives.”

(Anon, 46, England)

- 3.1. The response to Covid-19 has evoked language and metaphors more commonly associated with war. Those working hard to save lives across the country are referred to by politicians, media and the population at large, as the ‘frontline’ and so far, more than 100 NHS and care staff have died with the virus.
- 3.2. Whilst statistically men are more likely to become seriously ill from Covid-19³, it is women who form the majority of those at the forefront of the response to the virus. This is because women overwhelmingly work in occupations with a high physical proximity and a high exposure to diseases and infections, including Covid-19.

Women are at greater risk of exposure to Covid-19

- 3.3. Research from the Think Tank, **Autonomy**⁴, looked at those workers with jobs that bring them into close contact with others and/or those who regularly come into contact with diseases or infections, and plotted these occupations against their risk of exposure to Covid-19 to create a Risk Indication Factor (RIF). The RIF was then used to determine which occupations held the greatest risk of infection from COVID-19.
- 3.4. For example: Sales Assistants have a high proximity to others, but a low exposure – usually – to disease or infections. However Nurses score high on both fronts.
- 3.5. Using the RIF Autonomy established the top occupations with the highest risk factor. We have added data from ‘Careers Smart’ to show the percentage of women working in these occupations. What this extrapolation of data demonstrates is that

³ A study by the International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC) of 17,000 patients (approximately 1/3 of all those admitted to hospital with Covid-19 in the UK) found that more men (60.2%, n=7,715) than women (39.8%, n=5,097) have been admitted to hospital with COVID-19 (missing data n=4,001).

⁴ <https://autonomy.work/portfolio/jari/>

women form the majority of the workforce in 19 of the top 23 occupations at greatest risk of infection (see **Table 1**).

“Risk is distributed unequally between men and women. The average Risk Indication Factor for female-dominated occupations is 63. By contrast, the average Risk Indication factor for all male dominate occupations is 43.

Out of 3,243,400 workers in ‘High Risk’ roles, around 2,522,900 (77%) are women.”

(Think Tank, Autonomy, March 2020)

- 3.6. Autonomy also found that 98% of the workers in High Risk roles being paid poverty wages (approximately 1,060,400 of the total), were women. That puts women at even greater risk because they have limited financial resources.
- 3.7. Unlike the frontline of our armed forces, the majority of the Covid19 frontline are women. But just like those who form the frontline in a conflict, those at the forefront of the battle against this virus are putting their own lives at risk in order to protect the rest of us. And yet, the salary for a graduate army recruit is £27,272, whereas the starting salary for a graduate nurse is £24,907. The average pay of social care workers is just £8.10 per hour and a quarter of staff are now on zero-hours contracts.
- 3.8. As this table makes clear, those in High Risk occupations and those on the frontline extend way beyond the understandable focus on NHS workers. We heard from many people across our community in social care, for example, who are struggling with a massive increase in pressure and workload as a result of social distancing guidelines.

“I have been identified as an “at risk” individual. As such I have a ‘stay in doors for 12 weeks’ letter. I also work in adult social care. I have seen my already overburdened and underpaid colleagues (who have had one pay rise of 1% in the last 12 years – Effectively year-on-year pay cuts, since in no way even keeps up with inflation) required to put their lives on the line and work yet more hours, many volunteering their weekends, evenings and Easter Bank holiday. Yet they are additionally poorly recognised in comparison with the response for the NHS. I would like to see a real response in increasing financial reward for local government workers (including those in the back office, such as myself) that reflects inflation and the cost of living increase over the last 10 years or so. I also have experienced the concern and anxiety of these workers, who continue to work despite family members suffering and/or dying with the virus (Obviously not in their own homes) and faced with a shortage of PPE.”

(Anon, 51, England)

Table 1: Women in professions at risk of exposure

Occupation	% women	Occupation	% women
Medical Practitioner	53.8%	Paramedics	45.4%
Pharmacists	73.1%	Prison Service Officers (Below Principal Officer)	27.9%
Ophthalmic Opticians	76.2%	Nursery Nurses and Assistants	97.7%
Dental Practitioners	58.8%	Dental Nurses	100%
Veterinarians	59.8%	Care Workers and Home Carers	84%
Medical Radiographers	74.1%	Care Escorts	57.8%
Podiatrists	84.7%	Undertakers, Mortuary and Crematorium Assistants	17.9%
Physiotherapists	82.7%	Caretakers	29.9%
Occupational Therapists	73.8%	Pharmacy and other Dispensing Assistants	89.3%
Nurses	83.9%	Hospital Porters	7.6%
Midwives	100%		

Mental health of women on the frontline

- 3.9. It is too early to conclude what the medium to long term impact will be on women working in high risk occupations, however there is already growing evidence about the impact on their mental health.
- 3.10. A survey by Nursing Times⁵ of 3,500 nurses in April found that 33% of nurses described their mental health as “bad” or “very bad”. 87% of respondents rated themselves as either “a lot” or “a little” more stressed at work than usual, while 90% said they were “a lot” or “a little” more anxious than before the pandemic. Over 50% described themselves as “a lot” more anxious or stressed than usual.

