

VOICES FROM LOCKDOWN:

One Year On:
A way forward for
women and girls

FULL REPORT
MARCH 2021



With thanks to



The Pilgrim Trust

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Who we are

About Agenda

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.

Acknowledgements

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Methodology

This is the final report of one year of research carried out over the first year of the Covid-19 pandemic. Agenda's interim findings report *Voices From Lockdown: A Chance for Change* was published in August 2020. Since the publication of this report, Agenda has conducted two more waves of research.

SURVEY 1

April-June 2020

72 unique respondents

SURVEY 2

July-October 2020

46 unique respondents

SURVEY 1

Nov 2020- Jan 2021

58 unique respondents



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.

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 throughout the year.

Roundtable Discussions

We held two roundtable discussions with the women's sector and experts by experience.

- **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 key concerns, access to mental health services and support and solutions for Black and minoritised women and girls.

This report brings together 176 unique geographically representative respondents from organisations providing support to women across a number of areas of need. Out of these, 12 responded to two surveys and an additional 4 to all three surveys. In total, 196 responses were recorded from over 150 unique organisations. As not all organisations completed all three surveys, there are limitations to the comparative

analysis of the data that can be made. In this report we present data from all three surveys side by side to provide a snapshot of the state of the voluntary sector providing support to women and girls at different times throughout the year, capturing the experiences of a variety of service-providers. For the full method, please see Annex 1.

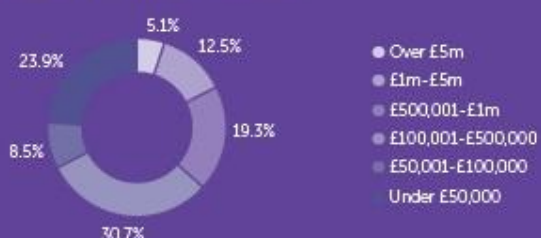


Who we heard from

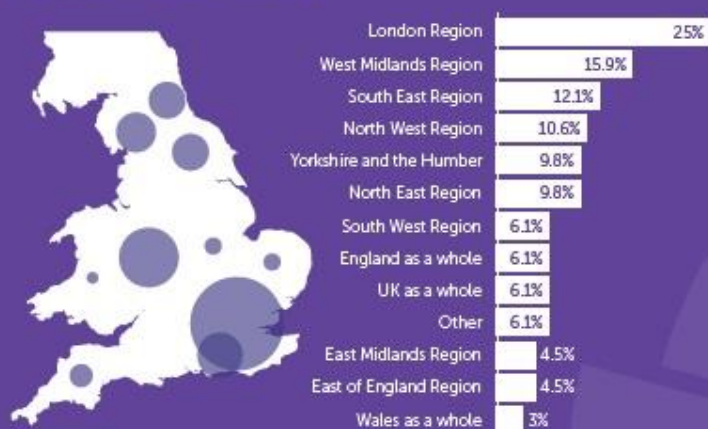
The 176 unique respondents were largely organisations in the women and girls' sector. This report uses the term 'women and girls' sector' to refer to organisations working primarily with women and girls within the wider voluntary community and social enterprise sector (VCSE), offering support and services 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. This chart shows the proportion of the respondents based on the type of service they provide, with most respondents offering several services across three surveys, 25 (unique) respondents were organisations supporting Black and minoritised communities (14% of all respondents). Across three surveys, 33 (unique) respondents were organisations supporting girls and young women (19% of all respondents).

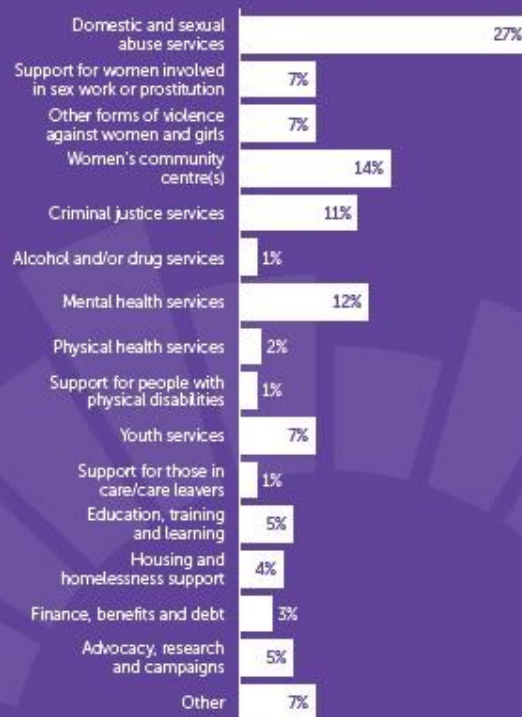
Annual income of services



Where services are located



Primary types of service organisations identified as providing⁹



Timeline of lockdown

Introduction

One year on from the announcement of the first national lockdown on 23 March 2020, we are living in a very different world. **Far from being “the great leveler”, the outbreak of Covid-19 and a year of restrictions have sharpened pre-existing inequalities.** Women and girls facing multiple disadvantage already faced disproportionate levels of violence and abuse, poverty, poor mental health, addiction, homelessness and contact with the criminal justice system. With many women and girls made redundant or facing reduced pay, forced to stretch benefits even more thinly, cut off from vital social bonds and support services, and experiencing increasing levels of violence and abuse, the pandemic and successive lockdowns have created the conditions for these issues to fester and grow. For the many women and girls living with the impact of past trauma, restricted ways of life have been triggering and, in some cases, have led them to adopt or return to harmful coping strategies.

Despite soaring levels of unemployment, poverty, destitution and poor mental health, women and girls have often not been able to access life-saving support over the past year. The women and girls’ sector has faced many challenges delivering support in these circumstances and has struggled to meet increased

demand. With challenges of their own, statutory services have not been easily accessible during the pandemic to those experiencing the worst social and economic effects of Covid-19.

One year on, we face an imminent tidal wave of unmet and hidden need – the scale of which will only be known as the third national lockdown is eased. In the months and years to come, the women and girls’ sector faces a spike in demand alongside an anticipated funding crisis, at the same time as women and girls face long-term unemployment, poverty and mental ill-health. Without the right action, public services will be forced to pick up the pieces – with the economic costs running to billions of pounds.

This report builds on the interim findings report *Voices from Lockdown: A Chance for Change*.¹ **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. **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.** This research brings



together the voices of hundreds of women and girls who have faced the very worst impacts of lockdown, but who have shown

immense resilience and innovation in the face of adversity. For the right way forward, it is the expertise and experience of women and girls that must set this course.

What is 'multiple disadvantage'?

Women and girls facing multiple disadvantage experience a combination of complex and overlapping problems. We use the term multiple disadvantage to refer to any combination of: homelessness, violence and abuse, substance misuse, poor mental health, poverty and contact with the criminal justice system.

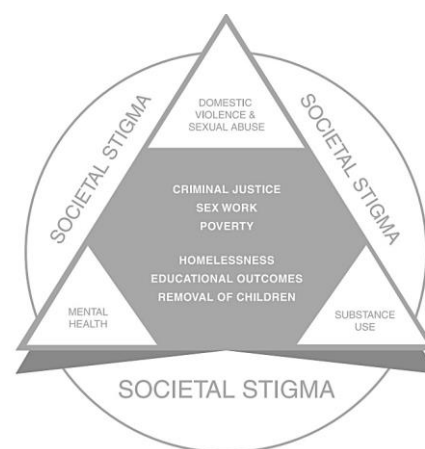
However, there are many other outcomes that are commonly related to these experiences of disadvantage, for example involvement in 'survival sex', removal of children into social care, and poor educational outcomes.

For many women and girls, their experiences of disadvantage are underpinned by a history of extensive violence and abuse. Agenda research shows that women are ten times as likely as men to have experienced extensive physical and sexual abuse during their lives, with one in 20 women affected.² That's 1.2 million women in England alone.

Many women and girls who have suffered violence and abuse are deeply traumatised and go on to face multiple, complex issues. Women with extensive experience of physical and sexual violence are far more likely to experience disadvantage in many other areas of their lives. Agenda research³ reveals that among women who have experienced violence and abuse throughout their lives:

- 54% have a common mental health condition;
- 35% are in the lowest income tertile;
- one in three have attempted suicide;
- one in five have been homeless;
- one in three have an alcohol problem

For the final report of the [National Commission on Domestic and Sexual Violence and Multiple Disadvantage](#), Agenda and AVA worked with peer researchers who collaboratively produced this diagram to help outline what they understood multiple disadvantage to mean for women.



Women and girls' various intersecting identities mean they have distinct and sometimes disproportionate experiences of multiple disadvantage and barriers to support. For example, a woman or girl's race, ethnicity, age, ability, sexual orientation, gender identity and immigration status may overlap in ways that increase the disadvantage and discrimination they face, as well as impacting the support they are able to access.

The impact of Covid-19 on women and girls

Women and girls facing multiple disadvantage are in greater need than ever, with poverty and mental health an urgent concern. Girls and young women -and Black and minoritised women and girls- have been disproportionately affected.

The Covid-19 pandemic has had a disproportionate impact on women and girls at the sharpest end of inequality. The difficulties experienced by women and girls facing multiple disadvantage pre-date the pandemic, and have only been exacerbated by Covid-19. As well as compounding pre-existing issues, the pandemic has driven more women and girls into greater disadvantage. Agenda's research highlights in particular a concerning increase in poverty and destitution, and women and girls' deteriorating mental health, both of which appear to be mutually reinforcing. This trend is observed in parallel with an increase in related experiences of unemployment, insecure housing, violence and abuse, 'survival sex', substance use and contact with the criminal justice system. Evidence from this research, supported by wider research, suggests that Black and minoritised women and, and girls and young women, already more vulnerable to social and economic shocks, have been particularly impacted -with many losing their jobs, being pushed into destitution, and not able to access mental health support.

"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 women.

Increase in demand for services

Over the course of one year, 76% of organisations report demand for services has increased.



Since the first national lockdown on 23 March 2020, there has been a marked increase in demand for services supporting women and girls facing multiple disadvantage. In this research, 'demand' is understood as the number of women and girls being 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. In the third survey, organisations reported an **average increase of 14% in the number of women and girls they are supporting** each month (comparing levels before March 2020 and since). This corresponds to an estimated 16,075 women and 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.

