



**RESPONSE TO WOMEN & EQUALITIES COMMITTEE CONSULTATION ON THE IMPACT  
OF COVID-19 ON PEOPLE WITH PROTECTED CHARACTERISTICS  
BY INSPIRING WOMEN CHANGEMAKERS, APRIL 2020**

**FOREWORD**

**By Anj Handa, Founder of Inspiring Women Changemakers**

Inspiring Women Changemakers is an inclusive movement of people who want to see the world become a safer, fairer place for women, wherever they live and whatever they do.

Our membership is mostly comprised of female small business and social enterprise owners from around the UK. They are professional, passionate women who work to make positive social change and my thanks goes to those members of our movement who have contributed to this submission.

They are women with physical disabilities, lesbian and bi-sexual women, neuro-diverse women, ethnic minority women. Single women, married women, women who have left abusive relationships, divorced women. In many cases, they possess a combination of these characteristics.

We believe that the binary approach to policy-making is not inclusive. It leads to overlaps in some cases, gaps in others. Coronavirus has revealed the deeper access and inclusion issues in society for women, which in turn has an impact on the people around them.

**OUR FOCUS FOR THIS SUBMISSION**

In our response, we address issues that women face at a point of intersection of protected characteristics – highlighting the current circumstances of women with disabilities (e.g. physical, invisible, chronic illness, neurodivergence), mothers of children with special educational needs, those on low income (including women in the gig economy, those running lifestyle businesses such as multi-level marketing product sales and those working part-time or on zero hours contracts), and ethnic minority women.

In this submission, we also seek to highlight the challenges faced by new mothers and carers who are at increased risk of contracting the virus and suffering mental health difficulties associated with isolation.

Asylum seeking women and women who are reliant on homeless agencies and income from begging for their sanitary supplies are particularly struggling. Grassroots organisations and charities such as Freedom4Girls have been working hard to continue the supply of menstrual products and other personal care items.

While most of our members are self-employed women like me (I am sole trader, single with no dependents who identifies as British Indian), we accept that consultation for self-employed people and freelancers has taken place by other Government departments.

And while some forms of business have fallen through the cracks, we acknowledge that business support packages continue to be announced by the Chancellor.

For those reasons, we are placing a spotlight on the issues faced by women listed above.

### **COVID-19-RELATED CHALLENGES**

Interrupted services, reduced income, plus the panic shopping and demand surges that have caused prices to soar, limit the overall access of low-income and other vulnerable individuals to necessary supplies.

With limited support and networks, the ability to balance competing demands and the emotional and practical expectations related to Covid-19 ultimately means that some safety actions are not undertaken and serious mental health difficulties are being displayed.

Grassroots organisations and small and specialist social enterprises and charities are trying to plug the gaps as much as they are able to but many are struggling too. Often, they have little to no reserves and are reliant on community donations and fundraising

## ISSUES FACED BY WOMEN WITH ONE OR MORE PROTECTED CHARACTERISTICS

### Disability, Hidden and Chronic Illness

V is a self-employed coach who supports people living with chronic health conditions. She has a hidden illness herself.

***“I feel that the current “vulnerable/at risk” patients’ working procedure is flawed in so many ways. On one hand, I can understand that we need to be protected but don’t we all?***

***On the other, I just can’t stop thinking that this is another way of managing badly the chronically ill and those with disabilities. It is obvious, the current system isn’t working - so many people not getting the correct information and if they are it is not in a timely manner or in a manner they can digest.”***

***“GP practices are not able to cope with letters being sent out etc. Some get missed whilst others are sent letters. Being told you are vulnerable by a .Gov text with no explanation (I was not expecting to be on the list) then asking to speak to the GP – ten days later, I have followed up but...silence.***

***In a just society, we all (irrespective of our diversity) would be treated in the same manner - lockdown is lockdown, preventative measure would be put in place for ALL.***

***The “vulnerable” patients are going to suffer the most after lockdown is lifted as they will be the last to be able to go back into society... therefore decreasing their self-worth even further.”***

T is a self-employed single mum of three who has fibromyalgia and arthritis. She speaks about the impact coronavirus has had on her ability to work and provide for her children. T claims Tax Credits. She is worried that if she applies for Universal Credit this will rock the boat in such a way that will put her in a worse position.