⁵ <https://www.nursingtimes.net/news/mental-health/exclusive-survey-reveals-negative-impact-of-Covid-19-on-nurse-mental-health-29-04-2020/>

- 3.11. Meanwhile a survey by ITV⁶ and the Doctors Association found that some 57% of those frontline workers who responded said they felt so stressed that they were unable to cope due to increased pressures from Covid-19. 11% had experienced suicidal thoughts and 47% felt that they were not being adequately supported.
- 3.12. There is a significant body of evidence to suggest that women are more susceptible to mental health issues than men (see **‘Women and health’** below for further details). It is therefore reasonable to conclude that a significant proportion of women on the frontline have or will have mental health issues as a result of Covid-19.
- 3.13. Studies also found that after the (SARS) outbreak in 2003, front-line healthcare workers and people who were self-quarantined exhibited the symptoms of Post Traumatic Stress Disorder (PTSD), this is consistent with early findings on the increase in PTSD in the areas most affected by Covid-19 in China. As with other mental health issues, women are again more likely to be affected. GlobalData⁷ epidemiologists expect a significant increase in total prevalence of PTSD, with the risk for women being twice as high as that for men. One health care professional who responded to our questionnaire said:

“We are all getting on with it as best we can but once this crisis has passed, I am afraid for the NHS because of the numbers of women – like me – that simply won’t be able to continue due to mental health problems.”

(Anon, 38, England)

PPE for women on the frontline

- 3.14. There has been a great deal of coverage of the challenges relating to PPE for workers on the frontline and the majority of respondents to our questionnaire (irrespective of whether they worked in health care or not) raised this issue as one requiring urgent and immediate attention. Most recently, according to a survey conducted by the British Medical Association this month, about half of doctors working in high-risk areas reported that there were shortages or no supply at all of long-sleeved disposable gowns and disposable goggles, while 56% said the same for full-face visors.

⁶ <https://www.itv.com/news/2020-04-30/more-than-half-of-frontline-nhs-workers-unable-to-cope-with-stress-brought-on-by-coronavirus-itv-news-survey-finds/>

⁷ <https://www.pharmaceutical-technology.com/comment/ptsd-Covid-19/>

3.15. Over and above the challenge of shortages, there is an additional issue that directly affects women. It is best explained by one of the doctors in our community:

“As a medic working on the front line there has been complete disregard of the differences in PPE size requirements due to gender. As a 150cm female I have been having to wear a 2XL Tyvek suits when working in Resus for up to 3 hours at a time. This adds to the burden of PPE, increases the heat and makes procedures more tricky due to surplus material too.”

(Dr Lizzie F, 39, England)

Recommendations

- We recommend that salaries for high risk, frontline occupations in the public sector be reviewed in line with armed forces salary reviews to ensure both reflect the value these occupations provide in safeguarding the health and security of the UK.
- We recommend that all frontline workers are offered free mental health assessments and priority access to immediate therapeutic services where necessary – with particular attention given to the mental health of women in frontline roles.
- We call for a guarantee that all frontline workers will be supplied with appropriate PPE
- We recommend that guidelines for procurement of PPE for frontline workers be amended to recognise the fact that the majority of the frontline are women and that PPE therefore needs to be made available in a range of sizes appropriate for women.
- We recommend granting citizenship to NHS workers and abolishing the requirement that they pay the additional NHS levy for themselves and family members when they are paying tax.

4. Women & Work

“I am totally missed by the Government support, as a Director in my own company as a coach /consultant, struggling after going through divorce, then hit by the pandemic. I do not qualify for any of the assistance packages and am a low income earner at present.”

(Anon, 50, England)

- 4.1. Women are of growing importance to the UK economy. According to the Federation of Small Businesses, women owned and women led businesses now contribute a total of £221bn GVA to the UK economy, representing 13.3% of GVA and women owned and women led businesses now provide a total of 23.85% of private sector employment.
- 4.2. And yet, there remain underlying structural imbalances in our economy that are undoubtedly exacerbated by a crisis like this pandemic. 40% of women in employment work part time, compared to 13% of men⁸. Whilst part-time work provides much-needed flexibility to working parents, part time jobs are linked to lower pay.
- 4.3. Women are also more likely to be on precarious ‘zero hours contracts’ according to a report from the Office for National Statistics in 2018⁹ - more than half (54.7 per cent) of respondents working on zero-hours contracts were women.
- 4.4. And the numbers of women who are self-employed has dramatically increased since 2001¹⁰ – and particularly since the 2008 financial crash. Female part-time self-employment increased from 439,000 to 812,000 between 2001 and 2016, while the number of female full-time self-employed workers increased from 433,000 to 732,000. By contrast, the number of female employees – either part- or full-time – has been relatively stable. This suggests a notable change in the mix of employment among women towards self-employment over this period.

“As a Ltd Co Director...I pay my corporation tax, VAT and PAYE tax and yet the amount I could claim should I need to is tiny - equivalent to one day of earnings for a whole month.”

(Anon, 43, England)

⁸ House of Commons Library briefing paper CBP06838, 4 March 2020

⁹<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/contracts-that-donot-guarantee-a-minimum-number-of-hours/april-2018>

¹⁰<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/trends-in-self-employment-in-the-uk/2018-02-07>

- 4.5. Many of these women are now falling through the cracks in the financial support packages available from Government.

“My partner’s business lost work over night which meant our income came to a halt overnight. She runs her business through a Limited Company because that is what her clients need. Because most of the income that comes from that company [is paid] as dividends, she is not entitled to much of the support made available by the Chancellor.”

(Rebecca B, 57, England)

Loss of Earnings

- 4.6. As part of their response to Covid-19 the Government allowed employees who were unable to work while self-isolating to claim Statutory Sick Pay. However, over one million women workers would not benefit from this measure. Research in 2019 by the Trades Union Congress¹¹, found that 1.4 million female employees earned less than £118 a week (the qualifying threshold for statutory sick pay), and that about 70% of people who did not qualify for statutory sick pay were women.
- 4.7. Many workers who have been furloughed or lost income due to Covid-19 have turned to their savings to make-up their loss of income. However many women simply are not in a position to build-up savings. Research by KPMG¹² found 26% of working women earn less than the living wage (about 3.4 million women), compared with 16% of men, and a Survation¹³ poll of women earning below the living wage found a third had no savings and 61% had savings to cover a month or less.

