OFFICIAL REPORT
AITHISG OIFIGEIL

Equalities, Human Rights and Civil Justice Committee

Tuesday 14 December 2021

Session 6

The Scottish Parliament
Pàrlamaid na h-Alba

Tuesday 14 December 2021

CONTENTS

EQUALITIES, HUMAN RIGHTS AND CIVIL JUSTICE COMMITTEE

12th Meeting 2021, Session 6

CONVENER

*Joe FitzPatrick (Dundee City West) (SNP)

DEPUTY CONVENER

*Maggie Chapman (North East Scotland) (Green)

COMMITTEE MEMBERS

*Karen Adam (Banffshire and Buchan Coast) (SNP)
*Pam Duncan-Glancy (Glasgow) (Lab)
Pam Gosal (West Scotland) (Con)
*Fulton MacGregor (Coatbridge and Chryston) (SNP)
*Alexander Stewart (Mid Scotland and Fife) (Con)

*attended

THE FOLLOWING ALSO PARTICIPATED:

Susie Fitton (Inclusion Scotland)
Dr Patrycja Kupiec (YWCA Scotland)
Margaret Lance (BEMIS and Ethnic Minority National Resilience Network)
Catriona Melville (Age Scotland)
Satwat Rehman (One Parent Families Scotland)

CLERK TO THE COMMITTEE

Katrina Venters

LOCATION

The James Clerk Maxwell Room (CR4)

Scottish Parliament

Equalities, Human Rights and Civil Justice Committee

Tuesday 14 December 2021

[The Convener opened the meeting at 10:00]

Decision on Taking Business in Private

The Convener (Joe FitzPatrick): Welcome to the 12th meeting in session 6 of the Equalities, Human Rights and Civil Justice Committee. There are apologies from Pam Gosal.

Item 1 is to agree whether to take in private item 4, which is consideration of today’s evidence. Are we agreed to take that item in private? As we are meeting in virtual session, I ask members please to just nod or give a thumbs-up.

I see that we are agreed.

Subordinate Legislation

Age of Criminal Responsibility (Scotland) Act 2019 (Supplementary Provision) (Jurisdiction) Regulations 2021 (SSI 2021/420)

Age of Criminal Responsibility (Scotland) Act 2019 (Places of Safety) Regulations 2021 (SSI 2021/421)

10:00

The Convener: Item 2 is consideration of two negative Scottish statutory instruments. I refer members to paper 1. Do members have any comments on either instrument?

Pam Duncan-Glancy (Glasgow) (Lab): I note that no children’s rights and wellbeing impact assessment was done on SSI 2021/420. I am keen to hear the reason for that. Perhaps the Government will address that at a future date.

In addition, given that the minimum age of criminal responsibility that will come into force this month is 12, it is interesting that the United Nations has said that 14 should be the minimum. I am keen to know why the Government has chosen a lower age.

The Convener: Thank you for that. Those points are on the record.

Are there any further comments from members on the orders?

Fulton MacGregor (Coatbridge and Chryston) (SNP): I welcome these negative instruments on the age of criminal responsibility. Last session, I was on the committee that took the Age of Criminal Responsibility (Scotland) Bill through the Parliament. It is a really good piece of legislation.

To pick up on Pam Duncan-Glancy’s point, at the time, there was a lot of discussion about whether the age of criminal responsibility should be higher, so the issue was looked at. The Scottish Government is committed to continuing to look at it, but it took the step at that point. Members should be aware that a lot of members who took that legislation through, including me, looked at making the age of criminal responsibility higher, in line with other European countries. We have an outstanding commitment from the Government to continue to look at that as the legislation comes into force and then develops.

The Convener: Thank you.

As there are no further comments, and given those points, which are on the record, are members agreed that we will not make any formal comments to the Parliament on the instruments? No member has objected, so we are agreed.

That concludes our consideration of the SSIs.

Women's Unfair Responsibility for Unpaid Care and Domestic Work

10:03

The Convener: The next item is to continue taking evidence for our inquiry into women's unfair responsibility for unpaid care and domestic work. I welcome Satwat Rehman, chief executive officer, One Parent Families Scotland; Susie Fitton, policy officer, Inclusion Scotland; Catriona Melville, policy engagement and campaigns officer, Age Scotland; Margaret Lance, BEMIS and ethnic minority national resilience network; and Dr Patrycja Kupiec, chief executive officer, YWCA Scotland.

I refer members to papers 2 and 3. As we have a number of witnesses, I ask members to indicate which witnesses they are directing their discussion points to, and we can then open the floor to other witnesses for comment. If witnesses wish to respond to a question, please indicate that by typing R in the chat function—I will bring them in if time permits.

This is intended to be a discussion, so please do not feel that is a question-and-answer session; we are keen to hear discussion points from our witnesses, too. However, if any witnesses want simply to concur with what somebody else has said, it is not necessary to come in at that point; there will points when they will be brought in and they can make the point then. Members can also use the chat function on BlueJeans if they wish to intervene.

Since we have a lot of witnesses and members, you may not be able to see yourself on screen as the BlueJeans platform shows only nine people at any given time. The clerks will advise us if anyone loses their connection.

At the end of the session, if any witnesses have outstanding points that they wish to address, please follow up in writing and the committee will take that evidence into account.

I ask each witness to make a short opening statement, starting with Satwat Rehman.

Satwat Rehman (One Parent Families Scotland): I am pleased to be here today, because single mums faced a series of challenges as a result of the pandemic and the restrictions that tried to control it.

When the pandemic began and lockdown was introduced, we quickly became aware that many single mothers, often with no support, had been left in a difficult situation. During lockdown, many of our front-line staff supported mothers and children directly by delivering food parcels, power cards, tablets and wi-fi connectivity cards, clothes and toys for babies and activity packs for children, and by linking parents to food banks.

We know from our work in communities that many single mothers were, and still are, often worried about food, heating, rent or mortgage payments and how to access local help. They are concerned about their children's education, social development and mental health. During lockdown, many did not have a computer, tablet or access to wi-fi to enable children to continue with online education, or to be able to deal with Jobcentre Plus, do online shopping and so on. Many single parents we work with have a pay-as-you-go mobile with a limited data package.

The impacts on single mums of the on-going restrictions include dealing with the non-resident parent, coping with employment when their child has been instructed to isolate at home as a precautionary measure, childcare that is closed, being made unemployed, accessing benefits, the cost of living, worry about benefit conditionality and so on. Many also lost child maintenance as the staff in the child maintenance service were transferred to deal with the huge increase in universal credit claims, which meant that the service no longer acted on the enforcement powers available to it to ensure that children receive the payments that they are entitled to. Many of the single mothers who contacted our helpline during lockdown experienced some form of domestic or economic abuse by a former partner, including controlling and limiting money and resources.

Throughout the session, I will use the experiences of single parents and what they have told us during the pandemic to inform our evidence.

Susie Fitton (Inclusion Scotland): Inclusion Scotland welcomes the opportunity to submit evidence to the committee about women's unfair responsibility for unpaid care and domestic work. I will speak about disabled women and women who are impacted by disability—that is, women who care for a disabled person.

