

Gender Equality and COVID-19

The Oxford Human Rights Hub

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Executive Summary

In responding to Covid-19, it is imperative that the Government heed its duties to have due regard to the need to eliminate unlawful discrimination and advance equality of opportunity between women and men (s149 Equality Act 2010). Under the Human Rights Act 1998, it must also ensure that all Convention rights are enjoyed without discrimination on grounds of, *inter alia*, sex or any other status (Article 14 ECHR). To fulfil these obligations, it is essential that the Government acknowledges the disproportionate impact that this pandemic has on women, including, women who are disadvantaged because of a combination of their protected characteristics – including age, disability, gender reassignment, marital status, race, religion and sexual orientation. While the Government has taken many positive steps to assist those affected by the lockdown, we submit that due regard has not been paid to the effects on vulnerable groups, particularly women who suffer combination discrimination based on multiple and intersecting protected characteristics (s14 Equality Act 2010), such as BAME women, women with disabilities, poor women, migrant women, adolescent girls, trans women and single mothers with children. Nor has the government fulfilled its obligations under Article 14 of the ECHR.

In this submission, we focus on the disproportionate impact on women in relation to reproductive rights and their role in unpaid care. To fulfil its obligations, especially for women suffering from combination discrimination, we propose specific attention be paid to these key areas:

Reproductive rights:

- (a) **Abortion** care is an essential part of health care for women. It should be maintained even where non-urgent services are suspended.
- a. Urgent steps are needed to ensure that **women in Northern Ireland can access early medical abortions from home**. The Northern Ireland Department of Health should follow its counterparts in England, Scotland and Wales to allow the first phase of medical abortions to take place at home. It should use its power under Regulation 8(3) of the Abortion (Northern Ireland) Regulations 2020 to designate the woman's own home as an "approved place" for the first stage of medical abortion treatment. Every effort should be made by the UK government to ensure that women in Northern Ireland are treated in the same way as women elsewhere in the UK.
 - b. Special attention should be paid to the risk **that women in abusive relationships** might be coerced into having an early medical abortion from home or forced to continue unwanted pregnancies because they are trapped at home with their abusers.
 - c. In line with the characterization of abortion as an essential part of health care for women, **provision for later term abortions should be maintained** with a high degree of safety for clinicians and the pregnant woman.
 - d. Abortion services should be made available to women from all backgrounds, including migrant and Traveller women, and **without a determination of their right to residence or citizenship** to access emergency abortion services during the period of lockdown and limited cross-border travel.
- (b) **Safe and positive childbirth** should be maintained for all women, including ensuring that birth partners can be present at birth.
- (c) **Comprehensive human rights-based relationship and sex education (RSE)** is vital to fulfil rights to equality for women, sexual minorities, transgender and disable people and is a key component in preventing gender-based violence. The delivery of RSE is challenging for home schooling and online learning, where there may be insurmountable privacy and other issues. In delivering RSE online, the government must have due regard to the need to:

- a. Uphold the human rights of all pupils including girls, sexual minorities, transgender and disabled persons.
- b. Protect the privacy and confidentiality of learners.
- c. Ensure that those without access to the internet are provided with alternative methods to participate in RSE delivery.

Care Work:

- (a) Government must have due regard to the disproportionate burden of **unpaid care and housework** which falls on women.
 - a. To properly value unpaid child-care work and to support families with children, there should be **an immediate £10 per week increase in child benefit**. Child benefit is paid directly to the person responsible for a child under 16. In August 2019, 87% of families in receipt of child benefit had a female as the registered claimant.¹ Child benefit is not means-tested and can reach families who are just above benefit levels and therefore not receiving means-tested benefits.² It can be delivered quickly through existing infrastructure. It would immediately benefit large numbers of women and other primary carers whose unpaid caring work has increased during the lock-down.
 - b. The government must encourage the **sharing of housework and caring responsibilities** during the crisis between men and women. Employers must be encouraged to reduce workload on employees, to enable them to take time off paid work during working hours to fulfil such housework and caring responsibilities.
 - c. The **two-child limit for Universal Credit and tax credits** should immediately be removed. Many families with three or more children will not only have lost their jobs, but will need to maintain child-care and home schooling for their children during the crisis. They should not be penalized when they are facing even greater challenges than others.