Working from Home

- 4.8. To reduce infection rates the Government asked people who were able to work at home to do so. However anecdotal evidence has been reported in the media of women employees being treated differently to their male counterparts when requesting to work at home. This has been substantiated by women responding to our questionnaire.
- 4.9. Mothers with school-age children are being told they cannot work from home during the coronavirus pandemic; pregnant women have been made redundant while male workers have been kept on; women who are classified as vulnerable have been told

¹¹ <https://www.tuc.org.uk/news/1-10-women-dont-earn-enough-qualify-sick-pay-tuc-analysis-reveals>

¹² <https://www.livingwage.org.uk/sites/default/files/Flash%20Living%20Wage%20Research%20for%20KPMG%202017.pdf>

¹³ <https://www.livingwage.org.uk/news/news-no-safety-net-uks-worst-paid-women>

they must go to work or face the sack despite being categorised as a vulnerable group in government guidance.

- 4.10. One woman said that she was pregnant but scared to tell her employer as she is terrified that she will be fired.

Single Parents

“As a female single parent I am already stretched every which way and that. I earn less than a lot of men in my profession, and have been told I was passed over for a permanent position because I decided to have a child. I am working 24/7 to keep my freelance job (while being paid as a part time role) simultaneously looking after my primary school age child and home schooling. I don’t have the opportunity of furlough, and no savings. I will not have access to government freelance funds until at least June. I can’t sleep at night. We couldn’t get food delivered because we are not classified as vulnerable - we are extremely lucky that our neighbours helped us.”

(Anon, 42, England)

- 4.11. There are just under 2 million single parent families in the UK and 90% of single parents are women. Many were already in financial distress before the pandemic and lockdown. According to Eurostat, in 2018 45.2% of lone parents were at risk of poverty or social exclusion compared with 17% of households with two adults and two children.
- 4.12. With nobody to help share childcare responsibilities, many are now unable to work and although the Government has introduced a range of options for support, those that were freelancing or in low paid work before the crisis are falling through the cracks. They are at a greater risk of poverty when childcare is unavailable because they are not able to work their normal contractual hours.

“As a woman I am part of the massively disproportionate representation of single parents. My caring responsibilities have been enormous, and there has been no possibility of respite or recognition of the enormous toll this has taken on my mental and physical health. Even now, weeks after our initial infection, we cannot seek help or support from our network of family and friends.”

(Nina F, 37, England)

Long-term Economic Impact on Women

- 4.13. Academic studies of the economic impact of previous pandemics (Ebola, Zika SARS, swine flu, and bird flu) found that they had deep, long-lasting effects on gender equality, as this extract from a recent article in the Atlantic¹⁴ demonstrates:
- 4.14. “Everybody’s income was affected by the Ebola outbreak in West Africa,” Julia Smith, a health-policy researcher at Simon Fraser University, told The New York Times this month, but “men’s income returned to what they had made pre-outbreak faster than women’s income.” The distorting effects of an epidemic can last for years, Clare Wenham, an assistant professor of global-health policy at the London School of Economics, told me. “We also saw declining rates of childhood vaccination [during Ebola].” Later, when these children contracted preventable diseases, their mothers had to take time off work.

Recommendations

- We recommend that the furlough scheme be reviewed to consider how dividend payments for Directors of small businesses can be included in calculations of eligible income
- We recommend that support is allocated for workers on reduced hours who are currently disadvantaged compared to those on furlough
- We call for the Equalities and Human Rights Commission to undertake an investigation to determine if women and men were treated equally with regard to requests to work from home during the pandemic
- We recommend a review of the guidance on furloughing to make it a right for all those caring for those with disabilities or long term health conditions and for one parent in any family (and for all single parents).
- We recommend that a universal income be introduced to mitigate the disproportionate impact that loss of earnings has and will have on women.

¹⁴ <https://www.theatlantic.com/international/archive/2020/03/feminism-womens-rights-coronavirus-Covid-19/608302/>

5. Women in the Home

“The lack of clarity over childcare...has meant great stress as I tried to work full time and care for a toddler. My job refused to furlough me as they said my labour was still needed, meaning I have been working (paid work and the unpaid work of childcare) 6am to 11pm most days. My employer was unsupportive and offered only unpaid leave or use of annual leave, and whilst I could work flexibly I was still expected to be available during the hours I was caring for my child. My mental health has suffered and... I decided to leave my employer...as I could not cope with the stress of the situation any longer. I am angry that people with childcare responsibilities were not given more rights during this crisis eg: a right for one parent to have paid leave.”

(Anon, 33, England)

- 5.1. Since lockdown was imposed on 23 March, our homes have, in essence, been designated as ‘safe spaces’ where we and our families can be protected from infection. And whilst this appears to have been successful in slowing the transmission of Covid-19 and thereby saving lives, lockdown has placed unprecedented pressure on women across the country. From long, socially distanced supermarket queues, to overseeing home learning, to cleaning and caring for elderly relatives, women have been on the frontline at home as well as in the workplace.
- 5.2. According to research conducted by University College London (UCL) and published in the journal “Work, Employment and Society” “gender norms remain strong” when it comes to household chores. They discovered that women do approximately 16 hours of household chores every week, while men do closer to six. Furthermore, women did the bulk of the domestic duties in 93 per cent of the couples analysed for the study.
- 5.3. When both individuals in the couples were in full-time employment, women were found to be five times more likely than men to spend at least 20 hours a week doing household chores.