Our research and the evidence that we will share from the Fawcett Society and others show that disabled women and women who are impacted by disability often have unfair responsibility for unpaid care and domestic work in households in Scotland. The provision of unpaid care is closely interlinked with systemic and harmful gender roles and the intersection with disability, constraining women's lives.

Those constraints have intensified during the pandemic. In relation to disabled women and women who are impacted by disability, Covid-19 has intensified social isolation and mental ill health, personal and community poverty and economic and social instability and insecurity.

Although communities have rallied round in support of local disabled residents and neighbours, the pandemic's impact and the consequences of the ensuing emergency responses have revealed inequalities in Scotland that existed for disabled women and women impacted by disability long before Covid arrived. Those inequalities have widened as economies, households and public services have locked down to contain the spread of the virus, and systemic gender roles have only been entrenched for women impacted by disability, with poor outcomes worsened by the reduced access to social care support, routine healthcare and rehabilitation services, more pronounced social isolation, poorly tailored public health messaging, inadequately constructed mental health services and a lack of emergency preparedness that was actually accessible and inclusive for women impacted by disability.

Withdrawal of social care services during the pandemic saw more and more women, including disabled women, take on additional unpaid care, with the number of carers in Scotland increasing by a third. In the early stages of the pandemic, there were an estimated 1.1 million unpaid carers in Scotland—in other words, there was a 34 per cent increase as a result of the crisis. The majority of new carers are women, with many of them disabled women or women impacted by disability.

In short, disabled women and women caring for a disabled person have been harder hit by Covid-19, not only because they might be at greater risk of severe illness, but—equally or more so—because Covid-19 has supercharged the existing inequality that they already face and which has made new inequality much more likely. We will be sharing our own evidence on that as well as evidence from other organisations.

Catriona Melville (Age Scotland): Thank you for inviting Age Scotland to take part in this important evidence-taking session.

As the national charity for older people, we aim to support, inspire and empower people over the age of 50. Although the coronavirus pandemic has had an impact on daily life for all of us, it has also exacerbated many pre-existing inequalities in our society. Older people have been impacted severely, whether through high death rates and chances of severe illness; through experiencing loneliness and social isolation and the resultant impact on mental health; through concerns about job loss and finances; or through longer-term implications surrounding loss of confidence and regaining contact with others.

Evidence suggests that older people from ethnic minorities, disabled older people, older people living in care homes or who live alone and older people experiencing poverty are among those who have felt a particular impact.

Another group of older people who have borne the brunt of much of the pandemic's impact is the large number of over-50s who provide unpaid care to a spouse or partner, child or grandchild, parent, sibling, friend or neighbour. The majority of those carers are women. It is estimated that, in Scotland, a third of women aged between 55 and 64, or somewhere in the region of 130,000 women, approximately one in five women aged between 65 and 74, and one in 10 women over the age of 75 are unpaid carers.

Despite the significant contribution made by unpaid carers to our communities, we often find that many older carers do not necessarily identify as a carer, and that can act as a barrier to accessing the support that should be available to unpaid carers. Because of our ageing population, it is likely that the number of unpaid carers who are themselves older and who might be providing care while living with their own long-term health condition or disability will rise in coming years.

Thank you again for inviting Age Scotland to attend this morning's meeting. I look forward to participating in the discussion.

Margaret Lance (BEMIS and Ethnic Minority National Resilience Network): Good morning, everyone. Thank you so much for having me.

I am co-chair of the ethnic minority resilience network and vice-chair of BEMIS Scotland. I work for Waverley Care as health improvement co-ordinator for African communities in Scotland, and I am also a community activist, so my contribution today will be based on what I know through my paid and voluntary work and what women and partners have shared with me with regard to women's unpaid and domestic work.

10:15

When the pandemic started, people thought, "It's across the ocean; it's not going to come here." Then, in the blink of an eye, we were in lockdown.

We know that it has been very difficult for the African community and other minority communities, most of whom have no recourse to public funds. They were hit very hard. Single parents, some of whom do not have English as their first language, found that all the centres that they used to go to for support were closed. Some people were not computer literate or had no access to computers or the internet.

BEMIS and the ethnic minority resilience network stepped in, in what I would call a rapid response, to provide financial support in partnership with the Scottish Government. For example, between March and May, the emergency sustenance grant scheme distributed up to £35,000—it might not have been a lot of money, but it was something—through around 446 referrals. That included more than 400 children and up to 200 adults, some of whom had no recourse to public funds, which places minority women and their families at severe risk of destitution. We know that those are the issues. Most of those people look on Scotland as home, but lockdown increased their vulnerability.

There are also people whom I would call missing people. I do not call them "hard to reach", because I do not think that there is a hard-to-reach community. I call them missing people because of their circumstances—the situation that they have found themselves in. They give up on themselves. We realised that their poor mental health meant that they were at very high risk of suicide or drug or alcohol abuse.

Those things put ethnic minority communities at high risk and in a state of vulnerability. My contribution will be about what we have done, what I know and how I have been working with communities.

Dr Patrycja Kupiec (YWCA Scotland): Good morning. We at YWCA Scotland welcome the opportunity to give evidence about women's unfair responsibility for unpaid care and domestic work.

Systemic gender inequality is perhaps most evident in the home. Women are expected to be primary caregivers for children and family members, while maintaining essential domestic work. Scotland-specific evidence shows that 72 per cent of mothers say that they do most of the housework, such as cleaning and laundry.

We know that that unfair responsibility is a result of the patriarchal society in which we live, with its outdated gender roles and expectations. We also know the ripple effects of that. Women are unable to participate fully and equally in society, including in the labour market, and our current employment culture and systems do not support women or enable them to progress.

This year, we published our fifth annual research report, "Status of young women in Scotland", whereby, across the country, we survey and speak with women aged between 16 and 30 about a specific issue that affects them. This year, we knew that the area that we needed to investigate beyond all others was employment in the context of the pandemic. We heard from more than 220 young women about how their lives in work had been impacted by the pandemic.

One in 10 of the young women whom we surveyed said that, in their workplace, there was zero support for those with caring responsibilities, making it difficult and stressful to juggle work and care. Fifty-three per cent of young women did not feel confident in negotiating flexible working arrangements.

Many support services for young carers stopped during the pandemic. The additional caring responsibilities often fell to young women who were in full-time education. For some young women, being a carer also meant that they were more reluctant to apply for new opportunities, for fear of being discriminated against because of their caring responsibilities.

I finish my opening statement with a quote from a research participant:

> "In my workplace, being part-time means I am not in line for promotions and progression. My reasons for working part-time include living with an anxiety disorder and caring responsibilities, both of which very disproportionately affect women, and I think many workplaces can create a facade of equality without truly engaging with the reality of what holds women's career progression back."

The Convener: I thank everyone for their contributions. We will now open the floor for a bit of discussion. As I said at the start, we will try to get a mixture of views from committee members and our witnesses.