One year on:ⁱ

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%

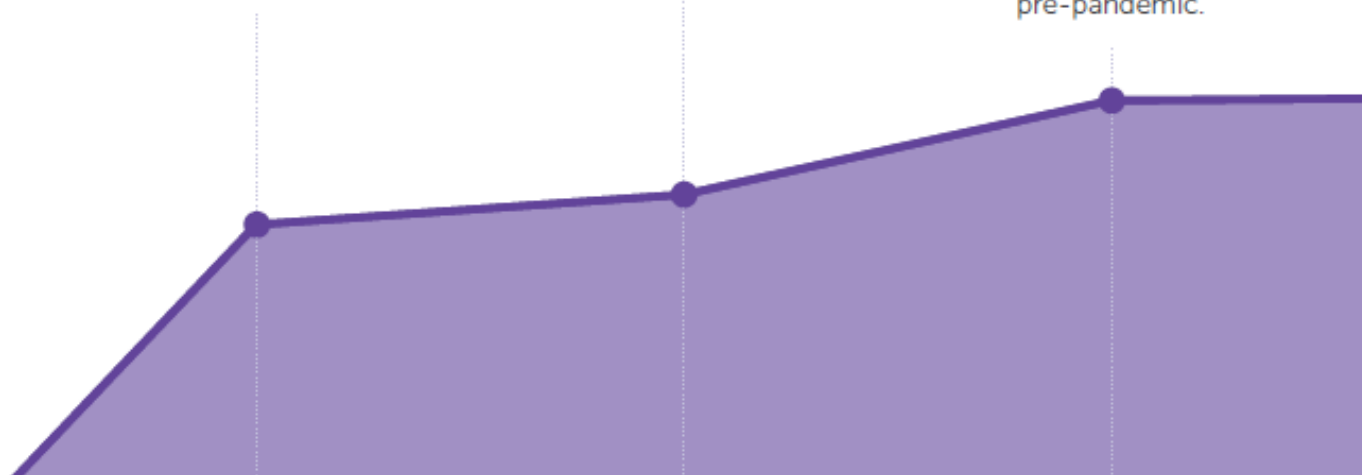
of organisations reported an **increase in demand**, as compared to pre-pandemic.

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.



ⁱ This table presents a snapshot of the levels of demand for the voluntary sector providing support to women at different times across 2020.

The impact of the pandemic on levels of demand for services

Survey 1 April – June 2020	Survey 2 July – October 2020	Survey 3 November 2020 – January 2021
63% of organisations supporting women and girls facing multiple disadvantage stated an increase in demand.	71% of organisations reported an increase in demand since the start of the pandemic. 57% reported demand had increased by a lot.	76% of organisations reported an increase in demand among the existing women/girls they already supported pre-pandemic.
Women's centre <i>"[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."</i>	Alcohol and drug service <i>"The number of new cases was staggering - much beyond our capacity [...] The sheer volume increase was a shock to the system."</i>	Organisation supporting care-leavers <i>"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."</i>

This significant ongoing increase in demand can be attributed to two trends observed in this research: an increase in the *complexity of need* of women and girls already in contact with services (discussed in more depth in the next section); and an increase in *new* referrals.ⁱⁱ For example, in the second survey, 71% of organisations reported an increase in new referrals since pre-pandemic levels, with 68% saying this had further increased since the first three months of the pandemic.⁶ This grew to 82% of organisations in the third survey. In this survey, the type of organisation most likely to report a substantial increase in new referrals were domestic and sexual abuse, mental health and criminal justice services. In addition, services whose

primary service groups are refugee and migrant communities as well as Black and minoritised communities were more likely to report an increase in new referrals.

"We've particularly seen an increase in new referrals - women who have never accessed our support before either self-referral or being referred by agencies... So in the first lockdown we were sort of seeing between a 30-40% increase, and now we're seeing 65% increase".

Organisation led 'by and for' Black and minoritised women (Interview, November 2020)

ⁱⁱ New referrals refer to women and girls who were not previously in contact with services.



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.⁶ As we emerge from a third national lockdown, it is likely this trend will be observed again (as set out in Chapter 2).

Increased complexity of need

Over the course of one year, 100% of organisations report the complexity of women and girls' needs has increased.

Since the pandemic began, there has been a significant increase in the complexity of need among women and girls accessing support from voluntary organisations. A woman or girl with 'complex needs' experiences two or more needs affecting their physical, mental, social or financial wellbeing.⁷

These needs typically interact with and compound one another, meaning that if they are not addressed holistically and early enough, women and girls' problems can spiral – with devastating effects for them, their families and the community. Women and girls with high complexity of need are often at, or vulnerable to reaching, crisis point. This in turn can mean they face barriers to accessing services, as a result of thresholds

determining who a service can work with. In this research, we use 'complexity of need' to refer to the level of support needs a woman or girl has, including the number of needs she has, as well as the severity of these needs.

"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*, 56ⁱⁱⁱ

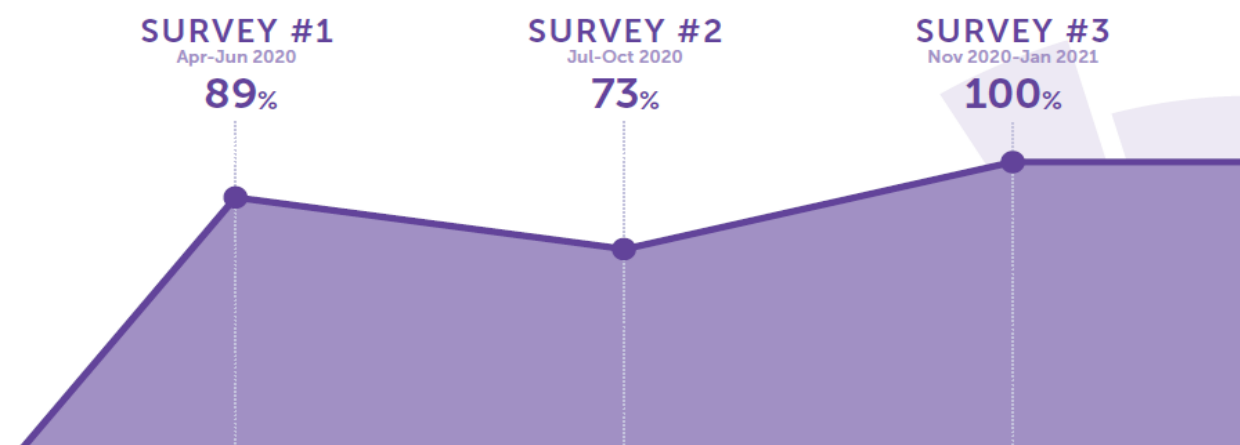
Women and girls' increased complexity of need is driven by a range of experiences of disadvantage, stemming from inequalities and compounded by Covid-19. Across all three surveys, increased levels of need, as well as the severity of need, was observed – particularly in relation to poverty, destitution and deteriorating mental health. These trends have been observed in parallel with an increase in related experiences of violence and abuse, homelessness and poor-quality housing, 'survival sex' and substance misuse.

ⁱⁱⁱ We have used * by all the names of woman and girls who preferred to use an alias.



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



One year on:

The impact of the pandemic on the complexity of women and girls' needs		
Survey 1 April – June 2020	Survey 2 July – October 2020	Survey 3 November 2020 – January 2021
89% of organisations reported that complexity of women and girls' needs increased	73% of organisations reported that the complexity of women and girls' needs had increased since April-June 2020	100% of organisations observed an increase in complexity of need since the beginning of the pandemic, with 64% saying women and girls' needs had increased a lot
Service supporting adult physical and mental health <i>"People are coming to us in crisis more frequently – there is a higher level of need and at a more urgent level than 'early help'. It feels like there is less support available to help with higher levels of need. Particularly if people need help that can't be met with a phone call."</i>	Women's centre <i>"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."</i>	Domestic abuse service-provider <i>"The complexity of cases has increased. The age of children and young people referred to our service has dropped to more under 18s being referred. There is an increase pressure on suitable housing [for women and girls] with less move-on facilities available. There is a far higher rate of 'risk to self' with many showing signs of suicidal ideation and self-harm. Mental health presentations have increased significantly."</i>

Increase in unemployment, poverty and destitution

Since the start of the Covid-19 crisis in March 2020 to date, almost a third (31%) of organisations have identified an increase in poverty, destitution and basic needs among the women and girls they support.

Refugee, asylum-seeking and migrant women were reported to be those hardest hit by increased poverty.

The gendered economic impact of Covid-19 is well-evidenced.⁸ Before the pandemic, women already made up the majority of people living in poverty⁹ - an inequality that has only become more pronounced during lockdown. Agenda's research, supported by wider evidence, suggests rising unemployment and increasing levels of destitution has disproportionately affected girls and young women, and Black and minoritised women and girls.

Pre-existing inequalities:

Evidence shows that before the pandemic women and girls were already most at risk of poverty. These challenges have been made worse by the pandemic.

- Women are more likely to be in low-paid and in insecure employment: 69% of low-paid earners are women,¹⁰ 74% of those in part-time employment are women, and 54% of those on zero hours contracts are women.¹¹

- Black and minoritised women are clustered in low paying occupations and are more likely to be unemployed than White women, even when qualifications are taken into account.¹²
- Women make up a majority of people who are homeless: 56% of statutorily homeless households in England are women with dependent children or lone women.¹³
- Women are more likely to struggle with debt and bills: 39% of women and 34% of men reported it was a struggle to keep up with bills, some or most of the time, 26% of women and 23% of men said they ran out of money by the end of the month and 29% of women and 23% of men said they would not be able to make ends meet for a month or less if they lost their main source of income.¹⁴
- Almost 40% of young women struggle to make their cash last until the end of the month and a third of young mums say they are always in debt.¹⁵

Women and girls facing multiple disadvantage have been hit hard financially by Covid-19, despite the emergency response. The jobs that women and girls living in poverty are most likely to occupy are precarious and low-paid - with many women and girls Agenda spoke to experiencing redundancy and reduction in



pay since the start of the pandemic.^{iv} Girls and young women have been, and will likely continue to be, hit hardest by unemployment. Research by Young Women's Trust reveals that **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.¹⁶

"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. Women are also risking sex working on the streets which is considerably more dangerous than sex working in a parlour."

- Organisation supporting women in sex work (Survey 3)

"The hospitality industry has dried up which was a huge source of employment before the pandemic. We are expecting competition to be much higher for jobs."

Organisation supporting women in contact with the criminal justice system (Survey 3)

Charlotte has a young son and has faced financial difficulties during lockdown

"With the whole corona... it's made it a lot more difficult. There's not a lot of job opportunities out there for me to actually look into."

Charlotte*, 23

For the many women who were not in employment at the start of the pandemic, especially young women with little to no previous experience or resources, Covid-19 has further entrenched poverty and sharpened the risk of destitution. Some means of income women had to previously turn to, such as street-based sex work and begging, became unviable. Despite the £20 top-up to Universal Credit payments, for many women and girls, Universal Credit still does not stretch far enough to meet even the most basic needs,^v with many relying on foodbanks to survive.¹⁷

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

-Saima*, 45

^{iv} Data from Interviews in April-June 2020 and November 2020 – January 2021.

^v In March 2020, the government announced a temporary increase of £20 per week to the standard allowance in Universal Credit and the basic element in Working Tax Credit for one year. This applies to all new and existing Universal Credit claimants and to existing Working Tax

Credit claimants. In the 2021 Budget, announced on Wednesday 3 March, the Government committed to extending this top-up by a further six months – until the end of September 2021. A coalition of Members of Parliament, anti-poverty campaigners and think tanks are pushing for this top-up to be further extended or kept permanently.



