

VOICES FROM LOCKDOWN:

One Year On:
A way forward for
women and girls

EXECUTIVE SUMMARY
MARCH 2021

With thanks to



The Pilgrim Trust

INTRODUCTION

One year on from the announcement of the first national lockdown, on 23rd March 2020, women and girls are in a state of emergency. Women and girls at the sharpest end of inequality are in greater need than ever, facing a complex range of issues. As well as compounding pre-existing issues, this unprecedented health crisis has driven more women and girls into greater social and economic disadvantage. Girls and young women – and Black and minoritised women and girls¹ – have been disproportionately affected. With many experts warning that the mental health impacts of the pandemic will last much longer than the physical health impacts,² women and girls most at risk of disadvantage will be disproportionately affected in the long-term. The lasting impact of the trauma they have experienced due to disadvantage, abuse and lack of support will have profound consequences for them and wider society.

Without the right action, public services will be forced to pick up the pieces – with the economic costs running to billions of pounds.³

This report builds on the interim findings report *Voices from Lockdown: A Chance for Change*.⁴ **It sets out an alternative vision, a way forward for women and girls.** We are at a critical juncture which will determine the legacy of this year for generations. In August 2020, we spoke of a “chance” for change, but the window of opportunity to rethink how we create a better, fairer world is fast closing. As the country looks ahead to rebuilding and recovery, the long-term damage to the most vulnerable women and girls in our society is of crucial concern. **We now need decisive action from leaders to ensure gender inequality is not set back by decades, and to level up opportunities for the most vulnerable women and girls across the UK.**

“I think for some women, their situations have worsened directly because of the pandemic, but I think for a lot of cases what’s actually happened is just that Covid-19 shone a light on it in a way that it wouldn’t have before.”

Organisation run ‘by and for’ Black and minoritised women⁵

WOMEN AND GIRLS FACING MULTIPLE DISADVANTAGE

Women and girls facing multiple disadvantage experience a combination of complex and overlapping problems including homelessness, violence and abuse, substance misuse, mental ill health, poverty and contact with the criminal justice system.

These experiences can be further compounded by intersecting structural inequalities such as racism, ableism, homophobia, transphobia and classism.

For many women and girls, their experiences of disadvantage are often underpinned by histories of extensive violence and abuse. Women are ten times as likely as men to have experienced extensive physical and sexual abuse across their lives, with one in 20 women affected. Of this group of women, more than half have a common mental health condition, one in three have attempted suicide, nearly half are in the lowest income bracket, a quarter have been homeless and a third have an alcohol problem.⁶



Agenda is an alliance of over 100 organisations working in England and Wales to build a society where women and girls are able to live their lives free from inequality, poverty and violence. We campaign for women and girls facing abuse, poverty, poor mental health, addiction, contact with the criminal justice system and homelessness to get the support and protection they need.

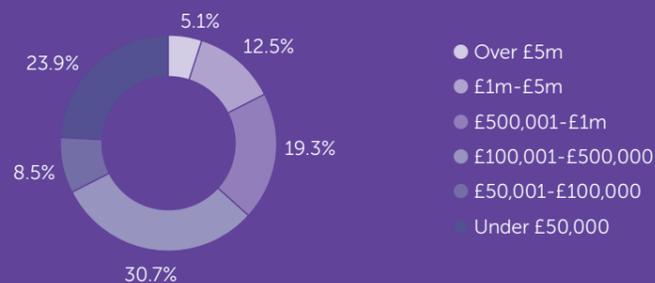
OUR RESEARCH

This report brings together three waves of research Agenda conducted during the year following the first lockdown. Agenda's interim findings report *Voices from Lockdown: A Chance for Change*⁷ was published in August 2020.⁸ The research provides a snapshot of the state of the voluntary sector providing support to women and girls at different times across 2020. Unless stated otherwise, the statistics reported in this summary are from the most recent wave of survey data.

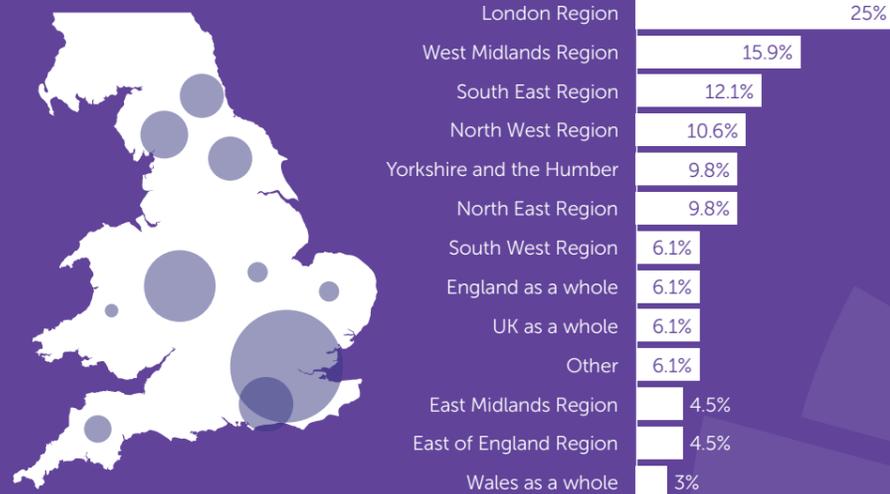
WHO WE HEARD FROM

Over 150 organisations responded to the three surveys, largely from the women and girls' sector.⁹ Across three surveys, 14% were organisations supporting Black and minoritised communities and 19% were supporting girls and young women.

Annual income of services



Where services are located



SURVEY #1

Apr-Jun 2020

72 unique respondents

SURVEY #2

Jul-Oct 2020

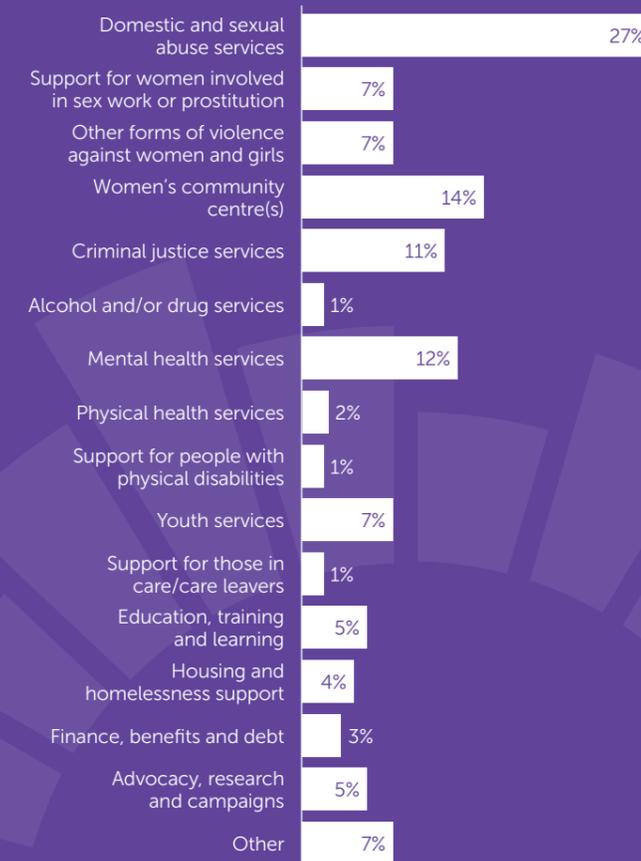
46 unique respondents

SURVEY #3

Nov 2020-Jan 2021

58 unique respondents

Primary types of service organisations identified as providing¹⁰



ONLINE SURVEY RESPONDENTS



The three online surveys asked quantitative and qualitative questions. **176 unique respondents** providing support to women and girls responded to **at least one** of the surveys.