Maggie Chapman (North East Scotland) (Green): Thank you for being with us this morning and for your opening statements. You all referred in some way to a point that we have heard before, which is that the pandemic has exacerbated existing inequalities, whether in gender—because of the patriarchal society—race, age, or ability. I want to unpick the intersections, particularly in relation to carers who are women of colour, ethnic minorities, the issue that Margaret Lance raised around having no recourse to public funds, and how support has been, if not absent, very difficult to access. Will you say a little bit more about the women, carers and others with whom you have direct experience?

I put that to Margaret Lance first. I will then ask Satwat Rehman to come in.

Margaret Lance: For the women whom my partners and I have supported, having no recourse to public funds is difficult and makes them very vulnerable. For example, she might be a single mother with more than one child—she might have three or four children—and cannot work. Asylum seekers cannot work. How would you tell a child in the morning that there is no food on the table? Most of them end up going from one food bank to another, and from one organisation to another, seeking support. That should not be happening. How can we support—[*Inaudible.*]

We are also looking into concerns that have been raised with us about international students with children having no recourse to public funds. I do not understand that. How does that impact on those families and how they support their children?

That is all from me, for now. I do not know whether I answered your question or gave you what you wanted.

Maggie Chapman: That was very helpful. Thank you, Margaret.

Does Satwat Rehman want to come in to say a little bit about the women, lone carers and lone families whom she supports, and how they have dealt with some of the intersections—the cross-cutting inequalities—that they face?

Satwat Rehman: I will try. Often, many of the single mums in the families whom we work with belong to, for example, more than one priority group as set out in the Child Poverty (Scotland) Act 2017. Among children in poverty, 40 per cent of children in single parent families also have a disabled person at home. More than half—54 per cent—of the children in a family with a younger mother are also in a single-parent household. As the committee knows, there is a particular issue with young parents getting lower rates of universal credit, which is one of the things that we are trying to challenge through our young parents campaign.

We have found that—as Maggie Chapman said—the financial and economic impact of lockdown has entrenched pre-pandemic inequalities. For single parents, there has always been the issue of the dual responsibility of being the sole carer and the sole breadwinner. That is a difficult challenge and balancing act at the best of times, but the situation has been really exacerbated by the pandemic.

On top of that, in relation to intersections, we have heard from a lot of mums about their taking on an enhanced caring role, because they were having to manage the many anxieties and the mental health of their children and young people, as well as having to manage the impact on their own mental health and wellbeing. In addition to the generalised anxiety that we saw among the population, they had the pressures of having to cope with being the only adult at home with their children in lockdown, which was possibly at the same time as trying to work from home. Some of them were managing three children in different age groups needing to do different work on different online platforms.

We also had supermarkets turning single parents away when they turned up with their children to do their shopping because only one person per household was allowed in.

Single mums were not recognised as a group that required additional support as a result of the lockdowns. When we looked at all the local authority websites early on, only one or two identified single-parent families as a priority group that required additional support.

That goes back to what has been said by other witnesses. We are talking about entrenched, systemic and patriarchal attitudes about families. We still work from a particular model of family, and all our services are built around that model. The workforce and labour markets are also built around that model. What single parents and single mums have to cope with generally was thrown into much sharper focus during the pandemic. They faced financial insecurity because there was no second income and they faced the pressures of balancing paid and unpaid work.

One of the witnesses spoke about the closure of local groups that met face to face. Isolation was a key factor for the families whom we work with, and as I said, they were much more exposed to the demands of caring for children during lockdown. Many single parent families include a disabled person and have other cross-cutting intersectional issues, so as well as being a single mum, they had enhanced caring responsibilities. I could go on and on; please let me know if there is anything that I have not answered.

Maggie Chapman: You have clearly outlined the gross failure of society to understand different family models, which we need to think about more widely, and not just in this committee. We also need to think about how to deal with issues of isolation and the on-going mental health impacts on individuals and society, which will affect us for a significant time to come, because I am not sure that we have systems in place to do that. I will leave it there just now, convener, and will come in again later if that is okay.

The Convener: I will move on to Alexander Stewart.

Alexander Stewart (Mid Scotland and Fife) (Con): I thank the witnesses for their comprehensive introductions and updates. I want to look at isolation and loneliness. Catriona Melville represents Age Scotland and is well aware of the inequalities that the elderly have faced and continue to face. They have also experienced anxiety, a loss of self-esteem and a lack of access to healthcare. All that contributed to a tsunami effect for older people during lockdown. Many were left to their own devices, and many, because of their age and the responsibility that they felt for others' lives, chose not to seek help initially but eventually had to because of their circumstances. It would be good to get a flavour of that from Age Scotland.

I would then like Margaret Lance to comment on how that impacted on the BEM community. Although the elderly population in that community had a way of managing themselves, the response was perhaps not co-ordinated appropriately by services and policy makers; it was much more informal. In your opening remarks, you said that you are doing work to manage all that and that the third sector took on a much bigger role in trying to manage those people.

From the two of you, I would like to hear what you think the ways forward are, because we are not finished with the pandemic and there may be lessons to be learned.

10:30

Catriona Melville: You are absolutely right that the pandemic has had a profound impact on older people's physical and mental health. We know that from what older people themselves tell us, but also from research that we have done during the pandemic.

Before the pandemic, levels of loneliness and social isolation were already high. In "The Big Survey 2021", which was carried out earlier this year, we found that 53 per cent of respondents—3,562 people over 50 responded—reported that the pandemic had made them feel lonelier. That does not come as a surprise. Loneliness can impact on a person's mental health and can be a risk factor for the development of conditions such as depression. It can also impact physical health.

We are concerned that a lot of older people have experienced deterioration in their mental health during the pandemic. I will pick out something else from our survey. Of the respondents, one third said that their mental health had got worse over the past five years. Interestingly, it is worth noting that people in their 50s and 60s were much more likely to say that. That might be because they are part of the sandwich generation—that is, those who are dealing with the pressures of juggling care for children, care for older family members and holding down employment.

If we look to the future, it is important that support is available for people in communities so that they can get back their confidence if they have not been going out and about. We need the support to be accessible and we need funding in place to allow that to happen. We are really concerned that, due to the pandemic, there will be a longer-term impact on people's ability to be independent and confident, and to go about their activities. The longer things do not happen, the less likely they are to start happening again. I hope that that is helpful.

Alexander Stewart: Thank you. Margaret Lance, will you identify what you are trying to do in your sector for the women who have been left on their own?

Margaret Lance: We have all heard that, before the pandemic, people were already lonely and isolated. Most organisations have been trying to support people who are lonely and isolated. Some of those people do not have families and are ageing or have underlying health issues.

For the African community, and for other minority communities, faith is at the heart of everything that people do. That is where they get their support. During the pandemic, all the churches and centres that were supporting them closed down.

Some elderly people have never used a computer, do not even know how to set one up and do not have access to the internet. We have tried to help by setting things up so that they can join online groups. That happened for some but not for others. We provided gadgets and dongles so that they could join groups.