“I have two children (4 and 6) now both at home full time. I usually work from home for 3 days a week but now am able to do a few hours a week. I’m fortunate in that my business is in its early stages. However, I can put very little time and energy into building it up at present. My husband is an essential worker but has rearranged his day so he can help out a bit more. I do all the housework and most of the cooking as well as trying to homeschool and meet the children’s needs while he is working.”

(Anon, 44, England)

Women as Unpaid Carers

“When [my partners’] sister came to live with us, I cut back my self-employment so we do not have my income to fall back on - I am not entitled to any benefit for her care, and cannot be paid as one of her support workers because we live in the same household. She normally has support workers to take her to activities Monday to Friday. Since she is vulnerable health-wise they have not come since mid-March so we are now looking after her needs 24-7 as well as trying to pivot my partner’s business to be virtual possible. We have lost the little respite care for my partner’s sister, that we had. The local authority have sent us a letter saying they would be unable to visit and have made no effort to gauge her or our mental health. Her staying home means she is less physically active.”

(Rebecca B, 57, England)

- 5.4. According to the International Labour Organization (ILO)¹⁵, globally, women perform 76.2% of total hours of unpaid care work, more than three-times as much as men. In the UK, 62% of informal carers for older persons and/or persons with disabilities are women and women make up 59% of all informal carers of children.¹⁶
- 5.5. So, even before the global pandemic, women were shouldering the majority of unpaid caring responsibilities for children and older or vulnerable relatives.
- 5.6. Official data is yet not available on the percentage of employees by sex and household status who reduced their working hours to take care of dependents during this period, however given the division of caring responsibilities (see below for further details) it is reasonable to expect that restrictions will disproportionately affect women (especially lone mothers).
- 5.7. With schools closed; shielding / social distancing requirements in effect and the loss of most sources of respite care and support, these responsibilities have increased exponentially. We had responses from women across the One of many community who are struggling without support and respite to maintain adequate care for those that are entirely dependent on them.
- 5.8. Over and above the sheer physical and mental toll of providing this level of care without respite, one of the areas of greatest difficulty raised by women in our community who are caring for others – including those that are shielded – has been the difficulty in accessing priority services.

¹⁵ https://www.ilo.org/global/publications/books/WCMS_633135/lang--en/index.htm

¹⁶ <https://eige.europa.eu/gender-equality-index/thematic-focus/work-life-balance/caring-for-older-persons/UK>

“Our two disabled young adult [children] are unable to return to their respective residential homes because of the risks associated with them having been at home with us earlier in March. They have high level needs, one with intractable epilepsy and needing night tube feeds and the other with autism. Both are learning disabled and usually require 1:1 care. This falls to my husband and me for 13 hours per day plus night monitoring. We are in our 60s so after 40 days with no relief we are rather fatigued.”

(Isobel V, 60, England)

- 5.9. We also heard from women who are caring for others who – as a result of being cut off from their usual coping mechanisms are now behaving aggressively towards their carers or making poor health choices.

“I am disabled and classed as vulnerable, but not 'extremely vulnerable', meaning I am following lockdown, but am not 'shielding'. However, I live in a household with and care for both parents who are very disabled and extremely vulnerable and on 12 week shielding. I am massively concerned that household members of extremely vulnerable people are being specifically told there is no need to shield, meaning both parents are so high risk that they should not leave the house for 12 weeks, but there's apparently no issue in me going out and potentially bringing the virus home. Especially if my work reopens sooner than the 12 weeks ends (10 weeks left for Dad). I truly believe households with shielding people, should all be shielding. The current advice that I shouldn't be shielding, implies I should be doing our essential shopping etc. However, I am disabled too. We have always relied on shopping delivery due to this. I believe many chronically ill and disabled people who are not classed as extremely vulnerable, have been forgotten and left to fall through the cracks. I have registered both parents as extremely vulnerable online after they received letters 4 weeks apart. 4 weeks later, we had still not heard anything back about support for Mum. I then registered Dad and he finally got a call back which led to an emergency food box delivered by the local authority. Still heard nothing from Mum's registration. We're finding getting online deliveries a massive challenge and don't seem to be getting any priority. I am working from home full time, while also juggling care needs of both parents. I am exhausted.”

(Jenny S, 27, England)

“I'm acting as Carer for a male friend. He has mental health issues plus other physical health problems. Because he isn't able to go out and sit in a cafe as he likes to do, he has been angrier, more aggressive, and this has added to my burden.”

(Anon, 73, England)

“Life at home is tough, I am exhausted... My sister, normally has PA support for 40 hours a week. For the last 6 weeks I, with my partner, have been supporting my sister full time whilst also trying to rescue/reinvent my own training business. Lockdown is exacerbating my sister’s experience of anxiety which is distressing for all of us. People with Williams Syndrome are hyper social. My sister doesn’t understand lockdown. She thinks she’s done something wrong. She needs constant reassurance. Her physical activity levels are minimal and she is comfort eating... she is making very poor health choices and is very resistant to nudges towards healthier options. We also support two elderly relatives, in their late 70s, one has vascular dementia following a severe stroke and the other is partially sighted and also highly anxious. They are not able to use things like online shopping so depend on external support. The disruption to their normal routine and extreme isolation are creating extra difficulties for them.”