In total, **196 responses were recorded from over 150 organisations**, including those who responded to more than one survey.

ROUNDTABLE DISCUSSIONS



Two roundtable discussions were held with the women's sector and with women who have lived experience of multiple disadvantage.

- **April 2020:** 'Women on the Frontline', was held with **21 frontline women's organisations** to explore the emerging challenges and concerns as the crisis began to unfold.
- **January 2021:** 'Impact of COVID on Black and minoritised women mental health' held in **partnership with H.O.P.E Network** brought together **15 organisations, the majority of which were services led 'by and for' Black and minoritised women** to explore access to mental health services and support and solutions for Black and minoritised women and girls.

INTERVIEWS WITH ORGANISATIONS AND EXPERTS BY EXPERIENCE



Over the year, interviews were held with **8 organisations and 4 experts by experience**, conducted over the phone or a digital video-calling platform.

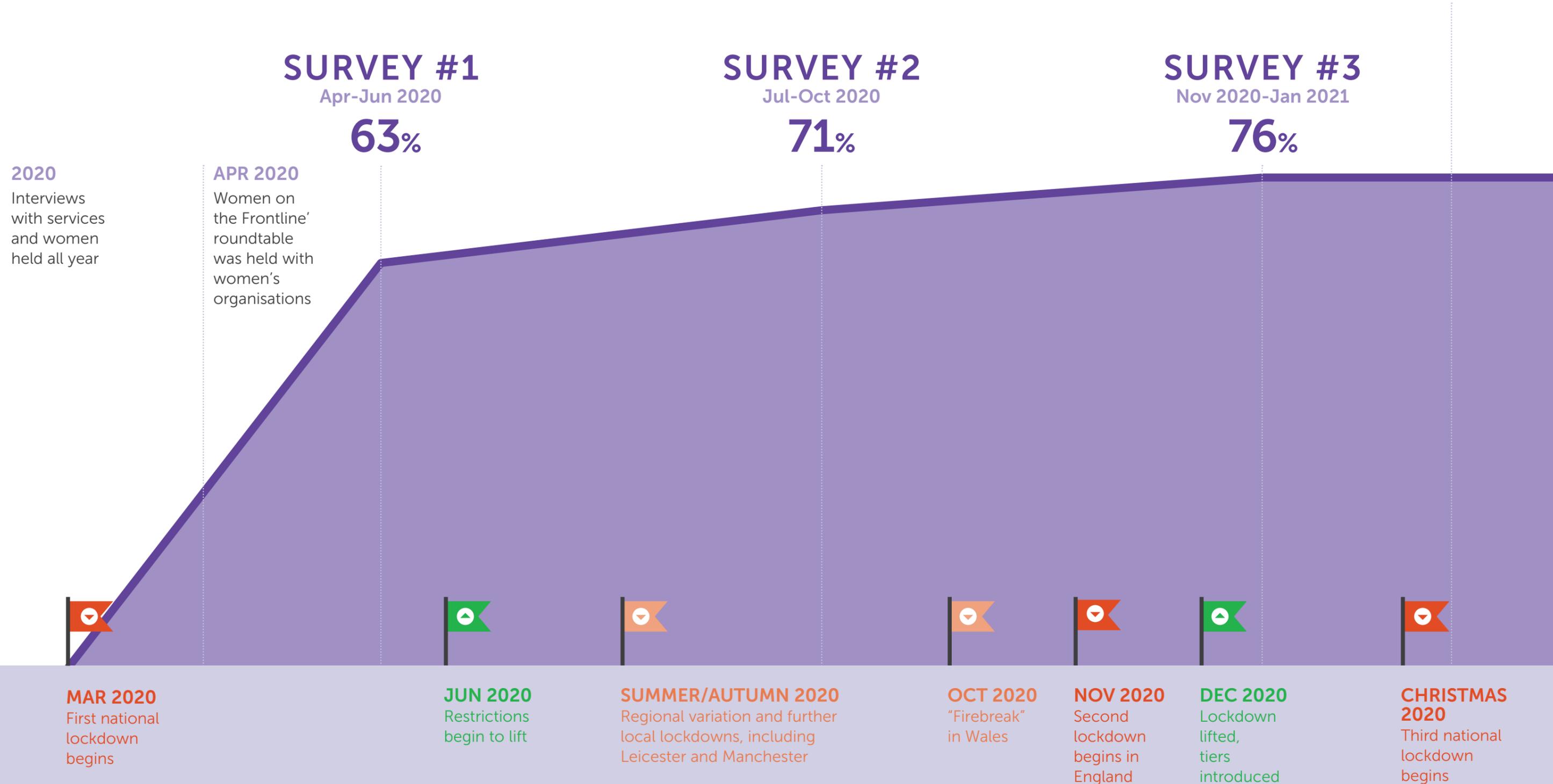
3 organisations and 2 experts by experience were interviewed more than once to gather insight into changes in support provision as the public health crisis developed.

Discussions with our **Women's Advisory Panel and Girls Speak Advisory Group** also informed the findings of this research.

A YEAR OF LOCKDOWN

DEMAND FOR SERVICES HAS CONTINUED TO GROW DURING THE PANDEMIC.

Jan 2021
Roundtable with specialist Black and minoritised services held in partnership with H.O.P.E Training



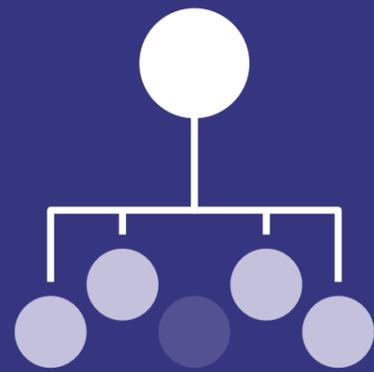
WOMEN AND GIRLS ARE IN GREATER NEED THAN EVER

SINCE THE START OF THE COVID-19 CRISIS IN MARCH 2020, OF THE ORGANISATIONS SURVEYED:



OVER THREE QUARTERS

reported an increase in demand for their services since the pandemic began



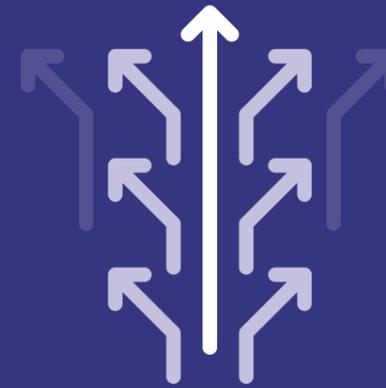
4 IN 5

reported an increase in new referrals of women/girls as compared to pre-pandemic levels, with a 14% increase in the number of women and girls they are supporting on a monthly basis



ALMOST A THIRD

identified an increase in poverty, destitution and basic needs among the women and girls they support



100%

reported the complexity of women and girls' needs has increased

"I was properly abused during lockdown...even though I knew this person wasn't good, I had them there because I live alone... [This person] was taking advantage of my house.

They were treating my house like a piece of shit. They were on drugs. They were constantly in and out of my house and there were women coming in... I'd be asleep and he'd do things while I'm sleeping and I didn't even realise this was happening...He wouldn't leave, to the point where I said 'I'm just going to cut myself' and then he laughed at me when I cut myself. You know, I really wanted to take my life at the time because I had just about had enough."