The impact of poverty

The impact of the pandemic on levels of <u>poverty</u> among women and girls		
Survey 1 April – June 2020	Survey 2 July – October 2020	Survey 3 November 2020 – January 2021
<p>Organisation supporting Black and minoritised survivors of abuse</p> <p><i>"The rise in demand and the likelihood of a severe downturn in the economy will lead to poverty and destitution which exacerbate the existing inequalities and levels of discrimination faced by BME women."</i></p>	<p>Organisation supporting women and girls with physical and/or learning disabilities</p> <p><i>"Before Covid-19, we concentrated on purely helping our beneficiaries to explore their self-employment ideas. However, 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."</i></p>	<p>Organisation led 'by and for' women and girls</p> <p><i>"We've seen an unprecedented level of destitution and have for the first time ever set up our own welfare grants fund providing money for food, utilities etc. and also laptops and tech for children who need it to access lessons and friends."</i></p> <p>Women's centre (interview):</p> <p><i>"We've moved away from 'poverty' and it really has gone into dire circumstances...I think the level of [destitution] has increased, the intensity has increased."</i></p>

The increase in poverty and destitution is closely linked with an increase in women and girls' wider complexity of need. In the third survey, the type of organisation most likely to report an increase in complexity of need amongst women were those providing finance, benefits and debt support. Out of 8 specialist organisations providing finance, benefits and debt (including poverty alleviation) support, 7 reported a substantial increase in complexity of need of women they support. Alongside increased debt, poverty and job insecurity, women have been facing increased risk of domestic abuse, insecure housing and exploitation. When asked about the ways in which the needs

of the women and/or girls changed since the beginning of the pandemic in the third survey, 25% of organisations specified an increased lack of suitable housing for women. Some women were reported to have been forced into 'survival sex', exchanging sex to meet immediate needs such as food, shelter or to provide for their children.

Girls and young women have been disproportionately impacted by increasing levels of unemployment, poverty and destitution. 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.¹⁸ Whilst rates of unemployment for young men (16 - 24) began to drop from October to December 2020, numbers of unemployed young woman have continued to grow, rising by 11,000 in the same period to an estimated total of 123,000 young women.¹⁹ At risk of poverty, low pay, and more likely to be in insecure work prior to the pandemic,²⁰ young women who are currently furloughed, in precarious employment or at risk of redundancy have told Agenda that struggling to budget and get by each month has left them anxious, fearful and has had a significant impact on their mental health and day-to-day wellbeing.

Charlotte has faced poor mental health related to her financial difficulties in lockdown:

"Financial issues can relate to mental health because obviously [my partner and I] were working but we went down to furlough which was an 80% wage which was struggling to cover bills, debts... There was just a lot of pressure we couldn't afford... [not] knowing if we were going to have my job or be made redundant, and there was just loads of anxiety building up.

"In the second lockdown, my partner did actually lose his job so it was like...[we had] a lot more issues going on and [it] affected

my mental health really badly knowing... Are we actually going to survive? Am I going to feed my child? And have a roof over my head? I think a lot of women are like that where they are scared, and they are anxious, because they don't know if they're going to survive because of the pandemic."

Charlotte*, 23

Both our survey and interviews highlighted particular concern about increased levels of poverty among Black and minoritised women and girls. Wider research has shown that Black and minoritised women and girls have been disproportionately impacted by the economic downturn and increased levels of poverty.²¹ In Agenda's third survey, Black and minoritised adult women were most likely to experience an increase in complexity of need, as reported by organisations. One organisation supporting Black and minoritised women, including women with No Recourse to Public Funds (NRPF),^{vi} reported a 49% increase in housing, welfare benefits and debt cases. This is consistent with wider research, which has found that Black and minoritised women are particularly worried about being in more debt as a result of the Covid-19 outbreak: 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.²²

^{vi} 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.



Migrant women, asylum-seeking women and refugee women and their children are at particular risk of destitution, as many have No Recourse To Public Funds (NRPF), no right to work, and the limited support they can get, for example food vouchers, cannot be used to buy other essentials.²³ Many services report that women with NRPF have been living in extremely unsafe conditions, with increased poverty and evictions meaning the quality of housing as got even worse, and some women have been made homeless.²⁴ In July 2020 74% of 115 asylum-seeking and refugee women surveyed by Women for Refugee Women were not able to get enough food during the pandemic and more than a fifth of women were homeless during the pandemic.

"Many women who have lost their usual source of income are ineligible for benefits (for example students and women with NRPF) and around London, the benefit cap impacts harshly on many who can claim. Women are not eating as they struggle to feed their children and are falling into debt. The high cost of living means that, without a very significant uplift in the minimum wage, this debt is unlikely to be payable in the future. Women and girls are in poor quality accommodation (mostly people who have arrived in UK within the past 10 years) are living with shocking levels of hazard and illegal evictions continue, unchecked... In short, conditions we might

think of as 'Nineteenth Century' are not uncommon in Twenty-First Century London."

Advice and advocacy charity (Survey 1)

"I think unfortunately the women that we support are going to continue to experience massive issues in terms of their economic deprivation."

Organisation supporting Black and minoritised women (Interview November 2020)

Wider evidence also suggests the impact of Covid-19 on poverty among other marginalised groups of women and girls has been severe.^{vii} In one study²⁵, a shocking six in ten disabled women were struggling to access necessities from the shops (63%), compared with 46% of non-disabled men 52% of non-disabled women. A third (34%) of disabled women said that their household had nearly run out of money, compared with a fifth (24%) of non-disabled women and men (23%).

Over a third (38%) of disabled mothers said they were struggling to feed their children. As explored in more depth in the next section, a key trend to emerge from all three surveys and interviews, is that an increase in poverty is a key driver in women and girls' deteriorating mental health. Women, and lone parents in particular, often bear the burden of financial difficulty and the stress it brings.

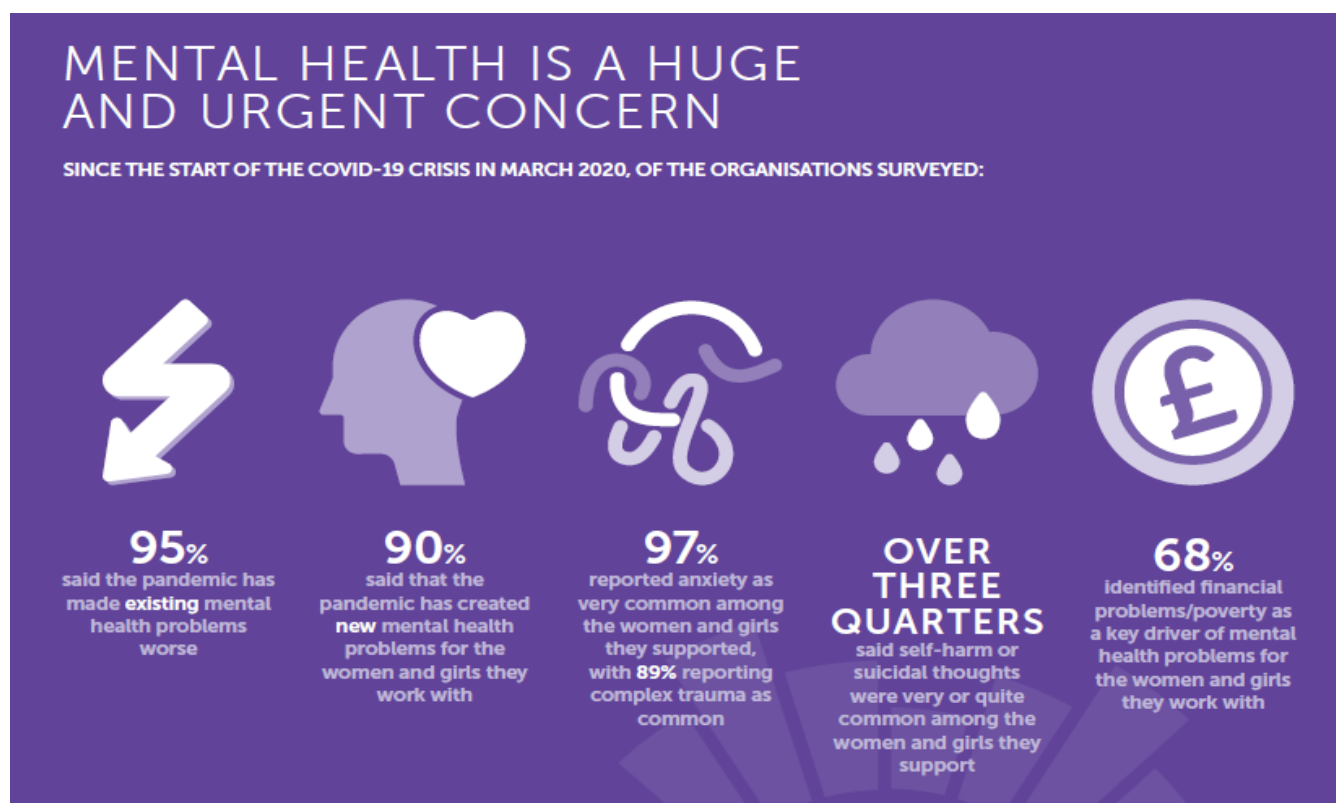
^{vii} We use the term 'marginalised' to refer to women and girls with protected characteristics, who experience discrimination and marginalisation on the basis of their intersecting identities. For example, disabled women and

girls, LGBTQ+ women and girls, Black and minoritised women and girls, older women and younger women and girls.



"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 (Survey 2)

Deteriorating mental health



One year on from the first national lockdown, we are facing a public health emergency in women and girls' mental health – with respondents throughout the year pointing to a growing crisis in women and girls' mental health. Both service-providers, and women surveyed and interviewed, highlighted the severe impact of lockdown on women and girls' mental health, in particular describing concerns about increased isolation, loneliness,

stress, anxiety, depression, complex trauma, self-harm, suicidal thoughts and attempted suicide. At a time when women and girls have required additional emotional support around loss, bereavement and trauma, many services have had to close or reduce support services.

Pre-existing inequalities

Before the pandemic women and girls were already more at risk of poor mental health

- Women and girls were already disproportionately likely to have a common mental health problem, such as anxiety or depression; with one in five women (19%) affected, compared with one in eight (12%) men.²⁸
- Agenda research has previously shown that poverty further widens

this health inequality. Women in poverty are more likely to face poor mental health, with 29% of women in poverty experiencing a common

mental health disorder compared to 16% of women not in poverty.²⁹

- Among young people, 22% of girls experienced high psychological distress (compared to 10% of boys), 28% of girls self-harmed (20% of boys) and 11% of girls attempted suicide (4% of boys).³⁰
- Girls and young women living in the most deprived households are five times more likely to self-harm than those in the least.³¹

One year on:

The impact of the pandemic on women and girls' <u>mental health</u>		
Survey 1 April – June 2020	Survey 2 July – October 2020	Survey 3 November 2020 – January 2021
36% of respondents named an increase in mental health needs as a result of Covid-19 leading to an increase in support needs	<p>96% of organisations identified anxiety as very common among the women and girls they worked with during the pandemic</p> <p>81% of organisations identified loneliness and depression as very common.</p>	<p>100% of organisations identified anxiety as common among the women and girls they supported during the pandemic, with 96% reporting it is very common.</p> <p>98% identified loneliness as common among women and girls, with 82% saying it is very common.</p> <p>94% identified depression as common among women and girls.</p>

		89% identified complex trauma as common among women and girls.
Domestic abuse service <i>"There is much higher emotional support needed due to isolation, increased anxiety and deterioration of mental health."</i>	Organisation led 'by and for' Black and minoritised women and girls <i>"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."</i>	Women's centre <i>"Almost universally women are showing signs of real mental distress and are reporting increased levels of anxiety and depression. It is apparent that this new layer of trauma is compounding their previous challenges and making day to day living very difficult for many of them."</i>

Type of mental 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%
Obsessive-compulsive disorder (OCD)	44%
Diagnosed personality disorders	44%
Post-natal depression & perinatal mental health ^{ix}	38%
Other	8%

During the pandemic, the most common mental health problems have been:

Among girls and young women, some mental health issues were more common than in the overall average with adult women. For example, self-harm was identified as very or quite common by 9/10 specialist girls' services, and suicidal

thoughts were slightly higher than the average, with 8/10 organisations saying it was very or quite common among the girls and young women they support.