***“Being in quarantine means I don’t qualify for any sick pay...“My zero-hour job... hasn’t given me any shifts... The advice is to go onto Universal Credit. “At the moment I get Working Tax Credit. It’s a support I don’t want to see change or disappear because I apply for other benefits.”***

J works for the NHS and has rheumatoid arthritis. and has no dependents. She has a partner who must also shield himself to protect her. She arranged to work from home at the start of the pandemic, but it wasn't until 27th March 2020 that she received a generic letter from the Government about using a self-assessment tool to assess her risk.

She related the chaos that her and her partner experienced around trying to get information from the government about food deliveries.

***“There was constant fear and anxiety about how my partner and I were going to get our groceries as he needed to self-isolate because of me. “I read on a disability rights post on Facebook about a .Gov registration for those extremely vulnerable who needed help... I had to direct a few people to the Government website to register as... they had no idea about it.”***

**RECOMMENDATION:** within the next three weeks, as a matter of urgency, communicate details of the registration page to the wider public as well as through texts or direct mail to those identified as being at risk. Ensure join-up with supermarkets so that access to online delivery slots are prioritised.

E is physically disabled. She has limb difference which affects three of her limbs, including her one hand. She is self-employed and has no dependents. In general, she is independent, but has found that the protective advice and suggestions that the government and others have given fail to take into account different types of bodies and disabilities.

***“We are told that we must wear protective gear when we go to the shops for food. Because of my disability, I cannot wear gloves. This means that I have to touch the trolley and the groceries without any protection for myself (and others). I also cannot wear gloves to top up my car at the petrol station.”***

**RECOMMENDATION:** Provide consistent guidance to all supermarkets and food retailers about sanitisation of baskets and trolleys and provision of additional assistance for those who need it. This would help physically disabled people who are not at high risk to remain as independent as possible during the pandemic.

## Neuro-diversity

H is a sole trader in receipt of Universal Credit. She is a single, autistic mother to a teenager autistic daughter. As a result of autistic anxiety, her daughter has not attended school since the end of 2019. This has an impact on H's capacity to work on her business and on her mental wellbeing. In large part, her mental health has been affected by the limited requirement and long timescales for schools to prepare an Education, Health and Care Plan.

There is too little support for parents and children who are compelled to homeschool, even when the child has special educational needs, coupled with a focus by schools on meeting unrealistic attendance targets.

S says

***“My teenage son with autism and ADHD had the support of a mentor from the local authority youth services. That contact stopped at lockdown without anything being said. No-one has checked on the impact of that on him or us. The lack of support to help him with his emotions means every day he gets frustrated and can be destructive if it gets bad. We are left to manage that, with 2 other children in the house as well, with no-one even checking on us.”***

## Domestic Abuse

Domestic abuse has increased by 20% during lockdown. For members of the LGBT+ community and some ethnic minority communities, it goes beyond partner against partner, involving parent to child, grandparent to grandchild, sibling to sibling. It also tends to go unreported in most cases.

In the current lockdown, many young adult LGBT+ individuals have had to return 'home' to homophobic/transphobic families and are currently enduring daily abuse from family members who refuse to accept the individuals' sexual/gender identities.

One example is of an individual being refused food prepared by their mother because of their sexual identity and repeatedly talked over by their stepfather stating he hopes he “*doesn't 'catch whatever "he" has.*”

The very real impact upon mental health and on mental/physical wellbeing is already showing with increasing levels of anxiety, depression, self-isolation within family units and the risks of self-harming or worse are increasing the longer the lockdown continues.