Shakila, 56

GROWING DEMAND AND COMPLEXITY OF NEED

“Issues and problems became more complex and harder to resolve. Debts increased, relationships were more strained, many women were losing hope that they could improve their situation as so many organisations simply went online. There were no additional places for women to go to and continue their journey of recovery.”

Women’s Centre

Since the first national lockdown on 23 March 2020 there has been a marked, steady **increase in demand** for services supporting women and girls facing multiple disadvantage. This has been driven by the **growing complexity of need** among women and girls already in contact with services, as well as significant numbers of **new referrals**. Organisations reported an **average increase of 14%** in the number of women and/or girls they are supporting each month (comparing levels before March 2020 and since). This corresponds to an estimated **16,075 women and/or girls** each month on average prior to the first national lockdown, and an estimated **18,275 women and/or girls** each month on average after the lockdown began.

This increase in demand is consistent with the predictions made in the *Voices from Lockdown* interim findings report, in which organisations supporting women and girls facing multiple disadvantage anticipated that hidden demand due to reduced service provision would result in a surge in demand for services as lockdown restrictions eased.¹¹

Women and girls’ **increased complexity of need** is driven by a range of experiences of disadvantage, stemming from inequalities and compounded by Covid-19. Across all three surveys, increased levels of need, as well as the severity of need, was observed – particularly in relation to poverty, destitution and deteriorating mental health. With regards to new referrals, services whose primary service groups were refugee and migrant communities as well as Black and minoritised communities were more likely to report an increase.

This alarming increase in demand is driven by increased complexity of need as well as new referrals, and signifies that more women and girls than ever are facing multiple disadvantage.

Understanding the demand

In this report, we refer to the following terms:

- ‘Demand’ is understood as the number of women and girls referred to services; the number of women and girls accessing services; and the number of contacts or engagements these services are having with women and girls.
- ‘New referrals’ refer to women and girls who were not previously in contact with a service.
- ‘Complex needs’ refers to women and girls who experience two or more needs affecting their physical, mental, social or financial wellbeing.

ONE YEAR ON: THE IMPACT OF THE PANDEMIC ON LEVELS OF DEMAND FOR SERVICES

SURVEY #1

Apr-Jun 2020

63%

of organisations supporting women and girls with multiple disadvantage stated an **increase in demand**.

SURVEY #2

Jul-Oct 2020

71%

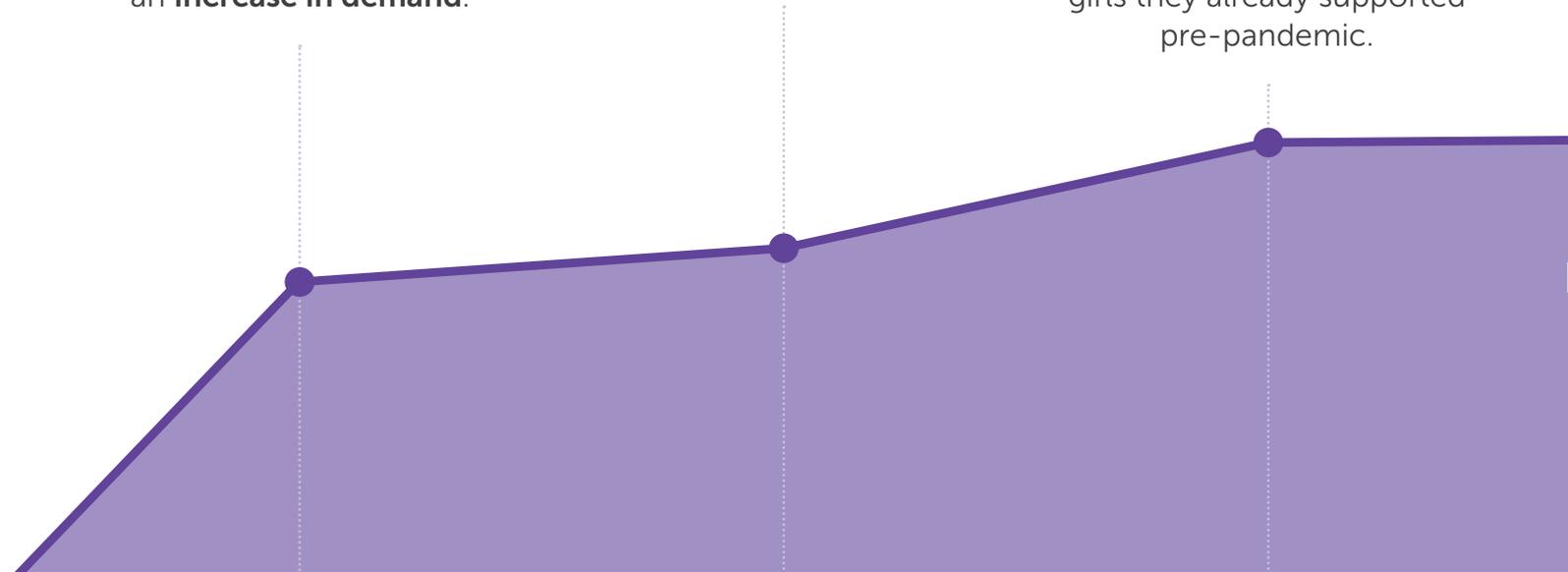
of organisations reported an **increase in demand**, as compared to pre-pandemic.

SURVEY #3

Nov 2020-Jan 2021

76%

of organisations reported an **increase in demand** among the existing women and girls they already supported pre-pandemic.



“[The biggest challenge ahead will be] an increase in demand in services once more women have the opportunity to access support, reach out and talk about their experiences of lockdown.”

Women’s Centre

“The number of new cases was staggering – much beyond our capacity... The sheer volume increase was a shock to the system.”