¹ HM Revenue and Customs, 'Child Benefit Statistics: Annual Release 2019' <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875332/ChB_19_commentary.pdf> accessed 28 April 2020.

² Child Poverty Action Group, 'Supporting Families During the Covid-19 Pandemic' (2020) <<https://cpag.org.uk/sites/default/files/files/policypost/CPAG%20COVID-19%20briefing.pdf>> accessed 28 April 2020.

- d. Employers should be directed to **disregard absences from work** due to increased care responsibilities during the pandemic, especially of immigrant women and workers for whom employers are required to report continued presence at work to the Home Office.
- (b) The **benefit cap** almost entirely affects female-led households and their children. One of the aims of the cap was to incentivise people into work and this pathway has now been blocked by the pandemic. Capped households are in effect being punished for their failure to find work, an issue which disproportionately affect women because industries most affected by the shut-down have been female dominated. Additional protections offered by the government have in fact pushed many families into being capped. **The benefit cap should be immediately removed.**

Governments' Legal Obligations

Under Article 14 ECHR, the State must ensure that all Convention rights are enjoyed without discrimination on 'any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth or other status.' In addition, under s 149 Equality Act 2010 ('Public Sector Equality Duty': PSED), public authorities, in the exercise of their public functions, should have due regard to the need to eliminate discrimination and promote equality of opportunity between persons who share a relevant protected characteristic and those who do not. While the Government has taken many positive steps to assist those affected by the lockdown, we submit that due regard has not been paid to the effects on vulnerable groups, particularly women with multiple and intersecting identities, such as BAME women, women with disabilities, poor women, migrant women, adolescent girls, trans women and single mothers with children. Nor has the government fulfilled its obligations under Article 14 of the ECHR.

Improving Access to Abortion

As the Royal College of Obstetricians and Gynaecologists emphasizes in its guidance on Covid-19,³ abortion care is an essential part of health care for women. It should be maintained even where non-urgent services are suspended. Abortion is also time-sensitive, so that access to abortion care must be organized to minimize delays.

³ Royal College of Obstetricians and Gynaecologists, 'Coronavirus Infection and Abortion Care' (2020) <<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-01-coronavirus-covid-19-infection-and-abortion-care.pdf>> accessed 28 April 2020.

Self-isolation, often without reliable access to contraception, could result in increased unprotected sexual activity and consequently, higher rates of unintended pregnancy. Further, being compelled to remain in close contact causes a rise in instances of domestic violence, leading to unwanted pregnancies. Finally, loss of income, or other health concerns brought on by the crisis could also motivate women to seek abortions.⁴ As a result, potentially more women might need abortions during this period.

This increasing demand for abortions has been met with shortage of services. The Guttmacher Institute highlights the shortage of abortion pills worldwide, due to disruption in global supply chains. Further, the diversion of healthcare providers to address the pandemic has created a shortage of clinicians who can provide sexual and reproductive health services.⁵

(i) Telemedical Abortion Services

The WHO and the Royal Colleges of Obstetricians and Gynaecologists and Midwives have all produced guidance promoting telemedicine as the safest way to provide early medical abortion during the pandemic.⁶ In a positive step, the Government has waived the requirement under the Abortion Act 1967 that the first pill be taken in a clinic,⁷ as well as allowing certification by one practitioner, rather than two as required by the Act in normal circumstances.⁸ To achieve this, the Government has issued a temporary amendment to the approval of the class of places in which an early medical abortion can take place.⁹ As per the amended Regulation, women and girls below 10 weeks of pregnancy (in England) and 12 weeks of pregnancy (in Scotland) can take both the pills required for a medical abortion in their homes, eliminating the need to attend a clinic. To avail this procedure, they are first required to have a telephone or e-

⁴ International Planned Parenthood Foundation, 'How will the coronavirus affect safe access to abortion?' (2020) <<https://www.ippf.org/blogs/how-will-coronavirus-affect-access-safe-abortion>> accessed 24 April 2020.