Drivers of poor mental health

Many women and girls facing multiple disadvantage have experienced extensive

^{ix} This question was only asked to services for adult women, not girls' specialist services.



violence, abuse, poverty and inequality throughout their lives, and are often deeply traumatised. The Covid-19 pandemic has, in many cases, exacerbated pre-existing mental health problems: in the third survey, 95% of organisations reported that the pandemic has made existing mental health problems worse for the women and girls they work with. The pandemic has also led to new cases of mental ill-health. In the same survey, 90% of organisations reported the pandemic has created new mental health problems for the women and girls they work with.

"Increased isolation and lack of community has had an adverse effect on

clients 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 (Survey 2)

Women and girls' overlapping experiences of disadvantage and trauma intersect to drive poor mental health. In the third survey, the three most commonly identified drivers for women and girls' poor mental health during the pandemic were social isolation; financial problems and poverty; abuse or violence from intimate partners or family members; and lack of access to appropriate mental health support.

What is driving the mental health crisis?

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%
Adverse conditions in institutional settings (i.e in prison or mental health settings)	12%
Physical health problems	10%
Bereavement	10%
Don't know	0%
Other (please specify):	0%

As well as increased concerns around money, lockdown and other restrictions have hindered women and girls' ability to maintain vital social bonds and access

support through their peers and support services. Women and girls facing multiple disadvantage are likely to experience the most extreme types and impacts of social



isolation. For example, women in prison have been forced to spend up to 23 hours a day in their cells, and following the first national lockdown, many women in prison were not able to see their children and family for months.^{32 33} Throughout this research, organisations highlighted that for many women, particularly those who have

been sectioned, imprisoned or experienced domestic abuse and coercive control, isolation and restricted freedom of movement can be extremely re-traumatising.

"A lot of women are drawing parallels between the pandemic and lockdown with the control that they faced when they were with perpetrators. So, lots of women are saying, actually, when they're in lockdown, whilst they know it's for their safety, they feel like when they're not able to leave their home, it brings back memories of not being allowed to leave their home by perpetrators."

Organisation run 'by and for' Black and minoritised women (Interview, November 2020)

"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. Sometimes I

have been able to do this positively but at other [times], I have returned to my maladaptive coping strategies."

Hannah*

For women and girls facing multiple disadvantage, social isolation and increased anxiety can trigger harmful coping mechanisms, such as substance misuse, eating disorders and self-harming.

Saima is a woman who has previous experience of homelessness, sexual violence and domestic violence. She has suffered with Post-Traumatic Stress Disorder (PTSD) and has a number of medical concerns that required her to shield. Being stuck in the house and having to rely on other people to bring her food and shopping brought back her eating disorder.

-Saima*, 45

"We definitely had a trend, especially at the beginning lockdown, of people who are older... older women, but women maybe in their 30's and 40's, who... had not used self-harm since their teens and had thought that that was part of their past, who then found that they had come back to it under the sort of pressure of lockdown."

Organisation supporting women and girls experiencing self-harm
(Interview, November 2020)

"I've noticed my levels of self-care are dipping as well. Because I'm not going out, doing anything, going to work, I'm not



*having to put in an appearance, or whatever, I'm just like, well, don't really need to get dressed... **that has a knock-on effect all the way around...** I also think not being able to like really connect with family, that... that's biting a bit as well."*

Colette, 51

*"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 (Survey 2)

Increasingly extensive experiences of violence and abuse have further driven the concerning high levels of poor mental health among women and girls'. In our interim findings report, **Agenda reported that domestic abuse organisations were by**

far the most likely to see an increase in demand for their services.³⁴ Official figures from the Office for National Statistics evidence the spike in domestic abuse following the first lockdown being imposed, accounting for around one in five crimes recorded in the four months since March 2020.³⁵ Nearly 50 women and girls are suspected to have been tragically killed at the hands of men during the first lockdown.³⁶ Calls to the UK's national domestic abuse helpline continued to rise as we entered the second national lockdown in November 2020.³⁷ Agenda's research suggests organisations supporting women and girls facing multiple disadvantage are still seeing shockingly

high levels of violence and abuse. Women and girls have also spoken about their horrific experiences of abuse during lockdown, and the impact on their mental health.

"I went through domestic abuse because of lockdown, because I let the partner into my house when I shouldn't have because I was

living alone and it was very scary at that time and he convinced me that he had changed...

He made life very horrible for me because he increased the abuse because he knew the situation, the fear of what was going on around because of Covid. You know, even though I might have wanted him to go, I let him stay because I was scared.

He kind of played on that and it got to a point where I really got depressed. I tried to cut myself because he wouldn't leave and because of the situation that was going on. So, depression kicked in and

then he started financially abusing me by taking my money, you know, suggesting that I drink so that when I drink, he probably put things in my drink. It was a very, very disgusting and terrible time.

"... It's been going on for 13 years and I think one day he will kill me because he's been saying he was going to poison me...he's going to kill me."

Shakila*, 56



In the third survey, **a quarter of organisations specified an increase in domestic abuse**, as one of ways in which women and girls' needs had changed since beginning of the pandemic, and the type of service most likely to report an increase in new referrals since the beginning of the pandemic was domestic and sexual abuse services. This increased level of domestic abuse and sexual exploitation comes at a time when fewer services are open and

doing active outreach work. Many statutory services are only offering phone contact, which does not always work for women with multiple and complex needs, who may struggle with building trust.

"Women are showing more anxiety, they are more likely to experience physical abuse, they are more concerned about children witnessing domestic abuse, and experiencing trauma from this."

Domestic abuse service (Survey 3)

The links between women and girls' experiences of violence, abuse and poor mental health are unambiguous.³⁸ We know that 60-70% of women using mental health services have a lifetime experience of domestic abuse;³⁹ up to a half of

women with a dual diagnosis (co-occurrent substance use and mental ill-health diagnosis) have experienced sexual abuse;⁴⁰ and it is not uncommon for survivors of sexual violence to have suicidal ideation (23%–44%), and 2%–19% may attempt suicide.⁴¹ The increased levels of violence and abuse over the past year must be understood as a key driver of the crisis in women and girls' mental health.

There is a vicious cycle between women's experiences of poor mental health and violence and abuse, with poor mental health resulting from abuse often leaving women more vulnerable to further victimisation. Throughout this research, women like Shakila and services report that perpetrators have exploited the lockdown and women and girls' poor mental health to trap women in abusive relationships.

"The growing sense of hopelessness emerging will result in more women remaining in abusive situations, or entering into potentially harmful relationships, because of the fear of being alone and of being unable to manage alone. The need to feel connection and belonging will be a potent lure for many that may compound the isolation, fear and abuse in the future."

Domestic abuse service (Survey 3)



Uneven impact: Girls and young women

The mental health of girls and young women has been disproportionately affected by lockdown. Longitudinal research by UCL found young women were the most likely to have experienced high levels of depression, anxiety and loneliness in lockdown, compared to boys and older adults.⁴² Research by Young Women's Trust published in March 2021 found that 83% of young women said that their mental health had suffered during lockdown, and more than half (55%) said they had experienced depression in the last year.⁴³ A study of 1,900 girls by Girlguiding found that more than half of girls aged 15 to 18 reported feeling more overwhelmed and anxious than during the first lockdown.⁴⁴ Girls with marginalised identities have been at particular risk. The suicide rate for young women in Britain is now at its highest on record, with LBTQ+ young women particularly disproportionately represented.⁴⁵

With rising rates of child poverty⁴⁶ 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, has seen girls' mental health and emotional wellbeing disproportionately impacted by the pandemic.

"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 under-eating."

National mental health organisation (Survey 3)

Violence and abuse was the third most commonly identified driver of poor mental health for girls and young women in the third survey^x, following social isolation and lack of access to mental health support. 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 abuse,⁴⁷ as well as a greater prevalence of criminal exploitation of girls and young women during this time.⁴⁸
- Online, girls and young women have also been at greater risk of sexual exploitation, with abusers targeting children expressing vulnerability.⁴⁹

Anna has experienced abuse at school and outside it which has had a negative impact on her mental health. She has not always felt supported around this.

^x The sample size for girls' specialist services was 10 organisations.



"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

"More young women are reporting being subjected to domestic abuse and coercive control, even when they are not having face to face contact with partners or ex-partners."

Domestic abuse service (Survey 3)

Uneven impact: Black and minoritised women and girls

Black and minoritised women and girls' mental health has been disproportionately impacted during lockdown, as first made clear in our interim report of this research (August 2020).⁵⁰ Larger scale research further evidences this trend. One research study revealed that 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' (BAME) communities, amongst other groups particularly at risk.⁵¹ Pre-pandemic, Black and minoritised women were already disproportionately at risk of poor mental health: 29% Black women, 24% Asian women and 29% mixed-race women have a common mental health problem, compared to 21%

White British women, and 16% 'White other' women.⁵²

Across our second and third surveys, of the organisations that identified Black and minoritised women and girls as their primary service-user group: **100% reported that anxiety was very common; 94% reported that loneliness was very common; and 88% reported that depression was very common.**

During the pandemic, Black and minoritised women and girls experienced the cumulative traumatic impact of the lockdown, disproportionate amount of Covid-related deaths in their communities⁵³, 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. Agenda hosted a roundtable in January 2021 in partnership with H.O.P.E Network, bringing together 15 specialist services, a majority of which were run 'by and for' Black and minoritised women, to discuss the impact of Covid-19 on women and girls' mental health. In this roundtable some key themes emerged particularly around the structural barriers Black and minoritised women and girls faced in accessing mental health support during the pandemic.

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 grappling with navigating a hostile immigration system and the risk of destitution.⁵⁴ 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.⁵⁵ 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.⁵⁶ Services can characterise reactions to racism as signs or symptoms of illness, meaning that this, rather than the ongoing discrimination women and girls face, is addressed.⁵⁷

Participants highlighted Black and minoritised women experiencing "triple stigma" with sexism and racism inside and outside mental health services contributing to stigma around mental health and seeking support.