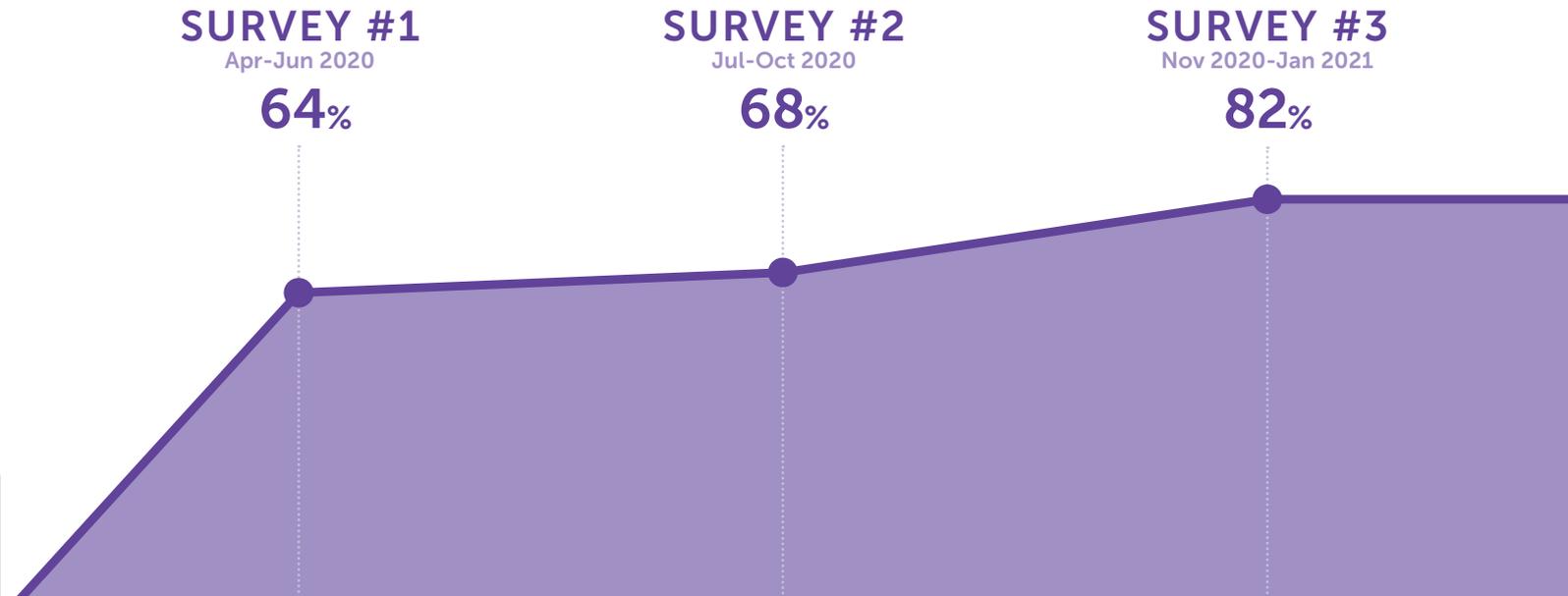
Alcohol and drug service

“I could have done with more support to meet the demand as I’m now having to place people on waiting lists as I don’t not have enough staff or signpost to other services which are also struggling.”

Organisation supporting care-leavers

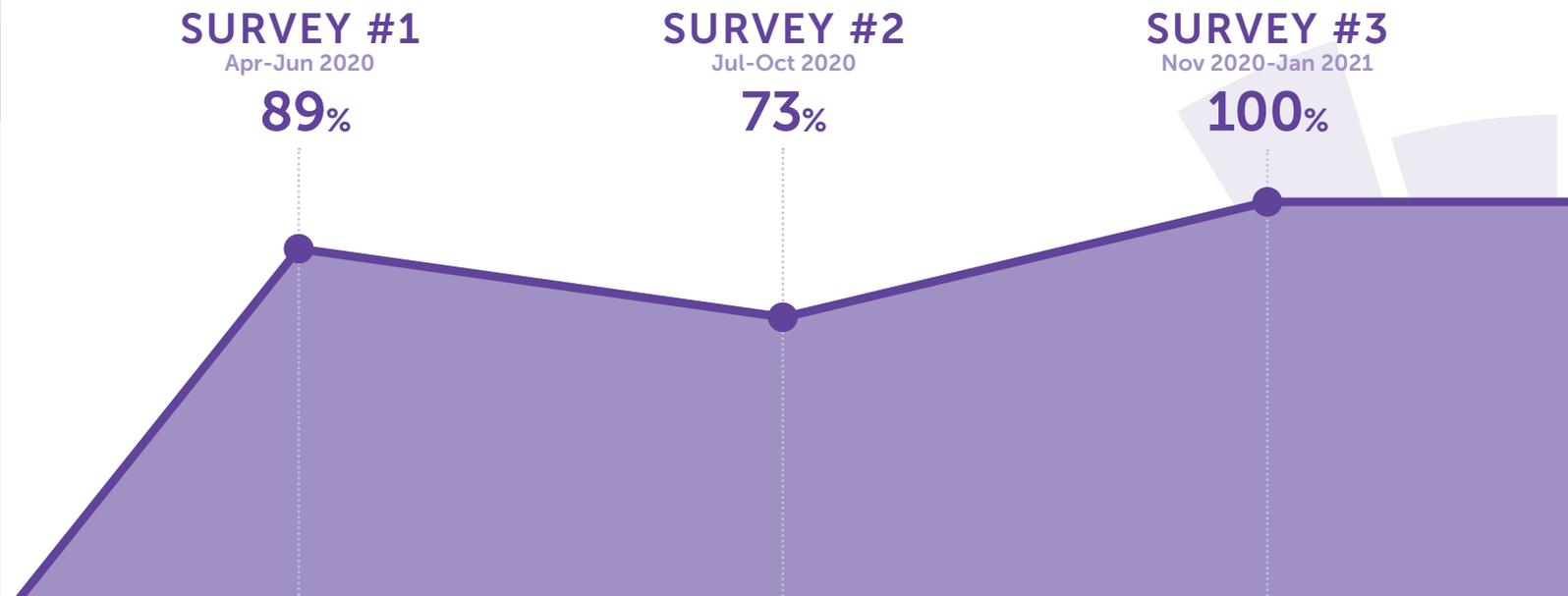
THE NUMBER OF NEW REFERRALS TO ORGANISATIONS HAS CONTINUED TO GROW OVER THE PANDEMIC

Proportion of services reporting an increase in new referrals



WOMEN AND GIRLS' COMPLEXITY OF NEED IS AT ITS HIGHEST LEVEL SINCE THE PANDEMIC BEGAN

Proportion of organisations reporting an increase in complexity of need



RISING UNEMPLOYMENT, POVERTY AND DESTITUTION

- The type of **organisation most likely to report an increase in complexity of need** amongst women and girls were those providing finance, benefits and debt support.
- **25%** of organisations specified an **increased lack of suitable housing** for women since the pandemic began.
- One organisation supporting Black and minoritised women, including women with No Recourse to Public Funds (NRPF),¹² reported a **49% increase in housing, welfare benefits and debt cases**.

Before the pandemic, women already made up the majority of people living in poverty¹³ – an inequality that has been significantly exacerbated by the pandemic. Agenda’s research, supported by wider evidence, suggests rising unemployment and increasing levels of destitution have disproportionately affected girls and young women, and Black and minoritised women and girls.¹⁴ Young women under 25 have been at the highest risk of unemployment of all people or all ages during the Covid-19 crisis, with Black and minoritised young women and young mothers particularly impacted.¹⁵

Refugee, asylum-seeking and migrant women are reported by services to be those hardest hit by increased poverty. National policies such as the No Recourse to Public Funds (NRPF) condition, where those with insecure immigration status are unable to access public funds, have driven migrant women further into destitution.

Alongside increased debt, poverty and job insecurity, women and girls have faced increased risk of domestic abuse, insecure housing and exploitation. Some women have been forced into ‘survival sex’, exchanging sex to meet immediate needs such as food, shelter or to provide for their children.

“[I] still got money problems because the money that they give you, Universal Credit, is not enough to live off.”

Saima, 45



Economic impact of Covid-19 on women and girls

- Overall, more women than men have been furloughed across the UK, and young women have been particularly impacted. Estimates for the end of January 2021 show a significant rise in furlough as a result of the third national lockdown, reaching 2.32 million for women (compared to 2.18m for men).¹⁶
- An estimated 1.5 million young women lost income since the start of the pandemic, and half of young mums were unable to get or keep a job because of childcare costs.¹⁷
- 43% of Black and minoritised women said they believed they would be in more debt, compared to 37% of white women, and 34% of white men.¹⁸
- Out of 115 asylum-seeking or refugee women surveyed by Women for Refugee Women, 74% were not able to get enough food and more than a fifth of women were homeless during the pandemic.¹⁹
- 1 in 5 disabled women have reported losing government support since the start of the crisis.²⁰ Over a third (34%), of disabled women said that their household had already run out of money, compared with a fifth (24%) of non-disabled women and men (23%).²¹

“Some women lost accommodation when [massage] parlours closed. [They] faced pressure/ temptation to accept offers from dangerous clients to stay with them for ‘free’ – knowing the expectation to pay for accommodation would be to pay in sex.”