We also noticed that they could not access health services. Those who did not speak English would phone the services. They would be asked to call another number or to press 1 on their phone, for example. How does somebody who does not even understand the language go about pressing 1 or 2, for example, to get medication? We intervened at that stage.

That is an on-going issue. There are those who have come to Scotland and made it their home but who have no family or access to any support services. In addition, the organisations that are trying to support them have no funding to do that. We should look at that as a priority and, as Catriona Melville has said, continue to fund the projects that are supporting those communities. Most of them involve volunteers, who are picking up the pieces—and they are happy to do so. The question is: how can we encourage them by providing them with the funding that will enable them to support their community?

Pam Duncan-Glancy: I thank the witnesses for joining us, and for the written evidence that they submitted in advance, which was incredibly helpful.

I have a couple of questions, initially for Susie Fitton and Catriona Melville. I am keen to understand a bit about the impact on disabled people of having to rely more on, as well as having to give, unpaid care. What is your assessment of last week's budget? Does it go far enough to support unpaid carers and social care, given the additional pressures that are still present as a result of the pandemic?

Susie Fitton: Inclusion Scotland has carried out an online survey throughout the lockdowns to find out the impact of the pandemic on disabled people, particularly disabled women and women who were caring for a disabled child or disabled person in the household. The key points that came back were that disabled women had new or increased unpaid caring responsibilities, about 40 per cent were experiencing challenges caring for children or family members and social care support had been stopped or reduced.

Around 30 per cent of respondents—male, female and non-binary—to the question about social care said that their support had stopped completely or had been reduced. More than 2,000 care packages were cut in Glasgow from 20 March 2020, many with no notice or follow-up. Many disabled people were left with no support to wash, eat or take medications. They were forced to rely on other family members—many of whom were themselves at high risk from the virus—friends or neighbours for social care support. Therefore, people were thrust into caring roles for which they had no training or support.

It is rarely recognised that the majority of individuals who are in need of social care support are women. They account for around 62 per cent of the people who access such services in Scotland. That disproportion increases with age: three quarters of social care clients are aged 65 or over and 67 per cent of that cohort are women. Women are also more likely than men to be disabled or have long-term health conditions. There are also significant geographical disparities with that: in the most deprived areas of Scotland, 44 per cent of women are disabled compared with 26 per cent of women in the least deprived areas.

We have received evidence to show that disabled women and their families were left in desperate situations as a result of cuts to care during lockdown. Disabled women told us that they were forced to sleep in their wheelchairs or were unable to get out of bed. Others told us that they were unable to wash and dress themselves and to keep up with basic household chores. One disabled woman told us that she had gone from 20 hours of care a week, seven of which were personal care, to zero. She was completely bed bound because of that and had to rely on neighbours to look after her children.

In that context, Covid-19 displaced care away from the state on to the household and largely on to the women in it. That further embedded women's poverty and inequality of resources, wellbeing and participation. Women who were looking after disabled children went from having, for example, two-to-one support in residential accommodation to their being sent home with no support.

Women, including disabled women, often bore the brunt of that new or increased caring responsibility. They were trying to juggle childcare of other children with home working and getting no statutory support to care for disabled children. Women spoke of disabled children self-harming, displaying harmful and challenging behaviour and developing disturbed communication because of disruption to routines, social isolation and fear of the virus. They also spoke of having to bear the brunt of unpaid care and domestic housework and, basically, feeling abandoned by statutory services.

One disabled respondent said:

> "I have been abandoned. My partner is a key worker and is hardly at home and I am left to care for our two disabled children, home-school them, care for them, do the housework, cook and clean, all while trying to hold down a part-time job from home. It's impossible. I'm literally screaming into my pillow every night".

The evidence that we were getting from disabled people was really stark. They talked about the impact of losing social care support; the emotional impact of a loss of independence; a forced reliance on family and what that meant for personal relationships; and having to balance new or increased caring responsibilities with work commitments and managing their own health conditions while caring for others. For example, a disabled mother and carer told us that her youngest child not being at school was proving to be very difficult for her health, and she was now struggling to care for her 24 hours a day. Normally, she got two nights and one weekend daytime respite a week to rest, to help her to pace herself and cope with things to keep on top of housework and so on. However, the stress and extra care activity was making her symptoms worse.

As you will be well aware, women caring for disabled people in their household often, in order to survive day to day, rely on the vital support that is provided by schools, statutory services, including respite services and family members. The responses to our surveys showed that many families that include disabled people lost some or all of that support—in some cases, overnight, suddenly and without any advance notice.

What do we need to see in the budget? We need a recovery that recognises social care support as a fundamental basic right. We know that rising demand for social care is fast outstripping investment and that an approach that provides little more than life and limb support to decreasing numbers of people, including disabled people, is just not sustainable. If we are to tackle gender inequality in relation to unpaid care and domestic housework as well as gender roles, we need sustained public investment in the development of a nationwide infrastructure for social care that protects, promotes and ensures human rights and which tackles inequalities for disabled people, older people and carers.

We need urgent reform of eligibility criteria and the abolition of care charging, because such practices are damaging to women's social and economic equality. Social care support is not about providing a personal care service but about support to live a life of equity, equality and full participative citizenship. It needs to be funded in such a way that services are designed and delivered in co-production with disabled people and women impacted by disability.

We need to think about social care as an investment in economic infrastructure, and the development of the national care service provides a real opportunity to transform how social care is perceived and valued. Moreover, we need to mainstream equalities and impact assessments, and the view of women impacted by disability must inform the national care service's design.

I could talk about this all day, but I should probably give someone else an opportunity to speak.

Pam Duncan-Glancy: I could have listened to you all day. Catriona, do you have any comments on the impact of unpaid care not only on the older people who rely on it but on those who provide it?

Catriona Melville: As Susie Fitton has covered the points comprehensively, I will try to be brief. I really do not have too much to add.

As has been said, unpaid carers have had to step in to fill the gap in public service provision, and that has had a really detrimental impact on their own physical and mental health. As Susie Fitton pointed out, we need to be mindful of the fact that lots of older carers might be living with long-term conditions themselves and, in our experience, some unpaid carers can neglect their own health. They do not have the time to get to appointments—although programmes such as Near Me have had a positive impact in that respect—or they feel that they cannot afford to be ill, because there is nobody else to step in.

Some people also find being a carer a really isolating experience, due to loss of friends, social networks and, in some cases, work networks.

I echo Susie Fitton's points about social care needing more investment and priority to relieve the pressure on unpaid carers, particularly recruitment and retention of social care staff. She is absolutely right that we need to regard social care as an investment in everybody's future and everybody's life.

10:45

Karen Adam (Banffshire and Buchan Coast) (SNP): Good morning, everyone. I will ask about the labour market. The pandemic affected a different set of industries than usual recessions would have done. It was significantly gender specific. Women and men tend to cluster in different occupations, which shaped the gender implications of the pandemic. Female jobs are more at risk than male ones simply because women are disproportionately represented in sectors that have been negatively affected by the Covid-19 crisis.