⁵ Zara Ahmed and Adam Sonfield, 'The COVID-19 Outbreak: Potential Fallout for Sexual and Reproductive Health and Rights' (*Guttmacher Institute* 11 March 2020) <<https://www.guttmacher.org/article/2020/03/covid-19-outbreak-potential-fallout-sexual-and-reproductive-health-and-rights>> accessed 24 April 2020; UN Office of the High Commissioner for Human Rights, 'COVID-19 and Women's Human Rights: Guidance' (2020) <https://www.ohchr.org/Documents/Issues/Women/COVID-19_and_Womens_Human_Rights.pdf> accessed 24 April 2020.

⁶ Royal College of Obstetricians and Gynaecologists (n 3).

⁷ Jim Connolly, 'Coronavirus: Home Abortions Approved During Outbreak' (*BBC News* 31 March 2020) <<https://www.bbc.com/news/newsbeat-52092131>> accessed 24 April 2020.

⁸ Section 1(1) of Abortion Act 1967.

⁹ Department of Health and Social Care, 'The Abortion Act 1967 – Approval of a Class of Places' <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876740/30032020_The_Abortion_Act_1967_-_Approval_of_a_Class_of_Places.pdf> accessed 28 April 2020.

consultation with a registered medical practitioner who prescribes the medication, which is then delivered to their homes.¹⁰

However, while in England, Scotland and Wales, medical abortions are now permitted at home, these changes have not been instituted in Northern Ireland. Abortion in Northern Ireland was decriminalized in October 2019. A legal framework for the provision of abortion was published on 25 March 2020,¹¹ and Regulation 3 permits a termination where a registered medical professional is of the good faith opinion that the pregnancy has not exceeded its 12th week. However, because Regulation 8 still requires women to attend a clinic for the first pill, and no clinics are available to provide the service in Northern Ireland, Northern Irish women have no safe way of accessing their legal rights.

Currently, the charity, the British Pregnancy Advisory Service (BPAS) is providing some telemedical abortion services in partnership with healthcare professions from Northern Ireland¹² under Regulation 11(2)(b), which allows provision outside of that approved by the Regulations where the termination is done to save the woman's life or prevent grave permanent injury to the woman's physical or mental health.

However, this is clearly too limited to fulfil the right to abortion on request in Regulation 3. In addition, the Department of Health in Northern Ireland should urgently use its power under Regulation 8(3) to approve any place for the carrying out of terminations. Since the home of the woman is already an approved place for the second stage of treatment, it is logical for this to be approved for the first stage, as has been done in England, Scotland and Wales.

All public authorities in Northern Ireland have a statutory duty to have due regard to the need to promote equality of opportunity between men and women under Section 75 of the Northern Ireland Act 1988. While men can access essential health services during the pandemic, women cannot do so in relation to their right to abortion. Clearly, due regard has not been paid to this issue.

¹⁰ Government of United Kingdom, 'Temporary approval of home use for both stages of early medical abortion' (2020) <<https://www.gov.uk/government/publications/temporary-approval-of-home-use-for-both-stages-of-early-medical-abortion--2>> accessed 24 April 2020. The use of telemedicine for abortion has been approved by the WHO (See IPPF (n 4)) and the Office for the High Commission for Human Rights (See OHCHR (n 5)).

¹¹ The Abortion (Northern Ireland) Regulations 2020.

¹² 'BPAS Launches Emergency Abortion Pills by Post for Women in Northern Ireland (BPAS, 9 April 2020) <<https://www.bpas.org/about-our-charity/press-office/press-releases/bpas-launches-emergency-abortion-pills-by-post-for-women-in-northern-ireland-amid-shameful-political-gameplay-with-women-s-health-during-the-covid-19-pandemic/>> accessed 28 April 2020.

Recommendations

- Immediate action be taken to permit telemedical abortion services in Northern Ireland.

(ii) Women in Abusive Relationships

The pandemic has caused a spike in domestic violence. Women trapped at home with their abusers might be coerced by their partners into undergoing an abortion at home or continuing unwanted pregnancies. Practitioners prescribing early medical abortion at home should be aware of this possibility and take appropriate measures to protect women's autonomy without compromising access to safe abortion. Where safeguarding issues arise, the clinician should make an in-person consultation possible.