Organisation supporting women in sex work

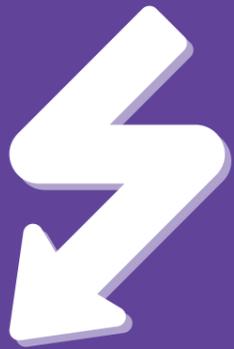
“About 6 weeks into the pandemic, we started to receive requests for advocacy support linked to poverty brought about by the financial impact of Covid-19.”

Organisation supporting women and girls with physical and/or learning disabilities



MENTAL HEALTH IS A HUGE AND URGENT CONCERN

SINCE THE START OF THE COVID-19 CRISIS IN MARCH 2020, OF THE ORGANISATIONS SURVEYED:



95%

said the pandemic has made **existing** mental health problems worse



90%

said that the pandemic has created **new** mental health problems for the women and girls they work with



97%

reported anxiety as very common among the women and girls they supported, with **89%** reporting complex trauma as common



OVER THREE QUARTERS

said self-harm or suicidal thoughts were very or quite common among the women and girls they support



56%

identified financial problems/poverty as a key driver of mental health problems for the women and girls they work with

“In the second lockdown, my partner did actually lose his job so it was like... A lot more issues going on and [it] affected my mental health really badly knowing... Are we actually going to survive? Are we going to pay bills? Am I going to feed my child? And have a roof over my head?”

Charlotte, 23

DETERIORATING MENTAL HEALTH

“Increased isolation and lack of community has had an adverse effect on client’s mental health. Those struggling already struggled more, and the pandemic has [also] had a destabilising effect on those not previously struggling.”

Organisation supporting survivors of human trafficking and modern slavery

“For me, being instructed to stay at home and told that you can’t see anyone has taken away the purpose in my life and disrupted my entire routine. This feels a lot like being sectioned. The time I spent detained in the hospital was a particularly traumatic time for me and being reminded of it has caused increased flashbacks and negative thoughts and feelings. Due to reduced support, I now generally have to ride these out myself.”

Hannah

Our research shows that women and girl’s mental health is deteriorating, with alarming rates of anxiety, depression and PTSD – driven by women being plunged into poverty and financial hardship and increased risk of abuse. 95% of organisations said that the pandemic has made existing mental health problems worse for the women and girls they work with. Both service-providers and women and girls highlighted the severe impact of lockdown on their mental health, describing concerns about increased isolation, loneliness, stress, anxiety, depression, self-harm, suicidal thoughts and attempted suicide.

Organisations have highlighted that for many women and girls, particularly those who have been sectioned, imprisoned or experienced violence and abuse, experiences of isolation and restricted freedom of movement have been extremely retraumatising.

At a time when women and girls have needed additional emotional support around loss, bereavement and trauma, as well as for increased violence, poverty and destitution, many organisations have had to close or reduce the support they provide.



Most common mental health issues among women and girls during the pandemic, as reported by services:

| Type of mental health issue | Very or quite common (%) |
|--|--------------------------|
| Anxiety | 100% |
| Loneliness | 98% |
| Depression | 94% |
| Complex trauma | 89% |
| Suicidal thoughts | 77% |
| Self-harm | 77% |
| Post-Traumatic Stress Disorder (PTSD) | 75% |
| Panic attacks | 74% |
| Drugs and alcohol related mental health issues | 71% |
| Eating disorders | 47% |

Most common drivers of poor mental health among women and girls through the pandemic, as reported by services:

| Mental health driver | Very or quite common (%) |
|--|--------------------------|
| Social isolation | 72% |
| Financial problems/poverty | 56% |
| Abuse or violence from intimate partners or family members | 56% |
| Lack of access to appropriate mental health support | 50% |
| Housing insecurity/ Homelessness | 30% |
| Family and caring responsibilities | 26% |
| Job loss, job insecurity or furlough | 22% |
| Other forms of violence and abuse | 22% |
| Drug or substance use | 16% |
| Discrimination or stigma | 14% |

“Women are reverting to drinking and drugs when they abstained previously. We have seen an increase in reported self-harm and attempts of suicide.”

Organisation supporting women and girls with complex needs



UNEVEN IMPACT: BLACK AND MINORITISED WOMEN

During the pandemic, Black and minoritised women and girls experienced the cumulative traumatic impact of the lockdown, disproportionate amounts of Covid-related deaths in their communities²², and the collective trauma of racism brought to the fore following the events that triggered an upsurge of the Black Lives Matter movement, as well as a lack of specialist support available. In general, discrimination, institutional and structural racism lead to worse health outcomes for Black and minoritised communities.²³ During the first month of the Covid-19 pandemic a higher frequency of abuse, self-harm and thoughts of suicide/self-harm were reported among women and 'Black, Asian and Minority ethnic' communities.²⁴ The roundtable discussion held in partnership with H.O.P.E Network found Black and minoritised women struggling with complex mental health problems, with little access to support. Existing problems accessing mainstream services for Black and minoritised women, which were already described as not accessible or effective, were compounded by the effects of the pandemic.

"A higher number of women and girls have self-reported as having an increase in the mental health related challenges. For those women and girls living with serious mental health illnesses we recorded a 62% rise in suicidal ideations."

Organisation led 'by and for' Black and minoritised women and girls

- For Black and minoritised women, mental health was often seen as the 'bottom of the list' of priorities, particularly for migrant and asylum-seeking women navigating a hostile immigration system and the risk of destitution. Women with No Recourse to Public Funds (NRPF) were further excluded from accessing public health services.
- Often labelled as 'hard to reach' by mainstream and statutory services, Black and minoritised women and girls faced further barriers to support as services closed or moved online in response to lockdowns, with digital poverty and exclusion being a key issue particularly for these women.
- Several organisations highlighted a lack of appropriate, gender and trauma-informed mental health services that could meet the specific needs of Black and minoritised women and girls which were tailored to different ethnicities, languages or culture. They also reported experiences of racism and western models of therapy failing to connect their experiences of oppression with the mental ill-health they faced.
- Participants highlighted Black and minoritised women experiencing "triple stigma" with sexism and racism within and outside mental health services contributing to stigma around mental health and seeking support.²⁵

"Loss of work has pushed women and girls into serious depression and anxiety especially for single mums with no additional income or saving."

Organisation supporting refugee and migrant women

YOUNG WOMEN AND GIRLS

Mental health was a serious and growing problem for girls and young women prior to the Covid-19 crisis²⁶, made worse by the pandemic.²⁷

Social isolation, lack of access to mental health support and violence and abuse

were the most commonly identified drivers of poor mental health identified by services for girls and young women.²⁸

With schools closed and without professionals able to reach and support them, girls and young women trapped at home with limited ability to contact services **have been at heightened risk of a range of forms of violence, abuse and exploitation.**

Increased risk to those experiencing domestic abuse has been widely documented during lockdown and services have highlighted an 'increased intensity' in cases of so-called 'honour'-based abuse²⁹, as well as a greater prevalence of criminal exploitation of girls and young women during this time.³⁰ Online, girls and young women have also been at greater risk of sexual exploitation, with abusers targeting children expressing vulnerability.³¹

With **rising rates of child poverty**³² and young women at greatest risk of unemployment, poverty and economic disadvantage will remain an area of significance for girls' and young women's mental health for some time. These factors, in combination with the impact of lockdown, isolation and bereavement and lack of access to support **has seen girls' mental health and emotional wellbeing disproportionately impacted by the pandemic.**

In the final survey, of the 10 specialist girls' organisations surveyed:

- **All ten** said **anxiety was very common** among the girls and young women they supported during the pandemic
- **9/10** identified **self-harm as very or quite common** and **suicidal thoughts were slightly higher than average**, with 8/10 saying it was very or quite common among the girls and young women they support.
- **7/10** said **loneliness and complex trauma** were very common mental health issues

Anna who has experienced abuse at school and outside it said:

"Going back to school is terrifying... I haven't had much support there... We've been given letters about what happens when we return but there's nothing to ease our minds, there's nothing... saying "I know times are hard"..., the things they're going to put in place to make us feel better..."