The witnesses are all involved in addressing that dilemma with their intersectional lenses. What are the biggest obstacles to ending that disparity? Where can we do more for people who are affected? I put that question first of all to One Parent Families Scotland.

Satwat Rehman: I will give you some figures from research that the Learning and Work Institute did, supported by the Joseph Rowntree Foundation. It showed that single mothers are more likely to have lost their jobs as a result of the crisis. Nearly one single mother in 10 fell out of employment. One in three—that is, 34 per cent of single mothers—has been furloughed compared with just one in four for coupled parents.

Single mothers who remained in work experienced the biggest decline in hours, with working hours shrinking by an average of 7.6 hours. Single mothers are also more likely to say that they are finding it difficult to manage their finances and that they are falling behind with their bills than couples with children.

Those figures are because many of the single mothers who are in employment are in entry-level jobs in some of the industries and sectors that were hardest hit by the pandemic, such as retail. We undertook a piece of work with the Joseph Rowntree Foundation and another with Oxfam to find out what could support single parents and single mothers in particular. One interesting point was that, when they spoke about support after the first two lockdowns, they said that any services to support them back into work needed to include mental health and wellbeing support as an integral part.

The overwhelming message that came through was that we should not expect single mothers to pick up from where they left off before the pandemic. As a result of the additional caring responsibilities, stresses and financial stresses and pressures that they had to deal with, as well as the impact of former partners' attempts to control them, which I spoke about earlier, they said that they were not where they had been. They felt like they had taken some steps backward and now need support to re-enter work but that that needs to be work that recognises the additional caring responsibilities of being a single mum.

That brings us to the importance of support services such as childcare. We need a childcare infrastructure throughout Scotland that is affordable and available and provides flexibility. We do not yet have the type of labour market that we want, which places equal weight on home and work, and recognises the importance of being family friendly and considering hours and shift patterns that suit the women with whom we work—single mums—rather than hours that are convenient for the employer.

Although we are making some of the more structural changes, we need to think about how we can support single mothers through childcare and employment support and what we can do as we move to a different type of economy. Can the just transition that we make be one that considers the needs of a single mother with two young children who works in an entry-level job to ensure that, as we try to change what we do, we build a fairer society and economy?

There are big structural changes that we can make but, in the short term, it is about recognising that there have been additional pressures for single mums as a result of the crisis. Many have fallen out of work as a result of it and others have had to reduce their hours of work. They say that they will need additional support to get themselves back into work. We want to look at how to ensure that that work gives them an adequate, predictable and regular income, enabling them to stabilise, as well as address the support that they want and their aspirations for themselves and their children.

Dr Kupiec: Young women in precarious work were one of the key groups that we wanted to hear from and focus on as part of our research. We spoke to young women in various jobs that were unpredictable or insecure, ranging from zero-hours contracts to freelance work and sex work. The overarching themes in that area were lack of stability, not knowing what their income would be, and lack of support and protection through various Government schemes that were introduced in response to the pandemic.

One group that was especially highlighted in that area was young women who engaged in sex work. They discussed the difficulty of having to choose between their safety, earning a living and abiding by restrictions. That experience was also challenging for those who work in the creative sector, because they have shorter-term contracts, are self-employed or are freelancers, and the creative sector took a massive hit during the pandemic.

Other than getting rid of zero-hours contracts and having more stability in employment, one of the things that young women told us could help with all those issues was flexibility in the workplace as a starting point or baseline, rather than something that is granted as a privilege. Many young women who are in precarious work and have caring responsibilities found it difficult to progress in the workplace, because the only option for them was to work part time, which was seen as being less ambitious and meant that, for example, they did not have access to the same training opportunities as those in full-time work. That is one systemic issue that should be addressed quickly if we want young—or any—women who are doing unpaid care and domestic work to progress equally with men in the workplace.

Fulton MacGregor: Good morning. I thank our witnesses for all the evidence that they have given us so far; it has been thorough and interesting to hear as we take this work forward.

I have three broad questions that I will work through. They are all related, but they might not flow brilliantly together, so I ask witnesses to bear with me. My first question is on the impact of restrictions on women in particular, which Karen Adam was speaking about earlier.

Everybody is aware that there will be a big announcement from the First Minister today. We do not yet know what that announcement will be, but the likelihood is that there will be an imposition of further restrictions in order to contain the omicron variant. After what I have heard today and last week and what we already know, my concern is that previous restrictions, as well as the virus itself, have impacted women unequally. How should we frame that today?

Although they might not need to close, some sectors might need to be restricted in some way, and there might be restrictions on the number of households that can meet up. What advice would you give to MSPs who will ask questions on the statement this afternoon? What can we ask to ensure that we do not make the same mistakes that were made in the first and second lockdowns? Those were not mistakes of the Scottish Government alone, because restrictions that had the same impact were imposed by Governments all over the world. There was something deeply rooted about the gender inequality in the restrictions.

I am sorry for the long question and I am happy for the convener to pick the order of answers.

The Convener: Who do you want to hear from, Fulton?

Fulton MacGregor: Anybody who wants to come in on it—it is a broad enough question.

The Convener: Do you want to go first, Satwat?

Satwat Rehman: Okay. Thank you very much for those questions, Mr MacGregor. They are very difficult to answer, in a way, in the unprecedented situation that we are in.

We need to consider how to provide more consistent, efficient, regular and predictable support, be it financial or emotional support. As you said, the unequal impact has become very apparent from all that you have heard today and all that we see around us. We need to see what we can do and what measures we can put in place to support people staying in isolation—if measures are announced on reduced social mixing, for instance.

We should consider how to ensure that we are providing the means for digital access when face-to-face access is not possible, as well as support and resource for families and those who support them, so that we can maintain some form of connection and connectivity during this period if there are going to be further measures that will exacerbate the isolation and loneliness that so many single-parent families—so many single mums—spoke to us about, even prior to the pandemic. Research that we undertook, which I can send you a link to, showed that, pre-pandemic, 84 per cent of single mums spoke about feeling isolated, and we saw an increase and a spike in that. We saw the impact on them.

In the first lockdown, we were in crisis or emergency mode in trying to work out how to respond. By the second lockdown, we had managed to nail things down, recognising that there were gaps in how we had responded. If any further restrictions are announced now, the unequal impact should be acknowledged. We should ensure that, in the support measures that we put in place, we can provide priority support to those who we know are the most impacted—not just by the pandemic but by the measures that we must put in place to manage it.

Susie Fitton: To build on what Satwat has said, I note that we are looking for the Scottish Government to learn from the evidence that disabled people's organisations have provided about the impact of the first two lockdowns on disabled people and to use that evidence to formulate new responses if further restrictions are indeed announced.

The key things that we would call for include an assurance to disabled people who receive social care that it will not be reduced or stopped as a result of further restrictions. The Scottish Government committed emergency funding to local authorities when social care support was stopped during the first lockdown, but it was difficult to find out whether that funding found its way to social care recipients. We want assurances that social care will be maintained if further restrictions are brought in.