Whilst there has been valued publicity of the need for refuges for women suffering domestic abuse, there has been precious little about men enduring domestic abuse and nothing said about the LGBT+ community and the difficulties they are enduring. There need to be safe places and increased support services as their trauma continues daily.

### **Asylum Seekers**

Language barriers are a key challenge for new communities receiving accurate information. Translated information helps some people, not all as messages can still be misinterpreted. In particular, new communities don't have the infrastructure like some established communities and this has its own challenges in terms of their wellbeing.

Over-occupancy of residents in properties combined with the fear and lack of access to support means this community feel they are even more a target for exploitation.

Immigration status is one of the biggest challenges for all new and emerging communities - the complex nature of immigration laws, the timelines etc. means that no two people will have exactly the same rights without seeking confirmation. There are concerns for those who don't have settled status which is a barrier to accessing services.

Specific impacts on Immigration applications include:- applicants who do not have phone data or Wi-Fi cannot access their online visa forms and are also unable to send documents via phone or internet.

The Home Office is requesting certain types of evidence which an applicant is unable to obtain due to lockdown; submitting supporting documents requires clients to attend an office which also requires arranging someone to be at the office to receive the documents.

Asylum Seekers receive £37.75 per person per week or less on a pre-paid Aspen card. There have been reports of some of these failing to work. Additionally, the limited amount and nature of the card means they are not able to bulk-buy or buy cheaper food as supermarkets have stopped most of their food deals.

They are sometimes allotted some mobile phone credit and basic telecoms equipment to enable them to stay in touch with support networks, family and those organisations who are still providing online/video/phone support.

At £5.39 per day, their benefit places them at 74% below the poverty line. The churches, mosques and charities that many asylum-seekers rely on for basic provisions are closed and they are falling even further below the poverty line. This means choosing between food and medicine, clothing and soap to wash their hands.

Aside from health and safety issues in their accommodation, there are issues of social isolation and people keeping in touch with others and concerns for the impact on their mental well-being.

Many families have no equipment to enable them to stay in touch. Organisations such as LASSN and Solidaritech in Leeds do what they can to provide tech but their capacity to do so is limited. Of those that do, they have limited access to Wi-Fi connection and are unable to afford

additional mobile phone credit. This also means that their children are missing out on access to education and free meals.

**RECOMMENDATION:** Consider the approach that Portugal has taken by offering the same rights as citizens until the summer. As a minimum, top up asylum seeker support to the same level that Universal Credit has increased (an additional £20) as Refugee Action is campaigning for.

## **Carers**

S is a former lawyer. She is self-employed and is a healthcare policy specialist. She is in an LGBTQ marriage and cares for her teenage son who lives with ADHD. Her parents are both over 75. Her father has dementia and his mother is his full-time carer at home.

***“They are still managing at home as the progression of his dementia has been relatively slow so far. But he's reached a point where she can't leave him for long and he is certainly reliant on her to drive now. They live in the Peak District so need a car to get around.***

***My mum has been having treatment for cataracts. They have been steadily getting worse to the point she was due to go in for surgery just before lockdown. Obviously, her surgery has been cancelled. Lockdown means she is told to stay at home, but she cannot get a food delivery at all.***

***She is still able to drive but the longer this goes on the more I worry that she won't be able to unless she gets the surgery. But there is no sign she is seen as having a special need to surgery to give her that mobility, given her carer duties.***

***She is only seen as old, therefore she should stay home - with no access to food delivery. But she is a full-time carer and needs to be mobile to look after my dad and feed them both.”***

E/ is a former senior public servant and single mother of two young adult children. A self-employed woman who is 18 months from retirement, she has Crohn's disease and is a carer for her mother.