Anna, 16

"Young women in particular, and non-binary young people, were most likely to have seen their mental health deteriorate in the first lockdown, and have used negative coping methods, for example undereating."

National mental health organisation

CHALLENGES OVER THE PAST YEAR AND AN UNCERTAIN FUTURE

CHALLENGES OVER THE PAST YEAR:



25%

of organisations had to close or suspend some service provision over the course of the year, with the final survey showing a **third (33%)** of organisations having moved all their services online



HALF

(50%) of organisations have struggled to meet the mental health needs of women and girls during lockdown, with **over three quarters (76%)** saying that digital exclusion has prevented them from accessing support



57%

thought appropriate mental health support was being provided by statutory services during the pandemic



30%

reported their financial position has worsened, with more than half of those having an average annual income of less than £50,000.

CHALLENGES AHEAD:



68%

of organisations identified financial problems and poverty as the most significant challenge ahead for women and girls



TWO THIRDS

(66%) of services identified lack of access to mental health support as the biggest challenge facing both women and girls, with 2 in 5 (40%) services not confident they would be able to meet their mental health needs in the next 6 months to a year



NEARLY A THIRD

(32%) of services report that they are not confident about their future sustainability



29%

named funding as the biggest challenge ahead in the next six months to a year, with **over a quarter (26%)** identifying increase in demand

“We are very concerned about the period after March (2021), when unemployment will get worse and, potentially further on in the year, a harsh benefits system with no £20 uplift will resume. We are equally concerned about the impact that this January/February 2021 lockdown is having on people, there are signs that it is having a worse impact in terms of mental health than the first lockdown.”

National mental health provider

CHALLENGES OVER THE PAST YEAR

Over the past year, organisations have had to contend with: funding challenges and uncertainty; increased pressure due to statutory services being closed or harder to access; breakdowns in multi-agency working; adjusting to remote service delivery and ways of working; staff shortages due to illness and furlough; juggling competing demands whilst home-working, such as home-schooling; and the vicarious trauma of supporting women and girls facing multiple disadvantage.

Four in five (82%) organisations surveyed reported the mental health of their staff has been negatively affected by the pandemic. For many organisations, their financial position has worsened, particularly smaller specialist grassroots organisations, and they have been forced to reduce service provision, with **a quarter (25%)** saying they had to do so.

“The majority of current Covid related grant funding opportunities... are expected to be spent by the end of March 2021. This is good to help us survive the short term, but we hope that there will be further opportunities for funding post-March.”

Organisation supporting disabled people into employment



Barriers to support

Even before the pandemic, women and girls experiencing disadvantage faced multiple barriers to accessing support from statutory services. There was already a lack of gender-, age- and trauma-informed support available to women and girls statutory services, with many not accessible or appropriate for Black and minoritised women and girls.³³ **Half (50%)** of organisations said that **women and girls have been reluctant to get support from statutory services** during the pandemic. In addition to the increased scarcity and reduced accessibility of services, the pandemic has created new barriers for women and girls to access services, such as long-waiting lists and digital exclusion. With women and girls not able to access many statutory services, particularly mental health support, many have been even more reliant on the voluntary women and girls' sector.

Danielle is now 22 and has been in touch with mental health services since she was 13, having grown up with domestic abuse and substance use at home.

"I think everything in the mental health system was bad enough as it is in regards to lack of funding and just people not getting the help they need....At the very start I'd just been referred into a new specialist team and I wasn't able to see my new worker for like three months so I just started getting the proper help I needed and I wasn't able to see him."

"We are struggling to reach undocumented women, victims of severe exploitation including modern slavery and trafficking, domestic workers and women who are trapped with their abusers as a result of social distancing measures. We have adapted our services as much as possible...but our waiting lists keep growing as more women experience the mental health effects of the pandemic."

Specialist, 'by and for' led women's organization

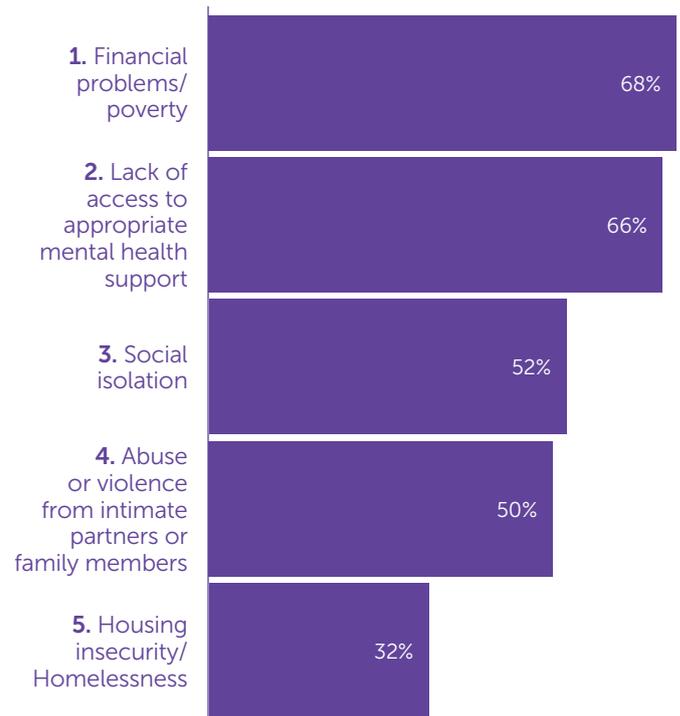


CHALLENGES AHEAD

One year on from the first national lockdown, it is clear there will be many challenges ahead. The women and girls' sector has endured one of the most difficult years in recent memory, and is fast approaching cliff-edges in emergency support, with many worried about their capacity to meet the level of need for their services. Whilst the short-term focus on the emergency response by funders of all kinds was welcome, this has led to an overall shift towards short term-ism, and a lack of long-term, unrestricted and core costs funding needed for recovery. Many vital specialist organisations predict they may be pushed over the edge as emergency funding timelines draw to a close.

At the same time, women and girls are facing rising levels of unemployment and poverty, with measures such as the furlough scheme and temporary increase of Universal Credit payments due to come to an end in the autumn. The crisis in women and girls' mental health has only become more severe and pervasive during lockdown with **85% of organisations saying the pandemic will cause long-term mental health problems for women and girls.**

Top 5 anticipated challenges for women and girls in the next 6 months to a year, as reported by services



A WAY FORWARD FOR WOMEN AND GIRLS

“I totally believe that going back to normal is not what we need. Normal wasn’t working, normal isn’t going to work, we desperately need something drastically new in how we do things.”

Women’s centre

Women and girls facing multiple disadvantage have experienced the very worst consequences of the Covid-19 pandemic. Lockdown may be ending but the legacy will be profound and long-lasting if we do not act now. We must build a social recovery for all; otherwise it will be our public services which ultimately pay the price. This means we cannot return “to normal” – we must learn from the crisis, taking forward positive learnings. We stood together to protect public services at the peak of the emergency; now is the time to support women and girls upstream to protect their future.