(iii) Later Term Abortion Services

The regulation concerning medical abortions applies to pregnancies up to 10-12 weeks. Later term abortions necessarily have to be performed at clinics.¹³ However, there are reports of increasing closure of clinics offering abortion services, both due to social distancing guidelines and staff illness.¹⁴ The Government should take measures to ensure that later term abortions are also guaranteed. For instance, countries like France and India have classified abortions as "urgent interventions" or "essential services" to ensure that they continue to be performed.¹⁵ The Government should further ensure that the restriction on public transport does not create difficulties for women, especially women from low-income backgrounds, in travelling to clinics for later term abortions.

(iv) Increase Access to Abortion

Finally, abortion services should be made available to women from all backgrounds, including migrant and Traveller women, and without a determination of their right to residence or citizenship to access emergency abortion services during the period of lockdown and limited cross-border travel. Particular attention should be given to the needs of women in detention and women with

¹³ Royal College of Obstetricians and Gynaecologists, 'COVID-19: Information for Women Requiring Abortion' <<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-abortion/information-for-women/>> accessed 24 April 2020.

¹⁴ Sabrina Barr, 'Government criticised for 'reckless' backtracking over abortion law' (*Independent* 25 March 2020) <<https://www.independent.co.uk/life-style/health-and-families/coronavirus-abortion-law-uk-pill-mifepristone-government-covid-19-a9423436.html>> accessed 24 April 2020.

¹⁵ Bahar Makooi, 'In France, professionals look to extend legal abortion time limit' (*France 24* 2 April 2020) <<https://www.france24.com/en/20200402-coronavirus-in-france-professionals-look-to-extend-legal-abortion-time-limit>> accessed 24 April 2020; Roli Srivastava, 'India has listed abortion as an essential service, but problems of access persist under lockdown' (*Scroll.in* 22 April 2020) <<https://scroll.in/article/959630/india-has-listed-abortion-as-an-essential-service-but-problems-of-access-persist-under-lockdown>> accessed 24 April 2020.

disabilities whose access to abortion is compromised due to lack of mobility and availability of regular services within their vicinity. Women unable to access or avail of medical services due to language barriers should have access to community workers who are able to assist local communities of women in realising their sexual and reproductive rights during the pandemic.

Pregnancy and Childbirth

Pregnancy and childbirth can trigger the violation of a number of rights including bodily and psychological integrity, equality, privacy and dignity. Abusive and disrespectful treatment during childbirth can include physical, emotional or verbal abuse, profound humiliation, coercive or unconsented medical procedures (including sterilization), lack of confidentiality, failure to get fully informed consent, refusal to give pain medication, etc.¹⁶ The UN Special Rapporteur on Violence against Women recognises that mistreatment and violence against women during childbirth occurs in the wider context of structural inequality, discrimination and patriarchy.¹⁷

With Covid-19, there is a heightened risk that there could be an increase in the violation of rights of women during childbirth and/or pregnancy. Risks include - women being denied the right to have a companion during labour and birth, as well as visitors; women being separated from their new-borns; maternity services being de-prioritised due to inadequate staffing or lack of resources (such as PPE); women being subjected to (forced) inductions and caesarean sections with no obstetric indication etc.¹⁸

With the NHS struggling to cope with the pandemic, the maternity units face stretched resources. As per reports, pregnant women were forced to give birth without any support amidst the Covid-19 outbreak.¹⁹ However, the Royal College of Obstetricians and Gynaecologists guidelines, now, state that a birth

¹⁶ WHO, 'The prevention and elimination of disrespect and abuse during facility-based childbirth'

<https://apps.who.int/iris/bitstream/handle/10665/134588/WHO_RHR_14.23_eng.pdf;jsessionid=A847CDA0831736C97137C11CF70104E9?sequence=1> accessed 22 April 2020.

¹⁷ Special Rapporteur on violence against women, its causes and consequences, 'On a human rights-based approach to mistreatment and violence against women in reproductive health services with a focus on childbirth and obstetric violence' (2019) A/74/137.

¹⁸ Daniela Drandić and Dr. Fleur van Leeuwen, "'But a Small Price to Pay' – Degradation of Rights in Childbirth During COVID-19", (OxHRH Blog, April 2020), <<https://ohrh.law.ox.ac.uk/but-a-small-price-to-pay-degradation-of-rights-in-childbirth-during-covid-19/>> accessed 22 April 2020.