We need to ensure that our responses are bespoke in relation to people at high risk of the virus and who are shielding. We need to maintain shielding support, particularly digital access for disabled people who are shielding. We need to involve disabled people, as the experts in their own lives, in emergency planning in the future.

That can involve ensuring that communication about restrictions is available in accessible formats. We have had British Sign Language interpretation for the First Minister's updates in Scotland, but the United Kingdom Government has not had BSL interpretation throughout the pandemic, and that has actively excluded BSL users from hearing very important public health information.

We want to ensure that the involvement and participation of disabled people are part and parcel of how we live with Covid-19, as it seems that we must. Yes, if I could leave any one takeaway message today, it would be that we need to ensure that social care support is maintained if further restrictions come in.

11:00

Maggie Chapman: I want to pick up a couple of points that have been made about the coercion and control that some lone mums will experience. Pam Gosal, who sends her apologies today, was interested in exploring some of the high levels of domestic abuse and violence that we know have occurred during the pandemic, not only in black, Asian and minority ethnic communities and ethnic minority groups but more generally. What are the witnesses' thoughts on current service provisions and whether our policies are adequate? Do we have the right support mechanisms in place to support people who are in abusive and violent situations, and what can we do better? I appreciate that, particularly for carers in paid and unpaid work, there will be additional vulnerabilities around domestic abuse and domestic violence, so I am keen to hear different people's views on that. Those questions are for Satwat Rehman first and then for anybody else who wants to pick those up. I am sure that Margaret Lance will want to.

Satwat Rehman: That is such a complex question to try to answer quickly, so bear with me. Current services and provisions could do with additional support and investment, particularly if we are looking at the introduction of further restrictions. What many single mums that we work with lost as a result of the restrictions was peer support—the informal support that enabled them to have someone to go to, to say what was going on. They knew that there was going to be that greater isolation, which resulted in some of the higher levels of control and abuse that they have experienced and spoken about.

People do not necessarily think about single mums as still experiencing on-going domestic abuse, so another issue that we need to address is people's perceptions of the group of mothers that we support. Much of the it is around economic domestic abuse and control—withholding payments and so on. That was particularly difficult given that many of the families that we worked with at the beginning of the pandemic did not necessarily have access to online facilities to enable them to get the advice and support that they needed. That is critical—that the means of support are there and that the information is available, so that women know where they can go and what they can do, rather than feeling that they are in a situation in which there is no one around who can help them. We definitely need to look at additional support.

With regard to the policies, we need to ensure that we are being as inclusive as we can be, and we need to understand some of the complexities of the situations that women find themselves in, even after they have left an abusive partner, where there are children involved and the coercion that comes around that. We need to ensure that we invest during this period in those front-line services that can provide the support to the women we are talking about and ensure that we are connected to each other so that we know exactly where we need to be to be able to support women.

Maggie Chapman: That is helpful—thank you, Satwat. Patrycja Kupiec wants to come in next.

Dr Kupiec: The issue with the current service provision is that all our models are built on face-to-face support and creating physical safe spaces that women can access to get the support that they need, including the informal peer-to-peer support that Satwat Rehman mentioned.

When we moved all our services to online delivery, we did not have the time or resources to address the digital gap, and access to technology and devices. For many women who are in a domestic abuse situation, home is not a safe space, and we do not know who is controlling the devices. Even if there is funding available to give women devices or provide them with online training, we do not know who else is sitting in the room with them.

If we are moving into further restrictions, we need to address that issue, as we are missing a lot of women in terms of being able to provide them with adequate support other than face-to-face support. I highlight that area in particular. I have only thoughts rather than answers, but we definitely need to concentrate our efforts on those aspects if we are looking at another year of coming in and out of lockdown, because some women would not have any access to support, given the situation that they are in.

To go back to the issue of precarious work and women losing income, that is another intersection that is worth exploring, as women—especially those who have children or caring responsibilities on top of paid work—can become trapped in domestic abuse situations because of a loss of income as a result of the pandemic.

Maggie Chapman: Thank you, Patrycja—that is a clear outline of some of the barriers and issues around digital replacements for face-to-face meeting spaces. We need to think a bit more creatively and imaginatively about that.

I turn to Margaret Lance. I am aware that ethnic minority women face additional exclusions around not only digital poverty but safe spaces to meet, and there may be cultural issues that we need to understand a bit more clearly. What would you like to say in response?

Margaret Lance: I highlight the fact that domestic violence is on the rise. There is a lot of underreporting, perhaps due to cultural issues and beliefs, and the shame that reporting domestic violence could bring on families. Some of that underreporting could also be because women are scared that if they report, their children will be removed from them. In working with them, we need to reassure them that there is information and support in place for them. If the information is put out clearly, they would understand that there is support for them. Women may be tied into a violent relationship, perhaps because, if they leave, their visa will be withdrawn, or they are still dependent on their partners, and they undergo all that without speaking to anybody.

In providing support, we may sometimes phone a woman who has issues but who cannot talk because of the environment in which they live. I will give an example. I was talking to somebody on the phone, and I realised that the connection was not stable. I said, “Are you okay to talk? Where are you?” and the woman said, “I’m in the wardrobe.” We are there to provide support if somebody has something to say, but if they cannot talk, there is a gap.

As one of the witnesses highlighted, our policies are designed for face-to-face work. We need to understand that some people cannot access the internet or are not computer literate. How do we work with those people to ensure that we provide them with the right information? If the police are going to interview families, they should be aware of the cultural differences regarding the information that somebody might disclose. Sometimes, someone may say some words and not really mean what they say. The police need to understand that they should not take them to task for using certain words, because they learned those words from how they were brought up, and they continue to learn every day.

We need to understand those communities, and the additional needs that women may have. For example, they may have children who have special needs, which impacts on their mental health and wellbeing. If someone has three or four children in different school classes, they become a teacher by default. That can be overwhelming for parents, and women in particular, and it may impact on their attitude and on the relationship in which they find themselves.

We need to look at culturally sensitive ways to work with those families so that they feel free to talk with us and know that there is support there for them, rather than fearing that we are going to take their children away. The social services are there to support families, but those services need to invest in themselves to be able to understand the people that they are there to support.

Maggie Chapman: Thank you, Margaret—that is really helpful. It is useful that you mentioned the police. We have talked about social services and other support services, but it is important that you brought the police into the discussion. We perhaps need to think about conversations that we can have with the police around cultural understanding and sensitivities, so that their role does not come down to blind enforcement of a policy and there is a sensitive understanding of different situations.

I will leave it there for now.

The Convener: Thank you—we move to Alexander Stewart.

Alexander Stewart: With regard to the impact of the pandemic on physical health, there is an indication that long Covid seems to be affecting more women than men. It would be good to get some views on what effects that has on women’s participation in the labour market. Some, or most, women who work part time may find that their employer’s response when they are having to cope with long Covid is inadequate, and women are more likely to be in jobs that may not entitle them to statutory sick pay and so on.

I ask Susie Fitton to give us an idea of how that issue is having an impact, and how it might progress.