In our interim findings report, *Voices from Lockdown: A Chance for Change* (August 2020), Agenda put forward a number of core ambitions for change which this report builds on. We must now be bold in how we imagine a better, fairer world. **To ensure gender inequality is not set back by decades, and to level up opportunities for the most vulnerable women and girls across the UK, we must prioritise:**

- **Central leadership for women and girls:** Strong government leadership is needed to advocate for women and girls in the Covid-19 recovery, and ensure they are not left behind by gender-blind policy.

- **Women and girls at the centre of the economic recovery:** Women make up 51% of the population and 85% of lone parent households; they must be front and centre of our economic recovery to ensure whole families and communities do not slip further into poverty.
- **Supporting girls to thrive:** To avoid a ‘lost generation’ of girls, there must be adequate support for the most disadvantaged girls to return to education and move on with their lives.
- **Strategic focus on mental health:** Women and girls’ mental health has been disproportionately impacted by the year of restrictions, the legacy of which will be long-term. Rebuilding a healthy society must mean mental health is not overlooked.
- **A cross-cutting equality agenda:** Women’s equality will be set back by decades without a cross-cutting equality agenda at the heart of rebuilding. Central to this must be an evidence-based understanding of the relationship between gender inequality, multiple disadvantage and protected characteristics.
- **Valuing and investing in the women and girls’ sector:** The adaptability of specialist women and girls’ services and the ongoing contribution they make to their communities should be valued and maximised as part of rebuilding communities.

RECOMMENDATIONS

CENTRAL LEADERSHIP FOR WOMEN AND GIRLS – A SOCIAL RECOVERY STRATEGY

Government to appoint a named Minister to take responsibility for the social recovery of women and girls most at risk following the pandemic, and develop a long-term cross departmental strategy to deliver on this.

This must include:

- An implementation action plan for 2021-24, to address the needs of the most disadvantaged women and girls, with commitments across government departments.
- Committed funding, including for specialist community women's and girls' services.
- Steps to address inequality and reverse the disproportionate impact of the pandemic on those hardest hit, including young women, and Black and minoritised women and girls.

To inform the Social Recovery Strategy:

- The **Minister for Social Recovery for Women and Girls** to work across all government departments, alongside the Minister for Women and Equalities, and draw on the evidence from the Women and Equalities Select Committee, Social Mobility Commission and specialist Black and minoritised, disabled and LGBT women's services in developing its strategy.
- Government Equalities Office to lead on collating and publishing disaggregated data on the impact of the pandemic across gender, race, ethnicity, religion, sexuality, disability and age. Analysis to include data on those experiencing and seeking help for violence and abuse, homelessness, substance use, unemployment, benefit and furlough claims, unemployment, mental health and those in those in custody and detention.
- Equalities impact assessments on all Covid-related policies and strategies across government departments (retrospective and forthcoming) to understand how these have affected the most marginalised women and girls, particularly girls, and Black and minoritised women.

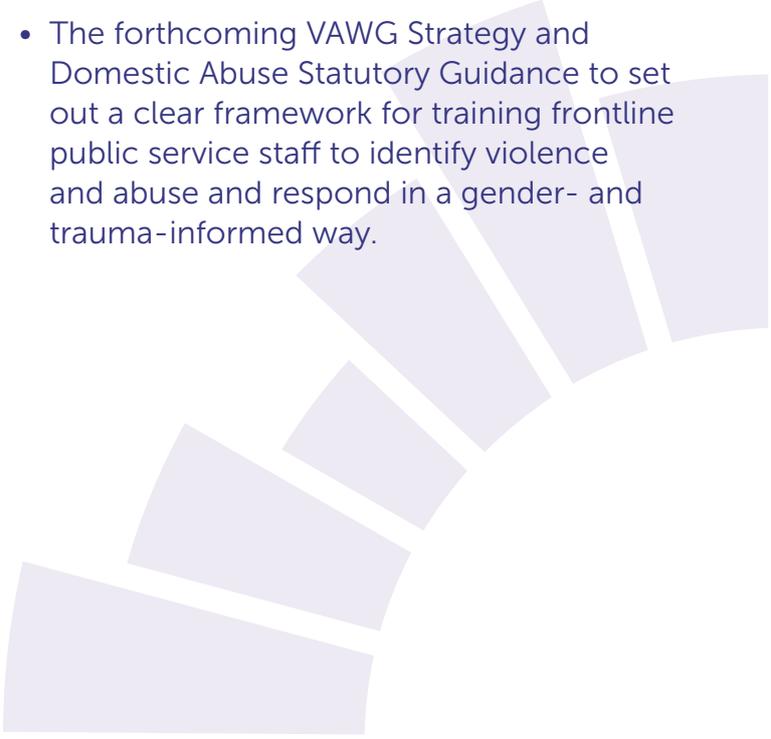
WOMEN AND GIRLS AT THE CENTRE OF THE ECONOMIC RECOVERY

Government's 'Plan for Jobs' to protect, support and create jobs must address the needs of women and girls.

- The Department for Work and Pensions (DWP) to ensure the commissioning framework for the Restart Scheme addresses the needs of women and girls to ensure they are not pushed further into low-paid, precarious work. Specialist women's services to be prioritised as delivery partners to ensure this scheme reaches those most at risk of poverty and unemployment.
- DWP to ensure that the Restart Scheme and Kickstart Scheme undergo equalities impact assessments which are made public, and acted upon.
- Government's Plan for Jobs to include a specific action plan to support the most disadvantaged young women into employment, working with specialist services to support those with additional needs.

TACKLING GENDER-BASED VIOLENCE AND MULTIPLE DISADVANTAGE

The forthcoming Violence against Women and Girls (VAWG) and Domestic Abuse (DA) strategies led by the Home Office to set out how the needs of the most economically and socially disadvantaged women and girls will be met.

- The VAWG and DA Strategies to incentivise and monitor public services in adopting the trauma- and gender-informed standards set out in the final Department for Health and Social Care (DHSC) report of the Women's Mental Health Taskforce (2018).
 - Government departments to allocate ring-fenced funding for specialist VAWG services for girls and young women, as well as Black and minoritised women and girls.
 - The Home Office to end the No Recourse to Public Funds condition.
 - The forthcoming VAWG Strategy and Domestic Abuse Statutory Guidance to set out a clear framework for training frontline public service staff to identify violence and abuse and respond in a gender- and trauma-informed way.
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SUPPORTING GIRLS TO THRIVE

The Department for Education to address the long-term trauma of the pandemic on girls most at risk, including Black and minoritised girls, those living in poverty, in care and in contact with the criminal justice system.

- All future funding for youth services to ring-fence support for girls and young women.
- The new Education Recovery Commissioner's Action Plan to engage with the women and girls' voluntary sector as experts on the needs of girls facing multiple disadvantage, and advise the Department for Education on how best to support a gender and trauma-informed return to the classroom, and engage most effectively with specialist services to do so.

STRATEGIC FOCUS ON MENTAL HEALTH

The forthcoming Department of Health and Social Care (DHSC) Women's Health Strategy to make mental health a key priority and fully consult with specialist women and girls' mental health services on this. The strategy must:

- Pay particular attention to the disproportionate poor mental health outcomes facing girls, and Black and minoritised women, within its remit.
- Be accompanied by an action plan and ring-fenced funding for gender and trauma-informed mental health services for women and girls.
- Direct combined and local authorities to develop their own strategies and delivery plans to improve the mental health of women and girls, including mapping existing specialist service provision for women and girls.



VALUING AND INVESTING IN THE WOMEN AND GIRLS' SECTOR

Commissioners, funders and government to sustainably fund the women and girls' sector to ensure local systems can identify and respond to women and girls facing multiple disadvantage.