"Mental health has such a stigma in the African community and many of the illnesses, like depression and even stress, they have no name because you're expected to be strong: you're a strong African woman, you are supposed to carry on for your family."

Organisation led 'by and for' Black African women (Interview, November 2020)



Unmet and hidden need: Challenges over the past year

Services have struggled to meet increased demand for support. Many women and girls have not been able to access support for a year. This has concealed true levels of need and is likely to create a surge in demand as lockdown lifts.

The crisis in women and girls' mental health has been driven by increased levels of poverty and destitution, and further compounded by challenges women faced in accessing statutory services and an already overstretched and under-resourced voluntary sector. Over the last year most services have been delivered online, meaning digital exclusion^{xi} has been one of the biggest barriers to accessing support. **The unmet and hidden nature of these issues mean we do not yet know the true scale of the impact of Covid-19 on women and girls.**

"Some of the women we work with have not been able to buy food because they struggle with the queuing process due to mental ill-health and/or learning disabilities. They don't have access to

smart phones or computers so aren't able to do shopping online both for groceries and other essentials such as clothes and furniture."

Organisation supporting women who face multiple disadvantage (Survey 1)

The result of not being able to deliver and access services is that many women and girls' mental health needs have not been addressed over the year. Levels of mental ill-health among women and girls have not only become more pervasive, but also more severe and complex -as the evidence in Chapter 1 has demonstrated. **As lockdown eases, our evidence suggests there will be a significant surge in demand for support services.**

"When the restrictions are lifted I think we will have a huge influx in women who need support."

Women's centre (Survey 3)

^{xi} We use the term digital exclusion to refer to women and girls who lack skills and/or access, including due to living

circumstances, to use digital devices (such as computers or smart phones and the internet).



Unmet need: Challenges delivering support

50% of organisations have struggled to meet the mental health needs of women and girls during lockdown

Before the outbreak of Covid-19, many organisations supporting women and girls facing multiple disadvantage were already operating in a challenging environment, with many facing financial precarity and regularly at risk of closure.⁵⁸ The spike in demand for support services, as well as the increase in complexity of cases, has meant the women and girls' sector is more stretched than ever – with appointments and calls reported to be taking longer than in normal times.

"Our advice line has seen an increase in the complexity of calls which means that calls are taking longer and women need support for longer (particularly due to mental health issues). This means that we are missing more calls."

Women's centre (Survey 3)

-Mental health service led 'by and for' the Muslim community (Survey 3)

"We have adapted our services, however we have had new referrals and our current women have not been able to progress, so effectively we have double the caseload."

-Women's centre (survey 3)

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. ONS data shows women's wellbeing has been hardest hit by the pandemic, which the majority female workforce of women and girls' specialist services have similarly reported.⁵⁹

"Covid impacted our organisation in the middle of three pre-existing crises: austerity, the 'hostile environment' [for migrant women] and Brexit."

Organisation led 'by and for' migrant women and girls (Survey 1)

As a result of these challenges many organisations' **financial position has worsened**, particularly **smaller specialist grassroots organisations**, and they have been **forced to reduce service provision**.

Throughout the pandemic, many organisations' reported **low confidence** in their ability to meet demand for their services.

- The proportion of smaller organisations with an annual income of less than £50,000 reporting their



financial situation had worsened increased from 30% in April-June 2020 to more than half in November 2020-January 2021.

- Over the course of the year, 25% of organisations had to close or suspend some service provision, leading to a concerning reduction in an already thinly stretched service landscape. Overall, however, organisations reporting having had to reduce services decreased over time, likely as a result of adapted models of working as the pandemic evolved.
- The confidence of services to meet future demand has remained steady, at 27%, indicating a consistent concern about the challenges to come. The increase in demand for services and the complexity of need has made meeting women and girls' mental health support needs very difficult.
-

"I think it's a system issue, it's not an individual's issue... Generally when there's capacity issues in the NHS, what tends to happen is that they signpost out to the voluntary sector, without there being any extra capacity or support into the voluntary sector."

"So then the problem just gets moved a bit further down the line."

-Organisation supporting women and girls experiencing self-harm (Interview, November 2020)

The challenges around delivering services during the pandemic have left many women and girls without potentially life-saving support for a year. In the third survey, half of organisations reported they have struggled to meet the mental health needs of women and girls.^{xii} This unmet need means there is not yet an accurate picture of the long-term impact of Covid-19 on women and girls, with many problems unaddressed and with the potential to continue spiraling.

"We have increased our capacity as a result of successful fundraising activities. However, the increase in demand and complexity of the cases has accelerated much faster. At the same time the length of the appointments is taking longer as not all our services-users know how to use technology and there is an increase in complexity and level of risk. This has meant that we have grown waiting lists for almost all services regardless of the additional hours put in by the staff."

Organisation led 'by and for' migrant women and girls (Survey 1)

^{xii} Data from Voices from LockdoSurvey 3 (Q21)



Hidden need: Barriers to support

Women and girls experiencing multiple disadvantage face many barriers to accessing the support they need. AVA and Agenda's *Breaking Down the Barriers* (2019) report found that too often, women are bounced between or even turned away from services.⁶⁰

In addition to the increased scarcity of available services, the pandemic has created new barriers for women and girls to access services. Closure of statutory services and the spaces where women get support and are able to self-refer, such as women's centres, has led to a decline in both self-referrals by women and referrals from other agencies. While some women and girls have embraced digital and remote services, not all have been able to access these. The evidence indicates that, as we emerge from the third national lockdown, women and girls will start to feel more able to ask for help, leading to an increase in need for support that not all services are confident they can meet.

Statutory Services

50% of organisations said that women and girls have been reluctant to get support from statutory services

^{xiii} Despite violence and abuse being a common thread of experience in the lives of women and girls facing multiple disadvantage, Agenda and AVA's *Breaking Down the Barriers* report found that in some cases services fail to recognise the signs of or even enquire about abuse. The failure to understand trauma and the impacts of domestic and sexual violence can lead to services responding in

Even before the pandemic, women and girls facing multiple disadvantage faced multiple barriers to accessing support from statutory services. A common theme in public service-responses to women and girls experiencing multiple disadvantage is a distinct lack of understanding of their trauma and the ways in which their complex needs overlap.⁶¹ There is currently a lack of gender-, age, and trauma-informed support available to women and girls in statutory services, and many are not accessible or appropriate for Black and minoritised women and girls. This means women and girls are often not understood, not believed, not listened too, and can even face punitive responses^{xiii} – all of which can be re-traumatising.

During the pandemic, the barriers to accessing support from statutory agencies have been even more pronounced. In the third survey, **50% of organisations said that women and girls have been reluctant to get support from statutory services**. This is consistent with the findings in the interim *Voices from Lockdown* report, which highlighted this worrying trend.⁶² In an extremely concerning example, one service-provider reported that women and girls who were self-harming were not accessing physical health care for self-

such a way as to blame women or view their response to trauma as evidence of mental ill-health manifesting as behavioural problems, rather than a signal of deep distress and a normal reaction to the fear and trauma of abuse. Women and girls' behaviour may be labelled as 'manipulative' and purposefully 'vindictive' or 'difficult' leading to exclusion, gatekeeping and victim-blaming.



harm due to a combination of feelings of guilt about being a burden on health services, not feeling welcome or being told they could not attend mental health services due to changes in provision.⁶³

This pattern helps to explain why 32% of services were in strong disagreement that appropriate mental health support was being provided by statutory services. The challenges created by the pandemic has led to a breakdown of multi-agency working in some sectors. Communication has been more difficult because of moving online and some services are no longer able co-locate at GPs and other locations.

*"I'm not someone who likes to ask," says Saima, admitting that there were times during the lockdown when **she was out of food and essentials** because she did not want to ask for help. **"I am anxious about asking for help if and when I need it as I know many, many people are struggling right now also and I don't want to be a burden on anyone."***

Saima*, 45

*"I feel guilty that I am not doing something to help with the 'war effort'. However, whilst I would love to do something useful like volunteer, **right now my anxiety levels are so high that I struggle to leave the house to do my essential food shop.**"*
Hannah*

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."

Danielle, 22

"Statutory services have been appalling in repeated requests for information despite having this already through monitoring we undertake, and deciding to not award funding despite being successful in securing funds (NHS)."

Domestic abuse service (Survey 3)

With women and girls not able to access many statutory services, particularly mental health support, many have had to rely only on services provided by the voluntary women and girls' sector. While these specialist services are much better placed to address women and girls' holistic needs, they are overstretched and under-resourced, and not always able to meet the extent of girls and women's mental health needs on their own.⁶⁴ Women and girls also face new barriers to accessing these services that have emerged during lockdown. **The effect is that many women and girls' problems have escalated during lockdown, with "layers of trauma accumulating".**



"The pandemic has for many made existing conditions much worse as the layers of trauma accumulate."

Domestic abuse service (Survey 3)

Digital exclusion

76% of organisations agreed that digital exclusion has meant women and girls could not access mental health support

One of the biggest challenges over the past year for women and girls facing multiple disadvantage is the digital barrier to accessing services. In the first survey, 86% of organisations reported changing their services in response to the lockdown - for a majority, 76%, this change meant moving some or all services online.⁶⁵ In the third survey, a third of organisations reported having moved *all* their services online. Many women and girls at the sharpest end of inequality are digitally excluded: they either lack the digital skills to be able to access online services; they face digital poverty – not able to afford the costs of IT, Wifi and data; or their living circumstances mean accessing online services is not viable. For example, women and girls who are homeless or have substance misuse problems are often living in chaotic environments and may be sofa-surfing. For women and girls experiencing domestic abuse, it may not be safe for them to access services from their home.

"A lot of the barriers we're seeing are to do with being computer literate and things like that because a lot of everything is now online."

Colette, 51

Digital exclusion is concealing the true extent of the mental health crisis among women and girls. In the third survey, 76% of organisations agreed that digital exclusion has meant women and girls could not access mental health support. In this survey, when asked which women and girls organisations felt they were struggling most to deliver services to during the pandemic, digitally excluded women and girls was the most common answer. Women with substance misuse problems were the second most likely group to be identified, with organisations acknowledging the overlap with digital exclusion.

Girls and young women are disproportionately represented among the digitally excluded. In April 2020, services speaking with Agenda raised concerns that a number of girls and young women, particularly those in care, were experiencing 'digital disadvantage' – unable to access and connect with others via a phone, computer or the Internet. This meant that they were less able to access support services operating remotely⁶⁶ - a cause of significant distress for many young women, particularly those seeking mental health support.⁶⁷



*"At one point, I didn't know where to even go, like I wanted to talk to some kind of mental health support line. And I wasn't able to do that. So after a few days I really thought I needed someone to talk to and I didn't even know how to seek that help without having internet access. I mean, I did have like suicidal thoughts. I would never have for the sake of my children, but I did get very low."*⁶⁸

-A young woman interviewed by Young Women's Trust

"Young women we work with have had parents not top up mobile phones and turn off Wifi in the house so they can't access support or talk to anyone which has had a significant effect on their mental health."