¹⁹ Maya Oppenheim, 'Pregnant women forced to give birth without support in hospitals amid coronavirus outbreak.' (*The Independent*, 31 March 2020) <<https://www.independent.co.uk/news/uk/home-news/coronavirus-pregnant-women-birth-hospital-nhs-parents-advice-a9439391.html>> accessed 22 April 2020.

partner can be present throughout labour and birth.²⁰ It specifies that a birth partner can be present during induction of labour where there is a single room but not if it takes place on a bay in a ward. These guidelines mention that it could be that birth partners may not be able to be present during birth, in case of emergency operations. Due to the social distancing measures, it is no longer possible for birth partners or visitors to be present in antenatal and postnatal wards or be present for scans/appointments. It is, also, no longer possible to bring children to the appointments or to the maternity wards. The Guidelines suggest that parents should try leaving their children in the care of other close family members or friends. This means that in cases where such options are not available, it may not be possible for the woman to have a birth partner to support them during delivery. Closing of community and out of hospital maternity services have, also, taken place across the UK.²¹ With limited alternative options available, healthy women may be forced to give birth in institutions also caring for Covid-19 patients and raise their own risk of infection.

Recommendations

To enable a safe and positive childbirth experience:

- Converting hotels near obstetric units into pop-up maternity units with retired and student midwives drafted in to support the NHS.²²
- Ensuring that women are treated with respect and dignity and that there is clear communication by the maternity staff (including obtaining fully informed consent; ensuring confidentiality at every stage); making available appropriate pain relief strategies; ensuring mobility in labour where possible, and birth position of choice.²³ Women with language barriers or women with disabilities including women with hearing impairment should continue to have adequate access to translators or support services to be able to communicate their needs effectively and in obtaining informed consent.

²⁰ Royal College of Obstetricians and Gynaecologists Guidelines, 'Coronavirus infection and pregnancy' <<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/#choices>> accessed 23 April 2020.

²¹ For example, NHS Tayside, 'Maternity Service Changes' (2020) <https://www.nhstayside.scot.nhs.uk/News/Article/index.htm?article=PROD_336025> accessed 22 April 2020.

²² Hannah Summers, 'NHS urged to turn hotels into birth centres during crisis.' (*The Guardian*, 1 April 2020) <<https://www.theguardian.com/society/2020/apr/01/nhs-urged-to-turn-hotels-into-birth-centres-during-coronavirus-crisis>> accessed 22 April 2020.

²³ WHO, 'Q&A on COVID-19, pregnancy, childbirth and breastfeeding' (18 March 2020) <<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>> accessed 23 April 2020.

- Ensuring that PPE is available to pregnant women and their birth partners for use while they are visiting the hospitals.
- Ensuring that hospitals follow WHO advice on caesarean sections. As per the WHO, C-sections should only be performed when medically justified. All efforts should be made to make sure that the mode of birth is based on a woman's preferences alongside obstetric indications.²⁴
- Making available child-care facilities to those parents for whom it may be practically impossible to leave their children with any close family or friend.
- Ensuring that, wherever possible and appropriate, maternity units are able to provide consultations on the phone or by video link, so that unnecessary travel to hospitals can be avoided.
- Ensuring that there is no discrimination based on women's race, ethnicity, religion or nationality in accessing safe childbirth. Cultural barriers should be appropriately considered in ensuring that women the needs of women from a range of backgrounds are met.

Sex Education

Comprehensive, human rights-based relationship and sex education (RSE) is vital to fulfil a cluster of human rights, particularly rights to equality for women, sexual minorities, transgender and disabled people.²⁵ RSE is a key component in preventing gender-based violence and transforming patriarchal, hetero-normative gender relations. In recognition of the importance of RSE, under s34 of Children and Social Work Act 2017, it is now compulsory for primary and secondary school children in England. The regulations are set to come into force in September 2020. The curriculum must include education in safe and healthy relationships and 'is appropriate having regard to the age and religious background of the pupils.'²⁶

The transition to online learning and home schooling raises particular risks for the delivery of RSE. At the best of times, discussing the biological, physical, emotional and social aspects of sexuality with children can be challenging. With Covid-19, there is a heightened risk that RSE will be inadvertently marginalised or left off the curriculum.²⁷ Having remote lessons on RSE with teachers and

²⁴ *ibid.*

²⁵ Meghan Campbell, 'The Challenge of Girls' Right to Education: Let's Talk About Human Rights-Based Sex Education' (2016) *International Journal of Human Rights*

²⁶ Section 34(3); The Relationship Education, Relationships and Sex Education and Health education (England) Regulations 2019.