- Funding to be joined up across government departments to enable women and girls' specialist services, which can tackle a range of problems holistically, to access funding without having to compete for multiple funding streams. Funding to be ring-fenced for small and specialist 'by and for' services.
- Specialist women and girls' services to be able to access long-term, flexible funding that supports infrastructure, existing service provision and preventative work.
- Regional and local commissioners to take a cross-cutting approach to commissioning that recognises the importance of holistic service provision and delivering outcomes linked to the range of needs for women and girls facing multiple disadvantage.
- Existing specialist women and girls' services to be funded to address digital exclusion amongst the most disadvantaged, including those living in poverty, girls and young women and Black and minoritised women and migrant women.
- Public and statutory services to be required to work together with the specialist woman and girls' sector to ensure a coordinated approach to the most disadvantaged women and girls.



ENDNOTES

1. The term 'Black, Asian and Minority Ethnic' (BAME) is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to 'Black and minoritised' women and girls to highlight the way in which these groups are constructed as 'minorities' through processes of marginalisation and exclusion. We include Gypsy, Roma and Traveller people within this definition.
2. BMJ (2020), The long term mental health impact of covid-19 must not be ignored <https://blogs.bmj.com/bmj/2020/05/05/the-long-term-mental-health-impact-of-covid-19-must-not-be-ignored/>
3. For example, the Home Office estimates the cost of domestic abuse (which disproportionately affects women and girls living in poverty) to cost £66 billion. Responding to and providing care for physical and mental health harms of domestic abuse is estimated by the Home Office to cost the health service £2.3 billion a year. The estimated cost of keeping a woman in prison for a year is £52,121,37 and £1.7 billion is spent on issues linked to women's offending annually.
4. Agenda (2020) Voices from Lockdown: A Chance for Change <https://weareagenda.org/wp-content/uploads/2020/08/Voices-From-Lockdown-A-Chance-For-Change.pdf>
5. This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led by and for Black and minoritised women, LBTQ+ women, disabled women and migrant women.
6. Agenda (2015) Hidden Hurt: Violence, abuse and disadvantage in the lives of women <https://weareagenda.org/wpcontent/uploads/2015/11/Hidden-Hurt-full-report1.pdf>
7. Agenda (2020) Voices from Lockdown: A Chance for Change <https://weareagenda.org/wp-content/uploads/2020/08/Voices-From-Lockdown-A-Chance-For-Change.pdf>
8. Data was collected through three online surveys of geographically representative voluntary sector organisations providing support to women and girls across a number of areas of need. Whenever possible, the report provides additional insight into experiences of Black and minoritized women and young women and girls, segmenting the data based on the specialism of support provider. Further qualitative research was conducted through the survey, interviews, semi-structured discussions and roundtables from April 2020 – March 2021.
9. This report uses the term 'women and girls' sector' to refer to organisations working primarily with women and girls' within the wider voluntary community and social enterprise sector (VCSE), offering support and services for women and girls facing any combination of the following issues: violence and abuse, poverty, poor mental health, addiction, homelessness and contact with the criminal justice system. Most of these organisations offer a range of services to address women and girls' multiple, overlapping needs.
10. This chart shows the proportion of the respondents based on the type of service they provide, with most respondents offering several services.
11. Agenda (2020) Voices from Lockdown: A Chance for Change <https://weareagenda.org/wp-content/uploads/2020/08/Voices-From-Lockdown-A-Chance-For-Change.pdf>
12. No Recourse to Public Funds (NRPF) refers to a visa condition set out in the Immigration and Asylum Act 1999 that prevents migrants from accessing 'public funds' if they are 'subject to immigration control'. This means they have no entitlement to most state-funded benefits, tax credits and housing assistance. The restrictions include women not on a spousal visa who are fleeing abuse, limiting their ability to access financial support, legal aid and safe accommodation. NRPF individuals can, nevertheless, be eligible for assistance from their local authorities for a range of services. Consequently boroughs often have the responsibility to provide for subsistence and accommodation needs that, under different circumstances, would be centrally funded.

13. Women's Budget Group (2018) The female face of poverty <https://bit.ly/34jMVZa>
14. Young Women's Trust (2020) Ignored, Undervalued and Underpaid: The impact of Coronavirus on young women's work, finances and wellbeing. Trades Union Congress (2020) Young workers are most at risk from job losses due to the coronavirus crisis. McKinsey & Company (2020) 'COVID-19 in the United Kingdom: Assessing risk and the impact on people and places' (11 May 2020). Accessed on 30 June 2020.
15. Young Women's Trust (2020) Ignored, Undervalued and Underpaid: The impact of Coronavirus on young women's work, finances and wellbeing. Trades Union Congress (2020) Young workers are most at risk from job losses due to the coronavirus crisis. McKinsey & Company (2020) 'COVID-19 in the United Kingdom: Assessing risk and the impact on people and places' (11 May 2020). Accessed on 30 June 2020.
16. Women's Budget Group (2021), <https://wbg.org.uk/wp-content/uploads/2021/03/Women-and-employment-during-Covid-19-1.pdf>
17. Young Women's Trust (2020) Picking up the Pieces <https://www.youngwomenstrust.org/research/picking-up-the-pieces/>
18. Women's Budget Group et al (2020) BAME women and Covid-19 – Research evidence <https://wbg.org.uk/wp-content/uploads/2020/06/BAME-women-and-Covid-FINAL.pdf>
19. Women for Refugee Women (2020) Hear Us: The experiences of refugee and asylum-seeking women during the pandemic <https://www.refugeewomen.co.uk/wp-content/uploads/2020/08/Hear-us-Sisters-Not-Strangers.pdf>
20. Women's Budget Group (2021), Covid-19 and economic challenges for disabled women <https://wbg.org.uk/analysis/uk-policy-briefings/spring-budget-2021-covid-19-and-economic-challenges-for-disabled-women/>
21. Women's Budget Group, Fawcett Society, London School of Economics and Queen Mary University London (2020) Disabled Women and Covid- 19 <https://wbg.org.uk/analysis/reports/disabled-women-and-covid-19/>
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24. UCL (2020) Covid-19 Social Study
25. Qasim, S.; McKeown, M.; Kunda, C.; Wainwright, J.P.; Khan, R. Plant Fetish: A Creative Challenge to Mental Health Stigma. *Genealogy* 2020, 4, 40. <https://doi.org/10.3390/genealogy4020040>
26. Agenda (2020) Struggling Alone: Girls' and young women's mental health <https://weareagenda.org/struggling-alone/>
27. UCL (2020) Mental health during lockdown: evidence from four generations <https://cls.ucl.ac.uk/wp-content/uploads/2017/02/Mental-health-during-lockdown-%E2%80%93-initial-findings-from-COVID-19-survey-1.pdf>
28. The sample size for girls' specialist services was 10 organisations.
29. Agenda roundtable with frontline services, Monday 27 April 2020.
30. National Youth Agency (2020) Hidden in Plain Sight: Gangs and Exploitation – A youth work response to COVID-19.
31. NSPCC (April 2020) 'Lonely children are twice as likely to be groomed online'.
32. Office of the Children's Commissioner (2020) Fact checking claims about child poverty.
33. Agenda and AVA (2019) Breaking Down the Barriers: Findings of the National Commission on Domestic and Sexual Violence and Multiple Disadvantage <https://weareagenda.org/wp-content/uploads/2019/02/Breaking-down-the-Barriers-full-report-FINAL.pdf>



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