Women and girls centre (Survey 1)

Where young women have been able to access support remotely, they have spoken about the disruption this has caused and, in some cases, felt that support they may have been anticipating for a long time has been less effective. In line with the well-documented attainment gap between disadvantaged and non-disadvantaged pupils, it is girls already facing more disadvantage - including those living in noisy, overcrowded accommodation, without access to the internet or a personal computer, and with parents or carers less able to support them - that are most likely to have been negatively impacted by the closure of schools during the pandemic.⁶⁹

"We worked out 25% of our service-users don't have a mobile phone, and through consultations we realised that there was a massive issue in terms of digital equality and that was impacting on women's safety and survival. That has always been there, but it's just that the pandemic shone a light on it, and it was further compounded by the fact that women could no longer, for example, go to centres like [ours] to get that support to use technology there."

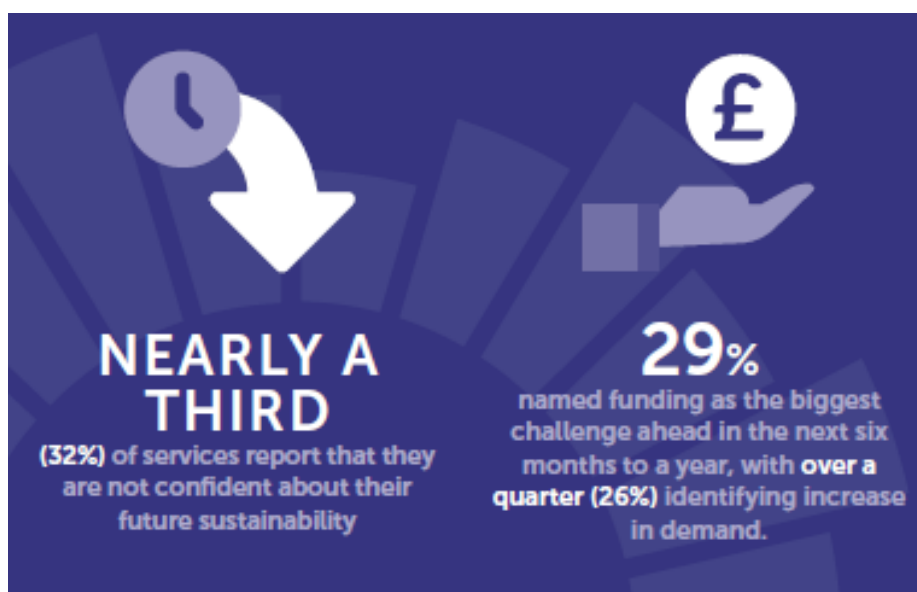
-Organisation led 'by and for' Black and minoritised women (interview November 2020)

Black and minoritised women and girls are also disproportionately likely to be digitally excluded. The majority of organisations that identified "digitally excluded women and girls" as the group that was hardest to deliver mental health support to were specialist services supporting primarily Black and minoritised women and girls.

Women whose first language is not English may have difficulty expressing themselves over the phone or online as a result of language and translation needs, making online engagement more difficult. This means that in addition to facing higher levels of poverty and poor mental health, girls and young women - and Black and minoritised women and girls - have been the least able to access vital support during the pandemic, particularly mental health support. The combined effect of the challenges in delivering services and barriers to support over the last year makes for a tidal wave of urgent need for support when lockdown eases imminent.



Challenges ahead



Services face a funding crisis and a spike in demand and women and girls face long-term mental health issues, poverty and unemployment – with young women and Black and minoritised women and girls hit hardest. If we do not act now, we are storing up long-term problems for the future.

One year on from the first national lockdown, as we slowly emerge from the third, 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. 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 in the autumn. The crisis in women and girls' mental health has only become more severe and pervasive during lockdown – with potentially devastating lifelong impacts. **Without taking the right action now, the legacy of this year will be borne out over decades.**

Challenges ahead for services

Services face a funding crisis and a spike in demand

Many vital specialist organisations predict they will be pushed over the edge as emergency funding timelines draw to a close and little sign of further long-term public funding ahead. As our interim report made clear, we are heading to a cliff-edge which is only becoming more severe and urgent as the extent of the damage becomes apparent. Many organisations do

not think they can survive the impact of this difficult time. The risk of losing these grassroots, specialist, community-based organisations is sizeable, with the thousands of women and girls who rely on them – and who are likely to need them even more in future – at risk of being left without support. The public sector, with its own challenges ahead, will be forced to pick up the pieces.

For some women and girls' organisations, the outlook is bleak. In Survey 3, nearly **a third of organisations (32%) reported lack of confidence in their future sustainability**. The average income bracket of these organisations was less than £50,000, suggesting these are grassroots

organisations, often those most embedded in communities and best placed to identify and serve direct and urgent needs. A key theme that came out through all three surveys and interviews with organisations was that many are concerned about long-term funding and funding for the next financial year. 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. Some organisations conveyed their concerns that

funders favour bigger, more generalist charities, rather than smaller specialist ones. This has increased competition for smaller funding pots among smaller service-providers. This concern seems particularly common among specialist services run 'by and for' the communities they serve, such as Black and minoritised women and girls.

"We were impacted by the complexity of the process and the short timeframe to apply for central government funding. None of the local authorities where we work had competitive funding processes (e.g. small grants of £1,000-5,000) and some just distributed funding to bigger providers."

Organisation led 'by and for' migrant women and girls (Survey 3)

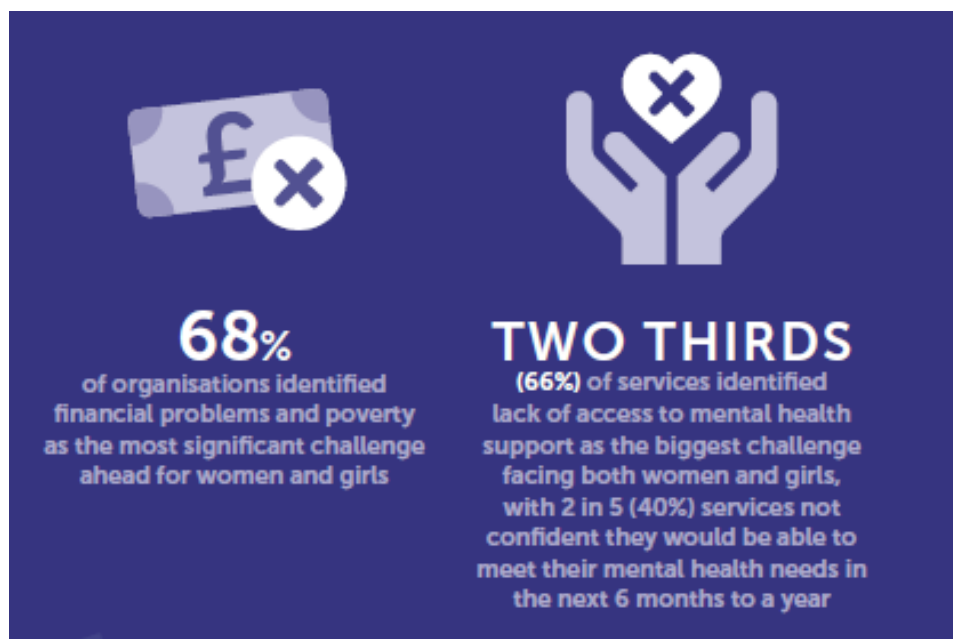
When asked to identify **the biggest challenge ahead, funding was most commonly identified in all three surveys**. It is notable that in the third survey, services **fears about their ability to meet demand have increased to their highest level**, becoming almost an equally prevalent concern. This suggests that in the coming months, organisations face financial precarity at a time when their services are most needed.



One year on:

The biggest challenge ahead for services		
Survey 1 April – June 2020	Survey 2 July – October 2020	Survey 3 November 2020 – January 2021
<p>33% identified funding as the biggest challenge facing their service in the next three months.</p> <p>22% identified increased demand as the biggest challenge facing the service the next three months.</p>	<p>62% identified funding as the biggest challenge facing the service in the next six months.</p> <p>19% identified increased demand as the biggest challenge facing the service in the next six months.</p>	<p>29% named funding as the biggest challenge ahead in the next six months to a year.</p> <p>26% named increased demand as the biggest challenge ahead in the next six months to a year</p>
<p>Organisation supporting women and girls facing multiple disadvantage</p> <p><i>"Whilst we have been successful in accessing funds the deadlines have been very short and we have had to draw on all of our resources to write bids including using freelance bid-writers who we have worked with previously. I cannot imagine how a smaller organisation could realistically cope with the speed required to apply for funding. We have used our partnership model to secure funding and include our smaller partners."</i></p>	<p>Organisation supporting disabled people into employment</p> <p><i>"The majority of current Covid related grant funding opportunities is for recovery purposes, and the grants given 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."</i></p>	<p>Mental health service led 'by and for' the Muslim community</p> <p><i>"[The biggest challenge ahead is] Funding - our helpline is inundated with calls, and we're missing more calls than ever before. We need funding so we can have more people on the helpline."</i></p> <p>Organisation led 'by and for' migrant women and girls</p> <p><i>"We will continue fundraising where possible, but we anticipate the demand for mental health services to continue outpacing our capacity to provide such services."</i></p>

Challenges ahead for women and girls



Women and girls facing multiple disadvantage have experienced the very worst consequences of the Covid-19 pandemic and are now, as the third national lockdown lifts, at a critical juncture which will determine how long-term the impact will be. The disadvantage in women and girls' lives has been compounded by the pandemic, the legacy of which could play out over a lifetime, or even generations. For many women and girls, there is a risk that the disadvantage and inequalities they face will become even more entrenched and severe.

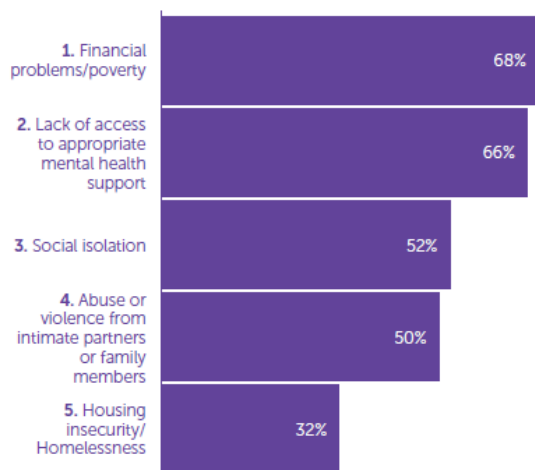
Surveys and interviews with women and organisations bring to light some of the biggest anticipated challenges ahead. Overall, there is concern that many of the issues we have seen over the last year will

continue to snowball. The most significant challenges ahead for women and girls that were identified by organisations in the third survey were: **financial problems and poverty; lack of access to appropriate mental health support; social isolation; and abuse or violence from intimate partners or family members.** These issues are likely to be experienced in overlapping ways, in addition to other forms of disadvantage. If not addressed now, problems will spiral and the effects of one year of lockdown will be felt for years to come.

"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.”