(Margaret C, 61, England)

Women at increased risk

- 5.10. Research shows that 90% of victims of domestic violence are female¹⁷.(2) – and that domestic violence is one of the main causes of death for women aged 15-44¹⁸. During lockdown, women are being confined 24/7 at close quarters with their abusers and domestic violence is increasing exponentially.
- 5.11. In evidence to the Home Affairs Committee on 15 April, the Victims' Commissioner for England and Wales Dame Vera Baird revealed that there had been a 160% increase in domestic abuse killings during the first three weeks of the lockdown in the UK. Calls to the National Domestic Abuse Helpline also rocketed 120 per cent in just one 24-hour period in early April.
- 5.12. This increase in violence is occurring at precisely the time that services to support survivors are being disrupted or made inaccessible. Women’s Aid report there are around half the available bed spaces than there usually are at any one time. This is likely to reduce still further as Local Authorities are unable to provide move-on accommodation when a stay in a refuge is no longer required by the victim and their family.
- 5.13. And this escalation is unlikely to simply disappear when restrictions are lifted. The increase in poverty and unemployment that will undoubtedly arise as a result of the inevitable recession, will exacerbate violence in the home. Following the last

¹⁷ file:///C:/Users/Sara/Downloads/Violence-against-Women-Victim-Support-Report%20(1).pdf

¹⁸ Amnesty International Australia. Setting the standard: International good practice to inform an Australian national plan of action to eliminate violence against women. 2008

recession, the Daily Mirror¹⁹ reported that attacks on women in the home increased by more than 2,000 a week. Some 120,000 more cases of domestic violence were reported to police up 17% from 674,756 to 793,526 in a 2 year period.

- 5.14. Unsurprisingly, none of the respondents to our questionnaire explicitly referenced their own experiences of domestic violence. However, our coaching team have reported coaching women from our community with black eyes and bruises allegedly as a result of domestic violence and at the beginning of the pandemic, we had several women calling our office for emergency coaching and advice because they were at risk of violence at home. And we know from the stories shared within our social media groups that the pressures of being confined at home 24/7 have led to a serious escalation in tensions in many households and that there are many women in our community who are struggling with violent and abusive partners.

“I have been stuck living with my husband while we are going through a divorce it has been very hard to maintain civility and there have been some very unpleasant issues during this time. I suffer from depression and anxiety and it has been exacerbated a lot. I had to take a cooling off period to stay with a friend for several days and am planning to return home tomorrow after 4 days away. I am not looking forward to having to be at home again, the only reason I am going back is because of my children.”

(Anon, 37, England)

Recommendations

- Access to priority services including, for example, access to supermarket delivery slots, should be extended to include the unpaid carers of those who are classified as vulnerable.
- Government should extend the key workers list to include working lone parents, so that they can continue to send their children to school during lockdown.
- The Government should issue revised guidance on the essential reasons for leaving home to include when believe they are at risk, need to get help and/or move somewhere safe
- We support the call of the Victims Commissioner and the Domestic Abuse Commissioner for Government to underwrite the cost of providing hotel or other similar accommodation to all those fleeing domestic violence who have been unable to find a place in a refuge.

¹⁹ <https://www.mirror.co.uk/news/uk-news/recession-blamed-for-domestic-violence-increase-144262>

- We also support their call for Government to issue guidance to Local Authorities that clearly stipulates that providing move-on accommodation for victims and survivors of domestic abuse during this time is a priority.
- We support the call of the Women's Equality Party to have Domestic Violence Protection Orders extended to cover the full isolation period giving victims immediate protection away from the threat of violence, and breathing space to make vital decisions.
- We recommend that court fees for cases of domestic abuse be waived
- We recommend that emergency funding is granted to refuge services who are currently under immense pressure to protect the increasing number of domestic abuse victims and, in anticipation of longer term increased need, the Government should restore ongoing funding for women refuges in real terms to pre 2010 levels.
- As lockdown restrictions are lifted, we recommend allowing people (particularly those with children) to form small 'units' of 2-3 families, to help cover childcare and protect their mental health. These families would still social distance from all others, to protect the whole group. This would be particularly helpful for single (working) parents

6. Women and Health

“I have struggled to access health care, I have struggled to get access to food and basic supplies. I am reliant on deliveries because my disability prevents me from driving. I am also classed as vulnerable so it would be very unwise of me to go out and use public transport at the moment. I do not fall on the shielding list so cannot get help from my council etc. This has left me in a precarious position health wise. Every time I need my prescriptions delivered I have to fight with a new member of the pharmacy team that I am vulnerable and isolated so I can’t collect my prescriptions.”

(Anon, 32, England)

Definition of Vulnerability

- 6.1. Many respondents applauded the measures taken by Government and local authorities working with, for example, supermarkets to ensure that those classified as ‘clinically extremely vulnerable’ were able to access care, priority shopping delivery and other services.
- 6.2. The definition of extreme vulnerability is confined to those people who are at a significantly increased risk of severe complications arising from contagion with Covid-19. These people - on the shielded list – are still able to receive support and care from their carers who are not subject to the requirements on social distancing when delivering care.

“Can't get supermarket delivery slot. Home help can't come in. (Due to chronic neurological illness (M.E.), I am in the Vulnerable group, so am supposed to avoid going out).”

(Sarah C, 50, England)

- 6.3. However, those not on the list, but with conditions that limit their ability to carry out day to day activities without assistance are unable to continue to receive the help they required due to social distancing requirements and are not entitled to priority supermarket slots, food packages or medicine deliveries. This includes, for example, people with protected characteristics arising from disability of long term illness including visual impairment; those with debilitating conditions such as ME or fibromyalgia; those awaiting surgery for painful conditions such as hip dysplasia; and those with severe mobility issues due to arthritis or rheumatism. These people are – as one respondent put it – ‘left to fend for ourselves with precious little help or support.’