²⁷ Plan International, 'How Will COVID-19 Affect Girls and Young Women?' <<https://plan-international.org/emergencies/covid-19-faqs-girls-women#Response>> accessed 22 April 2020;

peers around the kitchen table can lack privacy and be awkward or embarrassing. There is a concern that pupils will not receive the necessary RSE and these concerns are heightened for marginalised or vulnerable students. The rise in gender-based violence during the pandemic, also means there is an even greater need to ensure boys and girls receive education on healthy relationships.

Recommendations

To fulfil the legal requirements under the Children and Social Work Act 2017, the delivery of RSE needs to be adapted to the realities of COVID learning. Specifically:

- The delivery of RSE needs to uphold the human rights of all pupils including girls, sexual minorities, transgender and disabled persons.
- The delivery of remote RSE must ensure confidentiality, privacy and a safe environment.
- RSE must address gender-based violence and provide guidance on seeking protection during lockdown.
- Care must be paid to ensure that remote RSE does not increase inequalities and is accessible to pupils who do not have access to the internet and adapted to the needs of vulnerable students.²⁸

Gendered Work: Housework and Carework

Unpaid housework and care responsibilities continue to fall disproportionately on women in the UK,²⁹ and especially so for women facing intersecting axes of marginalisation. During the Covid-19 crisis and lockdown, it is expected that unpaid housework and care responsibilities have increased. It is important to pay attention to the disproportionate impact this may have on women.

Early data gathering exercises indicate that women are spending more time home-schooling and caring for children during the Covid-19 crisis. Data gathered between 9-14 April 2020 shows that, on average during a typical working day, men in the UK spend under 2.5 hours on childcare and do under

Cassandra Corrado, 'Are You Home Schooling Your Kids? Don't Forget Sex Education (Rewire.News, 23 March 2020) <<https://rewire.news/article/2020/03/23/are-you-home-schooling-your-kids-dont-forget-sex-education/>> accessed 22 April 2020.

²⁸ UNESCO, 'International Technical Guidance on Sexuality Education' (2018).

²⁹ Office for National Statistics, 'Women shoulder the responsibility of unpaid work' (2016) <<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldertheresponsibilityofunpaidwork/2016-11-10>> accessed 23 April 2020.

two hours of home-schooling. Women in the UK, however, spend over 3.5 hours on childcare, and do over two hours of home-schooling.³⁰

There are several options available to employees with care responsibilities during the Covid-19 crisis, including:

- Workers who have caring responsibilities can be furloughed on 80% of salary by their employer to enable them to care for dependents, as part of the government's job retention scheme.³¹
- Section 57A of the Employment Rights Act 1996 entitles employees to take a reasonable amount of time off during working hours to care for dependents, including because of unexpected disruption or termination of arrangements for the care of dependants.³² Employees should be able to make claims under s 57A to meet the additional care responsibilities arising during the Covid-19 lockdown.

These options are, however, gender neutral, and do not pay attention to the gendered burden of unpaid care work and housework. Moreover, current government action is directed largely towards those in paid employment, and not for those engaged in unpaid housework and care work.

Carers Allowance, directed towards those engaged in unpaid care work for 35 hours a week, is extremely limited in amount (£67.25) and eligibility criteria (those caring for someone who gets certain benefits).³³ Changes during the Covid-19 crisis include:

- It can be claimed for emotional work performed during Covid-19.
- It can be claimed if carers have a temporary break in caring, because they or the person they care for gets Covid-19 or if they have to isolate because of it.