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



National mental health service-provider

Unemployment, poverty and destitution

The most commonly identified significant challenge facing women and girls in the next 6 months to a year was **financial problems and poverty**, with **68% of organisations** identifying this issue in the third survey. The jobs that women and girls in poverty are most likely to occupy are disproportionately likely to be precarious, low-paid jobs. The risk of redundancy when the job retention scheme concludes in April 2021 is high for those still in work, with some organisations concerned about a potential future of “mass unemployment”. This will be compounded by the planned end of the temporary boost to Universal Credit payments in September.

For the women and girls, both in and out of employment, who already struggle to survive on these benefits, there is a very real risk of destitution. Young women and Black and minoritised women and girls will continue to be hit hardest.

Looking ahead:

- Economic forecasting predicts that by the end of the Parliament in 2024-25, **23% of individuals will be living in relative poverty** – up from our estimate of 21.1% in 2020-21 – which would be the largest rise since 1987.⁷⁰ The same research also predicts **730,000 more children will be living in poverty by 2024-25** compared to 2020-21, meaning that by the end of the Parliament it is expected that one-in-three children will be living in poverty in the UK.
- **Women will continue to make up a majority of those living in poverty.** Young women, and women and girls from Black and minoritised communities, will be disproportionately represented among those facing unemployment, poverty and destitution in the months and years ahead.⁷¹ The long-term impact of having more women and girls trapped in poverty will be that increasing numbers of women and girls will struggle to meet even their most basic needs, putting them at greater risk of other experiences of disadvantage. Many women and girls will become trapped in a vicious cycle of poverty and disadvantage.

The vicious cycle of poverty and disadvantage: An example of how poverty can spiral

- Previous research by Agenda has shown that just **over half (51%) of women who have experienced extensive violence and abuse are living in poverty.**ⁱ
- Experiences of violence and abuse can lead women and girls to **use substances to cope** with the trauma. Women who have experienced domestic and sexual abuse are **three times more likely to be substance dependent** than women who have not.ⁱ
 - Women with substance misuse problems are **disproportionately represented in prison populations** as compared with men: in 2018/19, 42% of women entering prison reported having a drug problem, compared to 28% of men.ⁱ
 - **Six out of 10 women leaving prison are homeless**, and the proportion of women in employment six weeks after release from prison is three times lower than for men — **4% of women compared to 11% of men were in employment.**ⁱ
 - Stress related to money worries, unemployment, poverty and destitution is strongly linked with **long-term poor physical and mental health.**ⁱ

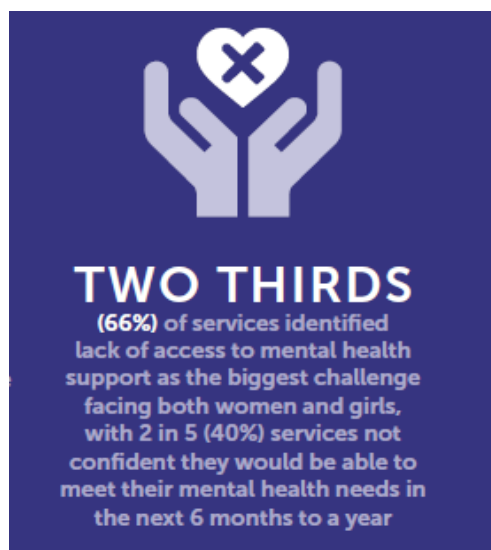
This will in turn create further pressure on public services and the welfare system. More women and girls will: need housing, childcare and unemployment support from the state; be dependent on Universal Credit; need to access healthcare services, including drug and alcohol services and mental health services; and many may come into contact with the criminal justice system as a result of the problems they face. The cost of not taking action now will be in the billions of pounds.^{xiv}

^{xiv} 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.



Long-term mental health impact



85% of organisations think the pandemic will cause long-term mental health problems for women and girls

The second most commonly identified challenge facing women and girls in the next 6 months to a year was **lack of access to mental health support**, with **66% of organisations** identifying this issue in the third survey. At a time when women and girls' are most in need of mental health support, many vital voluntary sector organisations will simply not have the capacity to support them in the coming months and years. **Forty per cent of organisations said they were not confident they would be able to meet the mental health needs of women and girls in the next 6 months to a year.** Women and girls will have to rely more on stretched statutory provision, which for many women and girls is neither accessible nor appropriate, and, at worst, can be re-traumatising.⁷²

The lack of available support will exacerbate the long-term mental health impact of Covid-19. **Eighty five per cent of organisations think the pandemic will cause long-term mental health problems for women and girls.** This research has shown the ways in which layers of trauma have accumulated in the lives of the most vulnerable women and girls over the past year -with disproportionately high levels of anxiety, depression, complex trauma, loneliness and PTSD among women and girls facing multiple disadvantage. Lockdown has been re-traumatising for many women and girls, and also cut them off from potentially life-saving support. Mental health problems have become more severe and complex, with many women and girls returning to or adopting harmful coping mechanisms, such as using drugs and alcohol, self-harming and eating disorders.

"I'm hoping that things work out financially, that's my biggest worry; and then the second thing is after that... I want to go and apply for mental health support again ... and then maybe I can go into support to work when I can work full-time because I'll be able to control and manage the PTSD a lot more."

Saima*, 45

"The GPs will refer them to IAPT and MIND even, where there are no slots available women have to wait for many months, even years, to access mental health services."

Women's centre (Survey 3)



Without enough available mental health support, we are facing a public health emergency in the coming months and years. Voluntary organisations, including specialist 'by and for' services, are best placed to provide the gender, age- and trauma-informed holistic support that women and girls need. However, as this research shows, the women and girls' sector is not currently in a position to be able to meet the imminent spike in demand for mental health support. Public health services will face even more demand that they cannot meet, with many women and girls left on waiting lists or told they do not meet the threshold for support. Where they are able to access services, clinical mental health provision is often not appropriate or effective, as highlighted by women, girls and the services that support them in this research.

"Local community mental health organisations have been hard to access and women have told us they can't access

NHS mental health services as easily - there is no reason to think this will change."

Organisation led 'by and for' Jewish women and girls (Survey 3)

We are facing the prospect of a swelling mental health crisis among women and girls that will go on for longer the longer it is not addressed. If we do not take urgent action now, the legacy of this year will be borne out over decades, even generations.

"I believe we won't see the true impact on mental health of the nation until the Government schemes such as the Job Retention Scheme end, and many more thousands of people are unemployed and struggling financially."

Drug and alcohol service (Survey 1)

"We're not going to see the impact on mental health for a long time, in terms of long-term trauma."

Specialist girls' service (Interview, November 2020)



A way for 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 (Interview, November 2020)

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 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.

Women and girls have been disproportionately impacted by the pandemic, and the true extent of this impact is not yet known. Women and girls have faced the most severe economic impact of the pandemic, with young women and Black and minoritised women and girls most affected. Girls and young women have been 'flying under the radar', and exposed to greater risk of violence, abuse and exploitation. Rates of depression, anxiety, self-harm and complex trauma are soaring among the most disadvantaged women and girls.

Despite the immense value of the women and girls' sector, and proven cost-effectiveness of these organisations,⁷³ many have been hit hard financially and face a precarious future, with smaller grassroots organisations most likely to bear the brunt of the recession.

In the interim findings report, 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, the following must be prioritised:**

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.

As we begin to rebuild, central government must commit to addressing the social challenges facing women and girls caused by the crisis. Effectively and preventatively responding to these challenges will help government address key strategic priorities, including diverting women away from the criminal justice system and reducing reoffending, tackling domestic abuse, ending rough sleeping and



homelessness, reducing loneliness and improving physical and mental health. Fewer women will be pushed into destitution, experience severe mental health conditions or be put at further risk of abuse if the following steps are taken.

Current policy response

Whilst the government have identified young women and disabled women as some of the hardest hit by the pandemic,⁷⁴ there has been no named strategy or funding to address the specific needs of women and girls. In the wake of the 2008 financial crisis, and austerity measures that followed, women and girls were hit hardest by cuts to public services, particularly Black and minoritised women and girls.⁷⁵ The £19 million announced in the 2021 Budget for services targeted at reducing domestic abuse is welcome, but women and girls were otherwise overlooked in the budget. At a local level, the lack of a consistent approach to meeting the needs of women and girls holistically before problems reach crisis point mean that too many women fall through the cracks and are unable to access both the emergency and long-term support they need.⁷⁶

Women and girls at the centre of the economic recovery

Women make up 51% of the population and 85% of lone parent households;⁷⁷ they must be front and centre of our economic recovery to ensure whole families and communities do not slip further into poverty.

Women and girls, and the specialist organisations supporting them, must be included as part of driving forward plans to ensure economic prosperity and to level up regional opportunities beyond the crisis. For inclusive growth, women and girls should be targeted in employment and apprenticeship schemes, as well as regional plans delivered through local authorities and businesses to improve access and opportunities for skills and employment. There should be a particular focus on early intervention and supporting young women aged 16-24 to reduce the risk of long-term unemployment and future poverty. The women and girls' sector is ideally placed to support women and girls furthest from the labour market into work skills development opportunities.

Current policy response

Short-term emergency measures such as the extension of Universal Credit uplift and furlough scheme, whilst welcome, have only pushed the cliff-edge that so many women face further down the line. This will be further compounded by the termination of the furlough scheme in April 2021, with levels of unemployment currently forecast to rise by 1.5% in 2021.⁷⁸ No steps have been taken by Government to support young women facing disadvantages into employment (for example, embedding flexible working, provision for childcare or working with specialist services to support those with additional needs into the Kickstart Scheme).



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.

To ensure we do not have a 'lost generation' of girls who are socially and economically excluded in the years to come, appropriate steps must be taken to support the most disadvantaged girls back to school, address the trauma they have experienced and achieve their potential. Specialist women and girls' services, including those led 'by and for' minoritised groups, play a critical role in engaging girls facing multiple disadvantage and improving their mental health and wellbeing. Government must improve the patchy provision of girls' specialist services who, despite pockets of good practice, report experiencing difficulties securing funding and establishing the relationships with education and social care partners to grow this area of work.

schools to develop sufficiently targeted and gendered measures to ensure the most vulnerable and disadvantaged girls were attending school.⁷⁹ 'Catch-up' support announced to date does not appear to be reaching the most disadvantaged⁸⁰ and does not include provision to address the impact of trauma experienced by girls during lockdown. The Education Minister's strong emphasis on increasing punitive responses to children's 'behavioural problems' is also concerning,⁸¹ as this does not recognise that those have experienced trauma may not respond well to this type of approach.^{xv} With all key youth funding announcements since 2018⁸² and flagship funding for vulnerable children during the pandemic 'gender-neutral',⁸³ services for children in education and other settings remain limited in their direction and ability to deliver gender-responsive support.

Current policy response

Schools re-opening on 8 March 2021 was an important cornerstone in narrowing the inequalities in girls' education that have become stark during the pandemic. However, during the early stages of the pandemic, Government did not support

^{xv} As schools now reopen, the impact of a year of lockdown on girls' mental health may present as an increase in 'behavioural problems'. Whilst boys remain at greater risk of exclusion than girls overall, girls seen to be 'acting out' or 'behaving like boys' are subject to additional stigma from systems and services. Black Caribbean girls are most likely to be excluded and the process of 'adultification', whereby they are viewed as

older than their age and more 'adult-like', plays a role in particularly punitive responses to Black girls who are expressing distress, but are seen to be 'acting out' or being aggressive. Once outside of mainstream education, girls may face gender-specific risks of sexual harassment, abuse and exploitation in male-dominated settings such as Pupil Referral Units.