“Because I’m “not disabled enough” to be shielding (although in receipt of PIP) we get no help with essentials, but my disability means I cannot queue for the shops - and the protected hour is 8-9am?! My key worker boyfriend started at 7am. I have to take my chances with home delivery and see if I can get a slot.”

(Stephanie S, 29, England)

Evidence suggests that this issue has had a disproportionate impact on women as those suffering from these types of conditions are more likely to be female:

- The proportion of adults in the population with longstanding illness is between 39% and 43% of men and between 43% and 47% of women²⁰.
- More women (38%) than men (30%) suffer from chronic pain²¹.
- Nearly two-thirds of people living with sight loss are women²²
- According to a study in the USA, 80% of people with auto-immune conditions are women.²³
- Women are two to three times more likely to develop rheumatoid arthritis (RA)²⁴
- Women make up 75% of cases of myasthenia gravis²⁵
- Multiple sclerosis is three times more prevalent in women than in men²⁶.

6.4. A number of older members of our community questioned the cut off age of 70 for the definition of ‘clinical vulnerability’.

“The over 60's are much more likely to die from Covid-19, indeed some hospitals have said they will not be putting those over 60 on a ventilator! However, due to the changes in the state pension age, we are supposed to be working, which at the moment means in supermarkets or on the front line - where we are more likely to catch Covid-19. However, only the over 70's have been told to self isolate and only the over 70's are getting support with shopping etc.”

(Carol M, 65, England)

²⁰ <http://healthsurvey.hscic.gov.uk/media/78628/HSE17-Adult-Health-rep.pdf>

²¹ Ibid

²² <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics>

²³ <https://www.thelancet.com/pdfs/journals/lancet/PIIS0140673605745359.pdf>

²⁴ Ibid

²⁵ Ibid

²⁶ <https://www.nationalmssociety.org/What-is-MS/Who-Gets-MS>

Women & Mental Health

“As someone who also suffers from depression and anxiety, my mental health is being impacted hugely from being at home + I get VERY anxious going food shopping or trying to exercise in increasingly crowded green spaces in town.”

(Carol M, 65, England)

- 6.5. “Health Equity in England” – the follow up to the Marmot Review (published in February 2020) shows quite clearly that social factors that lead to poor mental health - such as lower educational attainment, low quality employment, poverty and income inequality and difficulties in securing good quality housing - are persisting or getting worse. That was before the impact of Covid-19 and the likely recession that will follow.
- 6.6. This is of particular concern to women as – even without the additional pressures of a global pandemic - women are more likely than men to have a common mental health problem and are almost twice as likely to be diagnosed with anxiety disorders and one in five (19.1%) women have common mental health disorder symptoms, compared with one in eight men (12.2%)²⁷.
- 6.7. And it is clear that the stress, fear and anxiety caused by this pandemic will have mental health consequences for many people ranging from generalised anxiety through to depression, a rise in problem behaviours such as alcohol and drug addiction, gambling, cyberbullying and a consequent rise in social consequences such as homelessness and relationship breakdown.
- 6.8. Rory O’Connor, professor of health psychology at Glasgow University²⁸ recently shared his concerns in an article in The Guardian: *“Increased social isolation, loneliness, health anxiety, stress and an economic downturn are a perfect storm to harm people’s mental health,”*

²⁷ <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-men-and-women>

²⁸ <https://www.theguardian.com/world/2020/may/02/coronavirus-britons-health-problems-Covid-19>

- 6.9. A significant proportion of those responding to our questionnaire - who did not have any mental health issues prior to lockdown - referenced the impact of Covid-19 on their mental health

“My mental health has also been affected with my depression and anxiety back in full force. Some days it is difficult to do anything. I am having to spend a lot of my days “working” on my mental health to stay ok for my kids. I also have mild asthma so have not left the house in over 5 weeks.”

(Anon, 36, England)

“Mental health has declined, crashed back into pain & chronic fatigue.”

(Anon, 36, England)

- 6.10. For those women who were already struggling with mental health issues before the crisis, lockdown has often led to a significant increase in their symptoms particularly as many of their coping mechanisms and therapeutic options are either unavailable or severely restricted. We are hearing about an increase in self-harm and suicidal thoughts amongst the women in our community

“Not being able to see my partner who lives 50 miles away and is s stabilizing factor for me has negatively impacted [my mental health] and I am self harming as a result.”

(Vicki A, 48, England)

IVF Services

- 6.11. An issue that was raised by a couple of different members of our community was the cancellation of IVF services. Both women recognised that this was a necessary step to safeguard all parties. However, there was concern about the implications for access to the service as both women are nearing the funding cut-off point of 40.

“My IVF treatment has been cancelled. I am 5 months away from turning 40 when I will no longer qualify for funding. And my chances of success will be smaller as time goes by. I’d like to ask the ‘powers that be’ to give some indication of where the reopening of IVF treatment would fit into a lockdown strategy. While saving lives is more important - I hope the life changing impact of infertility is taken seriously and not seen as a luxury to address later.”

(Anon, 39, England)

Recommendations

- We recommend that the Government revise the entitlement to additional help (food parcels, medicine delivery and priority supermarket deliveries) to include both those who are 'extremely vulnerable and those who are clinically vulnerable'
- We welcome the Government's commitment of £5million to support the work of mental health charities but recommend that this is reviewed and increased in light of the likely long term effects of the virus
- We recommend that those women who had started IVF treatment prior to the pandemic continue to receive funding for the service once lockdown restrictions are lifted, even if they are – by then – over the age of 40.