***“I am now supporting my elderly mother and trying to support my daughters into adult hood - without any income other than a very small pension for the last three years. The current crisis is dreadful and I am supporting daughters who are furloughed.***

***I'm in a situation where I seem to be unemployable because of age and sheer variety of experience, I am ineligible for Universal Credit because I had banked up savings because of the uncertainty ahead of me anyway.***

***I am caring for my elderly mother who retains her independence but needs me on hand nearby preventing me moving elsewhere for roles. I am hoping that my pension retains its value on a post Covid-19 world and is not ransacked by governments trying to recalibrate the economy.”***

## **Breast Cancer**

We have received reports of cancer treatment being paused or cancelled altogether. A few of our members are quarantined by themselves and have not received support or instruction in terms of food supplies or financial support. They have been relying on the goodwill of friends, family and neighbours to help. Many will not have such a support network.

Jo is a married, self-employed mother of two.

***“A close friend was diagnosed with breast cancer just before lockdown. She was lucky in the end to get surgery at end of March. That was different than under normal circumstances because of Covid-19 and aftercare implications. She's now due to start chemo in a few weeks. The whole family are having to self-isolate.***

***Her husband is unable to work or go into an office, her daughters will be unable to return to schools even if they reopen. Her mum is staying with them to help with cooking and look after the girls when she has appointments to go to. The psychological and financial impact of this is going to be long lasting.”***

## **Working Mothers**

Anecdotal evidence from friends, family and social media suggests women with children are being disproportionately affected by Covid-19. Women are often the primary carers for children/parents even in marriages where both parents work full time.

Women are more likely to be working part-time and have less secure and/or lower earning jobs/businesses than their partners. Therefore, lots of mothers will be shouldering much of the burden of childcare and attempted home schooling. This is without women's usual support networks of grandparents, wider family, and friends for childcare and emotional support.

Mothers taking on more responsibility at home whilst on maternity leave is an already identified factor in perpetuating the inequalities which still exist and extend way beyond the end of maternity leave.

The decision for most families, with finances pressured, must be to prioritise the work of the person with the securest and highest earning income, which still tends to be the father in two-parent families.

## **Ethnic Minorities**

It is already known to Government and the wider public that people from ethnic minority backgrounds are disproportionately affected by Covid-19 in terms of health and mortality.

There are additional issues within communities where lockdown will provide a 'justification' for stricter measures on individual freedom e.g. for women within South Asian communities. Those who were not allowed to socialise lack friendship and support networks that result in poor mental health.

The Pink Ladoo Project has been running a hashtag entitled #brownandlockeddown. One contributor wrote:

***“Quarantine has made already difficult lives even harder for so many brown women. Incidents of domestic violence are going through the roof - not just husbands, but brothers too. Don’t be afraid to call the police if your brother or other male relative steps out of line out of fear of “how it will look”. He needs consequences.”***

**RECOMMENDATION:** Consult with specialist organisations such as Karma Nirvana and Southall Black Sisters whose services are so necessary during these times.

## **CONCLUSION**

Communication must be swifter, and more precise in language. For example, we are already seeing this week that the message to 'Protect the NHS' has been taken too literally, with people not seeking help when they need it urgently.

A general recommendation would be for a more personalised rather than generalised approach in government and medical dealings with people. General letters sent out to people should now be followed up by telephone consultations to gain a broader understanding of the complexities of issues people are facing.

There needs to be more co-ordination across central and local Government departments and the NHS to capture scenarios, such as the carer needing a cataract operation. Teachers, as far as we understand, have been instructed by Ofsted that their primary concern is safeguarding, so they are having to gradually take a more personalised approach to ensure they are reaching out and checking on the wellbeing of all children.

Solutions or recommendations to solve problems are likely to need to be creative and different to meet different complexities of needs. Those with complex needs are usually the most vulnerable and therefore they are the most adversely affected by the blanket policies the government has sought to impose to date.

Response to consultation prepared by Anj Handa, Inspiring Women Changemakers. 30 April 2020.  
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