Susie Fitton: The evidence suggests that women who report having symptoms of long Covid outnumber men by as much as four to one. The evidence on that is obviously still emerging, and there are questions being asked as to why that is. The hypothesis that I have seen most often is that long Covid is, in essence, an autoimmune response to the virus—it is an autoimmune disorder, if you like, and 80 per cent of all autoimmune disorders are experienced by women, leaving aside Covid and the symptoms of long Covid. I have seen some of the discussions from autoimmune specialists and virologists about that;

they think that women are more likely to experience an autoimmune disorder.

With regard to the impact on the labour market, we know that women who experience ill health and disabled people are at risk in relation to their employment. That is especially the case for women who are in part-time employment. We know that employers may well be struggling or may not have sufficient guidance and advice to enable them to know how to respond to employees who have long Covid. We have had anecdotal evidence from disabled people that they are finding it very difficult to get support from general practitioners with their symptoms of long Covid, and to find support networks, including peer support networks.

11:15

The evidence on employment for disabled people in previous economic downturns suggests that, during emergency situations, their activity rates fall and wage gaps widen. That is a significant issue for disabled people and for people with long Covid. We know that disabled workers—including, potentially, people with long Covid—are at a substantially higher risk of being made redundant or of having their hours reduced. There are obvious issues, including gender issues, with long Covid. We will be keeping an eye on how that develops.

Pam Duncan-Glancy: My question is for Susie Fitton and for Satwat Rehman. How might the increase in unpaid work impact on Government plans for the no one left behind approach to employment, and on the aim of reducing by half the employment gap for disabled people?

Susie Fitton: The work to tackle the disability employment gap needs a shift in focus. Employability support for disabled people has been concentrated on trying to upskill them.

In employment, as in many areas of everyday life, disabled Scots went into the pandemic worse off than non-disabled people. The employment gap between disabled and non-disabled people of working age is higher in Scotland than it is elsewhere in the UK. Disabled people are almost twice as likely as non-disabled people to be unemployed.

The Scottish Government has committed to halving the employment gap by 2038. Interim milestones mean that, every year, the employment rate needs to increase by around one percentage point; that, by 2023, the employment rate for disabled people should stand at 50 per cent; and that, by 2030, it should be at 60 per cent. In 2018, when that target was set, we considered that having a target of 20 years for only halving the disability employment gap showed a distinct lack of ambition. However, we are now very concerned that, as a result of the pandemic, those targets will not be met.

Already, many disabled people who are in work have to leave their jobs when they acquire an impairment, or when their condition worsens, and they do not get the support or workplace adjustments that they need. Loss of employment opportunities contributes to disabled people’s living in poverty, and unemployment results in demoralising rejection, increased pessimism, underconfidence and poor mental health for disabled people.

The barriers that disabled people face in getting ready for, getting into, staying in and getting on in work are many, varied and quite complicated. They include stigma, poor attitudes, inaccessible application processes, discriminatory practices that include a lack of opportunities for promotion and development, and policies for retention and sick leave that actively discriminate against disabled people. Inaccessible transport and workplaces and a lack of accessible housing can also play their parts in preventing disabled people from finding, or progressing at, work.

Our overriding message is that support services and national and local strategies have, for too long, focused on what people think are disabled people’s employability issues—in other words, what needs to change about us as disabled people, and what support we need. Support for employment is, therefore, often targeted at addressing disabled people’s perceived lack of skills or education, the difficulties that we have in managing our health conditions, or our perceived lack of confidence or motivation.

In other words, it is disabled people who are expected to change and improve in order to be better suited to the existing world of work. We believe that there is a deeply skewed allocation of responsibility for addressing disability employment, because much greater demands are placed on disabled people than are placed on employers and other organisations. For example, disabled people are penalised when they are not able to gain or retain employment, but employers continue to be largely unaccountable if they do not create inclusive workplaces.

I will give you an example. Disabled people are more than 60 times more likely than employers to face sanctions for non-compliance with requirements in relation to work-related benefits. In 2015-16, disabled people were sanctioned almost 70,000 times for missing appointments or infringing on work-related conditions of benefit payment, with resulting reductions in benefits. In the same year, employers were, in effect, sanctioned only around 1,000 times, when disability discrimination cases were either settled or won by a disabled person at an employment tribunal.

What I am saying, and what the pandemic has highlighted, is that we have systemic inequality when it comes to disabled people's employment, and we really need a shift in focus. Rather than thinking about employability, we need to think about employerability. What can employers do to support disabled people and create inclusive workplaces? What advice and guidance do they need? What support do they need with human resources, with provision of reasonable adjustments in the workplace and with access to work? How can we make workplaces in Scotland much more accessible to disabled people?

Satwat Rehman: I agree with all that Susie Fitton just said. It was a fantastic summary of some of the issues that the specific groups that we are here to talk about experience collectively and generally.

To go back to Pam Duncan-Glancy's question about the no one left behind approach and the employment gap, we have to look at the support services that we need to put in place for single parents. Every time we speak to single parents about their biggest issues, they come back to childcare and childcare support, family-friendly working practices and how—as I said earlier—the labour market is structured.

With regard to the no one left behind approach, I agree with Susie Fitton that there is currently a deficit model for how we look at the range of issues that face single mums and with which they need support. We need to turn the focus around so that, rather than focusing on the assets that single parents have that they can bring into the labour market, we look at how we can support them by restructuring it.

There is still a need for specific tailored support. A big thing that we hear time and again is that parents want a job that will fit in with their family, because family comes first. Caring responsibilities are critically important, but—as we have spoken about—they are undervalued, or not valued or recognised. With regard to employer attitudes, it is critical that we think about how we can support employers to understand the benefits of being more flexible and family friendly.

One parent said to us:

> "My supervisor doesn't understand, they will say, 'well I've got kids and I work' but what they don't realise is they might have support, they might have family that can help, I don't have that."

They went on to say:

> "I have seen what it's like, they tell you they are flexible, but they mean you need to be flexible for them. But it should go both ways. You worry when you ask about flexibility or time off for your kids, you know they will just replace you."

That fear keeps many of the mums with whom we work in low-paid and precarious work in which they are underemployed, because of the fear factor of having to move somewhere else and losing whatever flexibilities they might have gained through their length of service with the same employer.

The other thing to say is that, in order to support the women whom we work with to move beyond entry-level jobs, we need to look at how to create a pathway that recognises the importance of qualifications. Then, we could support women so that they would be able to study and have financial security and stability while doing so in order to progress in the workplace to different jobs and increased hours of work. We can consider how we might support them in that, but it will, of course, come back to having a comprehensive social care and childcare infrastructure to support women and families.

Karen Adam: Everything that you have all been talking to us about is overwhelming. It is very clear that many inequalities that have been highlighted by the Covid-19 pandemic existed before it. They are issues that women have been championing intersectionally and on which they have been trying to get the message across for generations.