Many of the women in our community also called for:

- Compulsory use of face masks by all people outside of the home as restrictions are lifted
- A rapid expansion of testing – once a reliable antibody test is available and immunity established – with certification for those who are immune
- An increase in fines for non-essential travel and breaches of social distancing rules as current fines were deemed too low to be considered an adequate deterrent.

7. Leadership, Communication & Review

“Better communication about the situation and some humanity about the difficult emotions we are all feeling. Social distancing has become hate and fear between people in some cases and government has a role to play in supporting us more clearly and with more compassion.”

(Kathryn W, 41, England)

Leadership

- 7.1. Many articles have been written in recent weeks about the fact that so many of the countries, states and cities that are objectively coming through this crisis best are led by women – from Jacinda Ardern in New Zealand to Chancellor Merkel in Germany to Tsai Ing-Wen in Taiwan.
- 7.2. Correlation is not causation and being a woman doesn't automatically make you better at handling a global pandemic. Nor does it **automatically** make you a better leader. What is true, however, is that many of the qualities that people look for in a crisis are those that research shows are more likely to be present amongst women leaders. For example, in the immediate aftermath of the 2008 crisis, McKinsey²⁹ published research looking at the kind of leadership needed to navigate through a crisis and to thrive in the immediate aftermath. They concluded:

“The behaviour executives see as most helpful for managing performance through and after the crisis...has been shown by a previous McKinsey study to be used more often by female leaders.... Leadership and direction are seen as the most important capabilities through the crisis and are two of the top three cited as most important for the long term. Similarly, they are the two most positively influenced by having three or more women on a corporate board, our other work shows.”

- 7.3. Many of the women responding to our questionnaire called for greater representation of women in all decision-making fora from Cabinet to SAGE to COBRA. And many extended this point to include reference to people with other protected characteristics including disability and people of minority ethnic heritage.

Communications

- 7.4. Many of the women in our community raised concerns about the tone, style and content of Government and local authority communications and called for *‘honest and open, two way communication’* between stakeholders and *‘greater emotional*

²⁹ <https://www.mckinsey.com/featured-insights/leadership/leadership-through-the-crisis-and-after-mckinsey-global-survey-results>

intelligence’ from Government spokespeople. The Prime Minister of New Zealand, Jacinda Ardern, was referenced by a significant proportion of the respondents (unprompted by our questions) as a stellar example of empathetic, clear and consistent communications.

- 7.5. We also received multiple responses calling for greater clarity – particularly around the plan to lift restrictions and the consequences for those who are shielded or particularly vulnerable. Many women felt that the confusion and lack of clarity was as difficult to deal with as the restrictions and that the Government could have done more to manage people’s expectations.

“I am considered medically in a higher risk group, so I am assuming lockdown for the next year whilst we wait for a vaccine to be developed. Apart from the struggles of working from home (luckily I have a flexible and understanding employer) AND home schooling a 7 year old (year 2) and 8 year old (year 4) I am VERY concerned at how we manage as a family when the children can go back to work, but I am still not able to safely leave the house. I cannot self isolate from my children as this would cause us all great distress, but am unsure how we will manage this uncertain future.”

(Beverley B, 47, England)

“More information to shielders about what is going to happen to them, how long do they expect us to have to shield for and what will happen to our jobs and pay? I am a teacher, when the schools go back, what will happen to me? I teach a practical subject, it is impractical to teach this by video link. What will happen with social distancing in schools? Our classes are huge, I have 28- 30 students at KS3 in practical rooms normally, there isn't the space to socially distance with that number of students. How do you demonstrate a practical skill from 2 metres away from a child? How do correct a child’s work from 2 metres away? How do I administer first aid from 2 metres away? If we are still looking at 'herd immunity' and schools playing a big part in this by effectively spreading the virus to the group of people who are deemed to be the lowest risk (although this is now questionable), how do you protect the more vulnerable staff when they go back to work?”

- 7.6. Misleading and inaccurate reporting in the media and on social media has caused a great deal of distress and some felt that Government should have been more proactive in rebutting rumours and speculation perhaps by creating an online fact-checking resource.

Review

- 7.7. There is so much that we can take from the Covid-19 experience in order to increase our response capability in the event of any future pandemic event.

- 7.8. We believe that, once the pandemic is officially over, there should be a full, independent, public inquiry into the Government's handling of the crisis so that lessons may be learnt. The inquiry should cover not only the operational and policy response but also Government communications and make recommendations for tone and approach.
- 7.9. We recommend that – in addition to expert testimony - views are sought from the widest cross-section of civil society including those with experience of working with pandemics in other countries.

Recommendations

- We recommend that the membership of all relevant decision-making bodies including: COBRA, SAGE and local Resilience Forums be reviewed and that the inclusion of someone with explicit responsibility for representing women and other protected groups is made mandatory. For example, it should be mandated that the Women & Equalities Minister sit on COBRA.
- We recommend that a central fact-checking service be established and widely promoted
- We recommend that, once the crisis has passed, there be a full, independent and public inquiry into the Government's handling of the crisis to include communications.
- We recommend that input into this inquiry be sought from the widest cross-section of civil society.
- We call for greater clarity about the future of lockdown and in particular: clarity about ongoing provision for those who are shielded or vulnerable particularly those with children.