Recommendations

In line with the longstanding demand for valuing housework and care work performed disproportionately by women,³⁴ unpaid care work and housework

³⁰ Adams-prassl et al, 'Inequality in the Impact of the Coronavirus Shock: Evidence from Real Time Surveys' <<https://www.inet.econ.cam.ac.uk/working-paper-pdfs/wp2018.pdf>> accessed 24 April 2020.

³¹ HM Revenue and Customs, 'Check if your employer can use the Coronavirus Job Retention Scheme' <https://www.gov.uk/guidance/claim-for-wage-costs-through-the-coronavirus-job-retention-scheme?mc_cid=177bacbc11&mc_eid=bf413561a0#who-can-claim> accessed 24 April 2020.

³² Section 57A of Employment Rights Act 1996.

³³ Carers UK, 'What is a Carer's Allowance?' <<https://www.carersuk.org/help-and-advice/financial-support/help-with-benefits/carers-allowance>> accessed 24 April 2020.

³⁴ Silvia Federici, 'Wages Against Housework' (*Falling Wall Press* 1975)

must be valued through government policies during the Covid-19 crisis. Currently, government packages are largely supporting paid but not unpaid work. Carers Allowance is insufficient to meet the needs of unpaid carers, both in terms of amount and eligibility criteria.

- Employers must be encouraged to reduce workload on employees, to enable them to take time off during working hours to fulfil house and care work, in accordance with s 57A of the Employment Rights Act 1996.
- Employers should be directed to disregard absences from work due to increased care responsibilities during the pandemic, especially of immigrant women and workers for whom employers are required to report continued presence at work to the Home Office. Absences from work due to care responsibilities should not lead to loss of right of residence or termination of work visas.
- The Government must encourage the sharing of housework and care responsibilities during the crisis between men and women, in fulfilment of its obligations under s 149 of the Equality Act 2010, to eliminate discrimination and advance equality of opportunity between men and women.

Removing the Benefit Cap

The benefit cap almost entirely **affects female-led households** and their children. More than 200,000 households have been had their benefit payments capped between April 2013 and November 2019.³⁵ In November 2019 alone, around 76,000 households were capped. Over 70% of these households are single parents with dependent children and the vast majority of lone parent households are headed by women (more than 90% of households).³⁶ On average capped households lose around £2600 per year.³⁷

COVID-19 has **blocked the pathway** out of the benefit cap and may have pushed people back into being capped. The majority of households who have the benefit cap removed do so because they have moved into work. Indeed, one of the aims of the cap was to incentivize people into work. Finding new

<<https://caringlabor.files.wordpress.com/2010/11/federici-wages-against-housework.pdf>> accessed 24 April 2020.

³⁵ Department of Work and Pensions 'Benefit Cap: Data to November 2019'

<https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/863805/benefit-cap-statistics-november-2019.pdf> accessed 28 April 2020

³⁶ Office for National Statistics, 'National Records of Scotland; Northern Ireland Statistics and Research Agency (2016): 2011 Census aggregate data' UK Data Service (June 2016).

³⁷ Department of Work and Pensions (n 35).

employment has become almost impossible given the economic shutdown. Capped households are, in effect, being punished for their failure to find work, something that is no longer applied to welfare recipients whose benefits are below the capped level. At the same time, female lone parents who were previously in work may now be capped because they have lost their job due to the economic shutdown (especially if they have only recently moved into work). This is particularly pertinent for women because the industries most affected by the shutdown have been female dominated industries. Women, again, have borne a greater burden of these policies than other groups.

The Governments welfare payments have helped some but also **pushed some people into cap**. For the approximately 76,000 families already living under the benefit cap, the additional protections offered by Government will have no effect at all. Moreover, this increased generosity from Government will actually push people into being capped. For example, a crucial part of these changes has been a £1,000 increase in the standard allowances in Universal Credit. Take a women with children who lives outside of London who currently receives £19,500 in social security payments over the year. She will only receive £500 of this additional payment because of the cap. As the Resolution Foundation have shown, the number of affected areas for lone parents with two children has doubled.³⁸

Recommendation

- The Government remove the benefit cap.

³⁸ Torsten Bell, 'Exiting the Economic Shock' (*Resolution Foundation*, 10 April 2020) <<https://www.resolutionfoundation.org/comment/exiting-the-economic-shock/>> accessed 28 April 2020.