It is fantastic that we are hearing from you and discussing this today, but what can we really do to make a massive shift happen? We have heard about patriarchal structures; for example, evidence that although 80 per cent of people with autoimmune diseases are women, women are less likely to take time off to go to the doctor or for childcare because of perceptions. Is there a deeper underlying cause that we need to address, on top of making the practical and policy changes that we need to make? I suppose that that is a higher-level question, but I am very interested to hear your feedback on it. The question is open to any witness who would like to come in.

The Convener: Shall we start with Catriona?

Catriona Melville: Sure. That is a very complicated question to answer, but I will do my best to give it some thought.

It will be essential that we place more importance on the role of unpaid carers. In relation to workplace issues, that role is not as valued as it should be. When a person has a gap in their CV and says that they were providing unpaid care, whether it was childcare or caring for an elderly relative, employers do not recognise that the person has made an important contribution.

There are probably more practical measures that we could put in place to support carers in the workplace that would help—specifically, employability strategies could focus on carers either while they are in work or after a gap for caring to help them back into work.

There are positive things, such as the carer positive accreditation scheme, but we can also do more to embed practical recognition in support for carers. Giving carers access to resources so that they can pursue training opportunities to help them with their caring role, and beyond that role, is also very important. We should also make sure that any carer who could be at risk of redundancy because of the care that they are providing has the support that they need. Those are practical measures that can, we hope, support carers.

Dr Kupiec: That is such a big question, but I will try to unpack some of the issues. I think that an entire systemic overhaul of our approach to employment is required.

Starting with the application process, which Catriona touched on, it is very difficult to explain gaps in employment. Maybe we need to think about having different application and recruitment processes. We need more education and training for young women that embeds confidence building. We need skills recognition, including recognition of the skills of adults who do unpaid care. Care needs to be recognised as a form of employment and a training skill, and employees need to recognise it as something that is extremely valuable.

As I said before, we need more flexibility; flexibility should be the baseline, not a privilege that people need to ask for that might be rejected. The past two years have proved to all of us that we can work more flexibly. It must be difficult for people who have had previous requests for flexible working rejected to see how entire companies and our entire economy adapted to a more flexible way of working. We should not even be thinking about going back to how we used to work.

11:30

We need increased opportunities for women—for women with caring responsibilities and for women who are returning to work. We need support, training and a wider societal shift by overhauling our current system and tackling existing power structures that keep women in lower-paid and less-valued employment. There is definitely something to be said about the value that we attach to certain forms of employment and about how little value we attach to employment that is dominated by women. That ensures that women remain dependent on men, financially and with men as the power holders in terms of our careers and experiences in the workplace.

There are so many things to tackle, but I am happy that we are at least now considering them seriously and are starting to have wider and deeper conversations about the things that people in our sector have been discussing for many years. That is one silver lining of the past two years.

Satwat Rehman: I will mention two specific things that might help. One of the critical things that we need to build into everything that we are doing is that we must ensure that the women whom we work with and who have direct experience are at the centre of the conversations about designing what we need to do, as we continue to live with the crisis and when we begin to emerge from it.

We should recognise the diversity of families, including single-parent families. When we implement policy and design services in response to Covid-19, we should have that diversity at the centre, focusing on those who have experienced the situation most acutely and on what we can do to develop and build from here in a way that does not entrench the inequalities that have been so exacerbated.

One Parent Families Scotland has supported Oxfam Scotland’s campaign to add a national outcome on care to Scotland’s national performance framework. We want recognition that the Covid-19 pandemic has reinforced the crucial importance of care—both paid and unpaid, and most of which is carried out by women—to all our lives. Too often, caring for someone, be it an adult or a child, results in significant personal and economic costs for the individual and the family. We would support making Scotland one of the first countries in the world to include such an explicit cross-cutting and comprehensive commitment to care and the role of carers within the performance framework.

Susie Fitton: I would echo the points that Satwat Rehman has made. If the Scottish Government is serious about an economic recovery, a social recovery and renewal from Covid-19 that is centred on equality and sustainability and tackles gender roles, it needs to embed women’s equality in the redesign of social care, and that needs to be a key principle in founding the national care service. Good-quality care must be universally accessible and free at the point of need. Social care support must be universally accessible, with minimum standards of support in a system that allows women to have control and flexibility.

As we consider how we are going to live with Covid-19, we need to adequately resource social care support, recognising its wider role in enabling women’s quality of life, their participation and their contribution.

I want to reiterate what Satwat Rehman has so passionately advocated. We need to involve women who are impacted by disability. Disabled women and women who care for disabled people must be listened to and involved in emergency planning. Our participation as disabled women needs to be front and centre of policy and decision making as we work out how to manage and live with Covid-19—not just for things that are specifically about disabled people, but in all decisions that affect us.

For that to happen, policy and decision makers and service providers need to understand that our lives are complicated. We are not just women or disabled people; we are employers, employees, learners and parents, and we live in different parts of the country. As disabled people, we are more likely to live in poverty and to have higher costs. Those things need to be taken into account in working out what we do next.

Margaret Lance: The previous speakers have kind of written my script, which is great and makes it easy for me. I echo the point that it is about understanding the community that we serve. We cannot provide support to anyone without understanding where they are and where they want to be.

On carers' unpaid work, I have realised that the reason why most women in the black and minority ethnic community get trapped in zero hours contracts is that they want work that will be centred on their children. If an employer wants them to work Monday to Friday they say that they cannot do that, because they need to be there for their children. They think that, if they leave their children, social services will come and take them. Most of those women want to contribute. Childcare is an issue in regard to participation. If we want to involve women, we need to be flexible and we need to understand the circumstances in which they find themselves.

If we are to have more restrictions again, that will cause a lot of anxiety, uncertainty and dread, which will lead to depression. That will impact on mothers and their children.

If people do not have family here, they want to work. In relation to volunteering as a job, we talk about unpaid staff, but they do the same work. We need to recognise that and provide people with the support that they need to upskill. Some people come here with degrees but cannot get a job. When they apply for jobs, they are told, "You've got no experience." How can they get experience when they do not have the opportunity to show what they have got? We need to look at how we support people to upgrade skills. That should be flexible and inclusive.

The Convener: Thanks, everyone. That brings us to the end of the session. We have gone over time by quite a bit, but we could have kept discussing the topics, because they are so important. I am sure that the committee will come back to some of the issues in our future work. I say a huge "Thank you" to all our witnesses for attending.

Our next meeting will be on Tuesday 11 January. It will be a fully virtual meeting, at which we will begin taking evidence at stage 1 of the Miners' Strike (Pardons) (Scotland) Bill.

11:38

Meeting continued in private until 11:57.

Published in Edinburgh by the Scottish Parliamentary Corporate Body, the Scottish Parliament, Edinburgh, EH99 1SP

All documents are available on
the Scottish Parliament website at:

www.parliament.scot

Information on non-endorsed print suppliers
is available here:

www.parliament.scot/documents

For information on the Scottish Parliament contact
Public Information on:

Telephone: 0131 348 5000
Textphone: 0800 092 7100
Email: sp.info@parliament.scot

The Scottish Parliament
Pàrlamaid na h-Alba