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.

Going forward, Government must strategically prioritise the mutually important and connected areas of both mental and physical health for women and girls. The newly announced Women's Health Strategy provides a vital opportunity to build on the findings of the Women's Mental Health Taskforce,⁸⁴ and develop a national response to mental health of women and girls.

This strategy should be accompanied by sustainable funding for mental health services in both statutory services and the specialist voluntary sector. The women and girls' sector can play a critical role in co-producing and delivering mental health services alongside wraparound support. Incentivising these partnerships is essential for ensuring that gender and trauma-informed spaces and services exist through which women's community peer support can be offered, alongside wider services that address other stressors in the lives of women facing multiple disadvantage.⁸⁵

As part of the strategy to improve mental health and wellbeing, Government must acknowledge the strong link between poverty and poor mental health, and invest in poverty alleviation measures alongside ensuring equality impact assessments are carried out and responded to for all

economic measures developed in the recovery period.

"During this unprecedented time, we know we need to think differently about how we respond to the growing mental health needs for women facing multiple disadvantage... We know how important it is to validate experience of trauma, and to support recovery through building coping mechanisms, and providing empathy and understanding. Crucially, we can invest time...providing the consistent approach we know is key to recovery."

Organisations supporting women and girls who face multiple disadvantage (Survey 3)

Current policy response

Over the last year, we have seen Government be courageous in its commitment to the no-expense-spared public health response to Covid-19. However, there has not yet been equal consideration of the mental health impact of the pandemic, and its disproportionate effect on women and girls. The new funding announcement for children's mental health services is very welcome.⁸⁶ However, policy responses to children and young people's mental health during the pandemic have not recognised or responded to girls and young women as a distinct group in need of tailored provision.

There has also not yet been gender-specific provision or new mental health funding for adult women, despite the evidence that women and girls are more adversely affected.⁸⁷ The OBR notes further that in the March 2021 Budget, there is no "explicit provision for virus-

related costs” beyond 2021/22⁸⁸, despite the long-term mental health impact resulting from the pandemic.

Despite the increase in funding for NHS mental health services in the last few years, there are still proportionally huge funding gaps between this and what is needed (when compared with funding for physical health).⁸⁹ This means many women and girls are put on waiting lists for months or even years before getting the support they need. The 2021 Budget included practically no references to mental health or severe mental illness, suggesting that it is not currently a priority for the Treasury despite the impact of the lockdown on mental health and the long-term effects.⁹⁰

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.

Building a fairer future must not just involve levelling up regional disparities, but also effectively tackling the many other disparities in women and girls’ lives. Central to a cross-cutting equality agenda is an understanding of the relationship between gender inequality and multiple disadvantage. This means collecting data in a way that builds a picture of the ways in which women’s overlapping marginalised identities have led to distinct and disproportionate experiences of the pandemic; and also how inequalities drive, and are driven by, experiences of disadvantage.

Current policy response

There is rich evidence of the unequal impact of Covid-19 on women and girls. The Women and Equalities Select Committee has undertaken four separate inquiries to understand these inequalities.⁹¹

The Government Equalities Office’s own Covid-19 disparities report revealed the continuous inequalities in health outcomes during the pandemic for Black and minoritised communities.⁹² To date, however, there has been little consideration in government analysis of the disproportionate impact of Covid-19 on women and girls at risk, and the many hidden ways they have been impacted, for example through rising levels of violence and abuse.

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.

The Covid-19 recovery must value and invest in the women and girls’ sector. Women and girls’ sector organisations, including specialist ‘by and for’ services, are best placed to support women and girls to build lives away from poverty, inequality and violence. They are embedded in their local communities, they have developed trusted relationships with women and girls over time, they have the knowledge and expertise to be able to offer the tailored, gender, age- and trauma-informed

support that women and girls facing multiple disadvantage need, and they are best placed to involve women and girls with lived experience in service design and delivery. During the pandemic, these organisations have shown their incredible agility and innovation, rapidly and flexibly evolving to continue to meet the needs of women and girls despite the challenges.

Sustainable investment in this sector will help the thousands of women and girls hit hardest by the pandemic to overcome the complex difficulties in their life. Funding should be joined-up across government departments to enable women's specialist services, which can tackle a range of problems holistically, to access funding without having to compete for multiple complex pots. It should include allocated money for smaller specialist 'by and for' services, which are often excluded from commissioning frameworks.

Current policy response

At a time when the need for the women and girls' sector is greater than ever, services face an uncertain future. There have been welcome pots of funding made available for women and girls' services during the pandemic -for example extra money announced for domestic abuse organisations.⁹³ However, there is still little sustainable public funding to cover the core costs of running women and girls' organisations, and no cross-cutting approach to commissioning that recognises the importance of providing holistic services and delivering a range of outcomes linked to different needs.

There is also an increasingly concerning trend of gender-neutral commissioning at a national and local level. For example, Women's Budget Group highlight that in one allocation of funds from the Tampon Tax, only one of the ten available awards was made to a women's sector organisation.⁹⁴ Treasured local women's services have also been losing out over a number of years on multi-year contracts to gender-neutral service-providers.⁹⁵

Innovation in the women and girls' sector during Covid-19

Flexibility and accessibility: In a matter of weeks and months, the women and girls' sector adapted many vital services to run online and to digitally up-skill their staff and service-users: **82% of organisations moved all or some services online over the year.** While face-to-face support is core to the work of the women and girls' sector, many organisations report that an online support offer has increased engagement with some women -for example women and girls with caring responsibilities, those living in rural areas, disabled women and girls, and women and girls who feel less anxious using remote services. Going forward, a large majority of organisations report they will be providing a more flexible support offer to make their services as accessible as possible.



"We will keep some remote work, particularly workshops, and working with women outside of London. We will greatly increase our online support offerings."

-Organisation supporting women with convictions

"We anticipate working with a mixed model delivery in the future, as face-to-face appointments are more accessible for some women (e.g. digitally excluded) and some remote services are more accessible for others (e.g. working unsociable hours)."

-Organisation led 'by and for' migrant women and girls

Partnered working: The women and girls' sector has worked dynamically and collaboratively throughout the pandemic, with 45% reporting positive changes in multi-agency working. New alliances and community networks have been developed in the sector, and the women and girls' sector has driven more coordinated multi-agency working and communication. Organisations have used these new open lines of communication to share best practices regarding service provision and supporting staff to work remotely. Online working has facilitated this, with smaller organisations and those based remotely, more able to join area-wide or national meetings, something that had not previously been possible due to travel time and costs.

"We have worked more closely with Violence Against Women and Girls (VAWG) and migrant organisation to ensure as

much access to services as possible and to share best practices."

-Organisation led 'by and for' migrant women and girls

"We've joined an alliance with other women-specific services, the London Women's Services Alliance (LWSA) to strengthen our position for obtaining funding and advocacy."

-Organisation supporting women with convictions

"Multiagency Case Coordination is being led by the third sector - our workers have been acting as the virtual safeguarding hub leads to manage risks and to ensure good communication."

-Organisation supporting women facing multiple disadvantage

Innovative new ways of working: In addition to moving services online and increasing partnered working, many services report expanding the range and frequency of support programmes. Over 2/5 of organisations (41%) increased the range of services they offered over the year. This has required immense creativity around how to continue to engage women and girls in a meaningful way.

"A pilot creative buddying scheme was delivered by volunteers for three months. The creative programme has continued and grown with our interactive and online offers."

-Organisation supporting women in contact with the criminal justice system



"Our current partnership is a collaborative arts project called: 'Sewing Through the Pandemic'. This allows the women involved to be part a collective sense-making around how the pandemic has impacted lives. We pulled together 10 sewing packs ready to post out but within a couple of days word spread and we had 80 women plus staff who wanted to be part of the project. Women across the North East, Yorkshire, Midlands and the North West, are coming together to use sewing to share how they are feeling during the pandemic. This includes women who are in prison in HMP Low Newton, women in recovery from addiction, women living in our women and children's unit, women living in our accommodation projects and women who are unable to access our usual community programmes who are at risk of domestic abuse and sexual violence. And the feedback already is amazing."

-Organisation supporting women facing multiple disadvantage



Recommendations

This report has presented rich evidence of the widening inequalities in the lives of the most disadvantaged women and girls during the first year of the pandemic, with poverty and mental health an urgent concern. Building on Agenda's interim findings report published in August 2020, *Voices from Lockdown: A Chance for Change*,⁹⁶ this report has also set out a vision for what is needed to ensure women and girls are not left behind in the recovery. We are now at a crossroads which will determine the legacy of this year for generations. We 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.

For a way forward for women and girls, we recommend:

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 incentivize 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.

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 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.

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- Funding to be joined up across government departments to enable women and girls' specialist services, which can tackle a range of problems holistically, access funding without having to compete for multiple funding streams. Ring-fenced 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 women's sector to ensure a coordinated approach to the most disadvantaged women and girls.



Annex 1: Method

The survey data was analysed using Tableau and R software to draw statistically significant insight from across three surveys. Various measures have been taken to ensure high quality of data and analysis, including not drawing statistically insignificant inferences and ensuring data across the three surveys is comparable. Whenever possible, the report provides additional insight into experiences of Black and minoritised women and girls and young women, segmenting the data based on the specialism of support provider. However, where the sample sizes were too small for statistical analysis, but the findings were indicative of a trend or provided insight supporting already established findings, the report is transparent of potential limitations and sample sizes used.

The research draws insight from two waves of semi-structured interviews with organisations and experts by experience, as well as ongoing informal meetings with Agenda's Women's Advisory Group and Young Women's Advisory Group. The interviews were conducted over the phone or a digital video-calling platform. In total, seven experts by experience were engaged and two were interviewed repeatedly to provide insights into changing personal circumstances during the pandemic. In addition, we conducted interviews with eight organisations. Out of these, three organisations were interviewed repeatedly to gather insight into changes in support provision as the public health crisis developed throughout the year. Qualitative data was coded through NVivo software to develop themes and where possible match them with the themes developed in the interim report, previous interviews and qualitative survey responses.

Agenda also hosted two roundtables with the women and girls' sector to gather qualitative insights for this research. The first roundtable took place in April 2020, and brought together 21 organisations working with women and girls facing multiple disadvantage to understand the emerging challenges facing women, girls and services as the crisis began to unfold. The second roundtable took place in January 2021 in partnership with H.O.P.E Training & Consultancy who set up the H.O.P.E network, a network of individuals and organisations that came together during the pandemic to discuss the impact of domestic abuse within Black and minoritised communities. This roundtable brought together 15 organisations - a majority of which are led 'by and for' Black and minoritised women - to explore key concerns, access to mental health services and support and solutions for Black and minoritised women and girls.



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