8. Summary of One of many Recommendations

Women & The Frontline

- We recommend that salaries for high risk, frontline occupations in the public sector be reviewed in line with armed forces salary reviews to ensure both reflect the value these occupations provide in safeguarding the health and security of the UK.
- We recommend that all frontline workers are offered free mental health assessments and priority access to immediate therapeutic services where necessary after the pandemic is under control – with particular attention given to the mental health of women in frontline roles.
- We call for a guarantee that all frontline workers will be supplied with appropriate PPE
- We recommend that guidelines for procurement of PPE for frontline workers be amended to recognise the fact that the majority of the frontline are women and that PPE therefore needs to be made available in a range of sizes appropriate for women.
- We recommend granting citizenship to NHS workers and abolishing the requirement that they pay the additional NHS levy for themselves and family members when they are paying tax.

Women & Work

- We recommend that the furlough scheme be reviewed to consider how dividend payments for Directors of small businesses can be included in calculations of eligible income
- We recommend that support is allocated for workers on reduced hours who are currently disadvantaged compared to those on furlough
- We call for the Equalities and Human Rights Commission to undertake an investigation to determine if women and men were treated equally with regard to requests to work from home during the pandemic
- We recommend a review of the guidance on furloughing to make it a right for all those caring for those with disabilities or long term health conditions and for one parent in any family (and for all single parents).

- We recommend that a universal income be introduced to mitigate the disproportionate impact that loss of earnings has and will have on women.

Women in the Home

- Access to priority services including, for example, access to supermarket delivery slots, should be extended to include the unpaid carers of those who are classified as vulnerable.
- Government should extend the key workers list to include working lone parents, so that they can continue to send their children to school during lockdown.
- We support the call of the Victims Commissioner and the Domestic Abuse Commissioner for Government to underwrite the cost of providing hotel or other similar accommodation to all those fleeing domestic violence who have been unable to find a place in a refuge.
- We also support their call for Government to issue guidance to Local Authorities that clearly stipulates that providing move-on accommodation for victims and survivors of domestic abuse during this time is a priority.
- We support the call of the Women's Equality Party to have Domestic Violence Protection Orders extended to cover the full isolation period giving victims immediate protection away from the threat of violence, and breathing space to make vital decisions.
- We recommend that court fees for cases of domestic abuse be waived
- We recommend that emergency funding is granted to refuge services who are currently under immense pressure to protect the increasing number of domestic abuse victims and, in anticipation of longer term increased need, the Government should restore ongoing funding for women refuges in real terms to pre 2010 levels.
- As lockdown restrictions are lifted, we recommend allowing people (particularly those with children) to form small 'units' of 2-3 families, to help cover childcare and protect their mental health. These families would still social distance from all others, to protect the whole group. This would be particularly helpful for single (working) parents

Women & Health

- We recommend that the Government revise the entitlement to additional help (food parcels, medicine delivery and priority supermarket deliveries) to include both those who are ‘extremely vulnerable and those who are clinically vulnerable’
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- Compulsory use of face masks by all people outside of the home as restrictions are lifted
- A rapid expansion of testing – once a reliable antibody test is available and immunity established – with certification for those who are immune

Leadership, Communication & Review

- We recommend that the membership of all relevant decision-making bodies including: COBRA, SAGE and local Resilience Forums be reviewed and that the inclusion of someone with explicit responsibility for representing women and other protected groups is made mandatory. For example, it should be mandated that the Women & Equalities Minister sit on COBRA.
- We recommend that a central fact-checking service be established and widely promoted
- We recommend that, once the crisis has passed, there be a full, independent and public inquiry into the Government’s handling of the crisis to include communications.
- We recommend that input into this inquiry be sought from the widest cross-section of civil society.
- We call for greater clarity about the future of lockdown and in particular: clarity about ongoing provision for those who are shielded or vulnerable particularly those with children.

Appendix 1: Questionnaire

The questionnaire sent to One of many women consisted of the following questions:

- Email address
- First name
- Last name
- Age
- Country of Residence
- Please tick this box if you would like your comments to be anonymous
- Please tick this box to indicate that you understand that your comments (anonymised if requested) will be used by *One of many* to compile a response to the Women & Equalities Committee inquiry into the impact of Covid-19. Not all responses will be used and none will be quoted in full. For more information about the Inquiry please click here: <https://committees.parliament.uk/work/227/unequal-impact-coronavirus-Covid-19-and-the-impact-on-people-with-protected-characteristics/>
- Under the Equality Act, UK residents are protected from discrimination on the basis of any of the following protected characteristics (in addition to gender). Please indicate which, if any, of these protected characteristics you identify with (list provided). For example, if you are living with a disability, please indicate that here.
- If you feel able to share further information in relation to the protected characteristics that you have indicated above, please do so here. For example, if you have indicated that you are living with a long term illness or disability, are you able to clarify what that is. Please do not feel obligated to provide this information if you would prefer not to.
- Please share how you have been affected by Covid-19 or the Government response to it?
- If you feel that there have been specific impacts on you as a result of having a protected characteristic, please share that information here. For example, have you experienced additional difficulty as a result of lockdown measures because of a disability or illness?

- Please share your thoughts about what the Government could do to improve their response in the short term (ie: within the next 3 weeks)?
- Please share your thoughts on what the Government could do to improve their response in the medium term (ie: in six months time when the Coronavirus Bill is reviewed)? If you are outside the UK, are there any examples of what's being done in your country - either by Government or by civil society - that you feel have been particularly beneficial and could be useful in the UK context?
- Would you be willing to be contacted by One of many to provide additional comments either in writing or via video for use in connection with our submission to the Inquiry and / or media activity in relation to it?
- Thank you for completing this form and helping us to speak out and inform political thinking on the response to Covid-19 and how it has affected our community. A copy of the response will be shared on One of many social media platforms in due course. It will also be published by the Committee.