

REPORT

# REVIEW OF ORGANISATIONAL STATEMENTS

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# Introduction

*[Women working to support women in the welfare sphere: psychosocial challenges](#)* is a research project exploring the psychosocial wellbeing and personal welfare of women workers in organisations offering services, support and advocacy to women and girls who may be socially isolated, economically marginalised and disadvantaged in various ways (to find out more see <http://womensupportingwomen.uk>). COVID-19 has intensified such inequalities, creating significant pressures on third sector support organisations and their predominantly female workforce.

Women have borne a disproportionate burden of the negative impacts of COVID-19 and associated restrictions, which led to increased workload for women in the home and workplace and rendered lower-wage frontline posts ever more precarious<sup>i</sup>. UN Women (2020)<sup>ii</sup> declared gender inequalities a pandemic consequence, documenting impacts on women globally, and directing attention to women workers.

Community-based organisations have seen demand for their services greatly increase due to COVID-19. Organisations, whose staff are mainly women, have had to rapidly adapt and re-align their services in order to respond to often stressed and traumatised clients, in demanding and markedly transformed working environments, whilst also navigating the disruptive impact of the pandemic within their personal lives.

Building upon earlier work<sup>1</sup>, this research explores the interplay of individual, organisational and structural challenges to the work, which often takes place in trauma-saturated environments. The study is undertaken at this point in time<sup>2</sup> to capture how the pandemic may be exacerbating pre-existing challenges upon the professional and personal lives of the workers, and the efficacy of services provided.

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<sup>1</sup> Including [a study of vicarious traumatisation in those working with young women in criminal justice settings](#)

<sup>2</sup> October 2021 – June 2023.

# METHODS

Over 20 months<sup>3</sup>, the research is identifying, tracking and exploring, the challenges and changes faced in the current and post-pandemic period, by women in third sector organisations across England, Northern Ireland, Scotland and Wales, who work closely with marginalised girls and women. In doing so, it is investigating the cumulative effects of intensified client need, arduous work conditions, job security concerns, and additional domestic caring responsibilities, on the psychosocial wellbeing and personal welfare of women workers, many of whom come from the same communities and share the same experiences as their clients. The **research aims** are to identify: factors and processes which exacerbate or diminish the impact of the pandemic on women workers in this sector; innovative practices mitigating the traumagenic effects of the work, and; insights to inform policies and models of working to support resilience and wellbeing and which uphold the welfare of a vital workforce.

In meeting these aims, the research team are developing an evidence base which deepens theoretical understanding of how women workers' psychosocial wellbeing can affect their workplace participation. It is hoped that the research will contribute to response and recovery efforts tailored to support women, both in the current situation as well as general workplace health and safety, and preparedness for work with marginalised populations during future experiences of sudden structural change in ways of working.

The research utilises a multi-method approach with four main strands: an online survey of managers and supervisors; a desk-based review of statements and reports published by organisations as a response to COVID-19; qualitative interviews conducted at two different points in time<sup>4</sup> with managers/supervisors and frontline workers; and psychometric measures. This report focuses upon the desk-based review.

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<sup>3</sup> October 2021 – June 2023

<sup>4</sup> Approximately 8 months apart, to chart ongoing impacts of, and changes related to the pandemic.

# DESK-BASED REVIEW OF ORGANISATIONAL STATEMENTS AND REPORTS

The aim of the organisational statements review was to understand, through statements and reports they published during this time, how organisations experienced, and adapted to the COVID-19 pandemic, and how they positioned themselves in relation to resultant changing demand for their services. A desk-based mapping exercise was conducted between October and December 2021, to identify organisations across the UK that work, in a wide variety of ways, with marginalised, disadvantaged or socially isolated women and girls. Organisations were filtered according to their target audience and mission, with 535 being selected for inclusion from this initial search. Websites and Twitter feeds of each of these organisations were examined for any statements, blog posts or reports which had content relating to COVID-19. Statements and reports were included from a total of 231 organisations: 200 statements and 33 reports. The timeframe within which the statements and reports were produced was March 2020 to December 2021, meaning that they reflect a range of perspectives, news, changes and challenges. The statements and reports were analysed thematically.

## FINDINGS

### General content and purpose of the statements and reports

The **200 statements analysed** had been produced at different times during the pandemic: some in March 2020 reflecting initial lockdown measures and expectations; others later in 2020 or 2021, describing adaptations, achievements, and changes to ways of working. What the statements largely had in common was that their intended audience was predominantly their clients and partners, and as such they usually aimed to be positive and reassuring, and to provide practical advice and information about how help could be sought despite the situation. Whilst they did sometimes voice concerns such as organisational financial stability, staff wellbeing or the governmental response, these were often pragmatic, referring to fundraising or advocacy campaigns, or thanking staff.

The 33 reports analysed included Annual Reports and Accounts; COVID-19 Achievements; Learning and Impact Reports; Strategy Reports; and Research Reports. As such, their intended key audiences

included funders, governmental bodies and other support organisations, as well as the general public. Reflecting longer time periods than the statements, they often contained more detailed information: reporting upon organisational adaptation to the pandemic, achievements, challenges and learning. Examples were often given of projects, and numbers of clients helped. It was common to see descriptions of the impact of the pandemic upon client groups. Several also discussed impacts upon staff, and support and training put into place to help them to cope with the new demands. Descriptions of collaborations and partnerships were also often given, demonstrating how organisations had jointly tried to meet needs of their clients. Financial information given demonstrated the performance of organisations over certain time periods, including the impact of COVID-19 upon organisational financial health, emergency funds, and fundraising initiatives.

### Key demographics of organisations included in the review

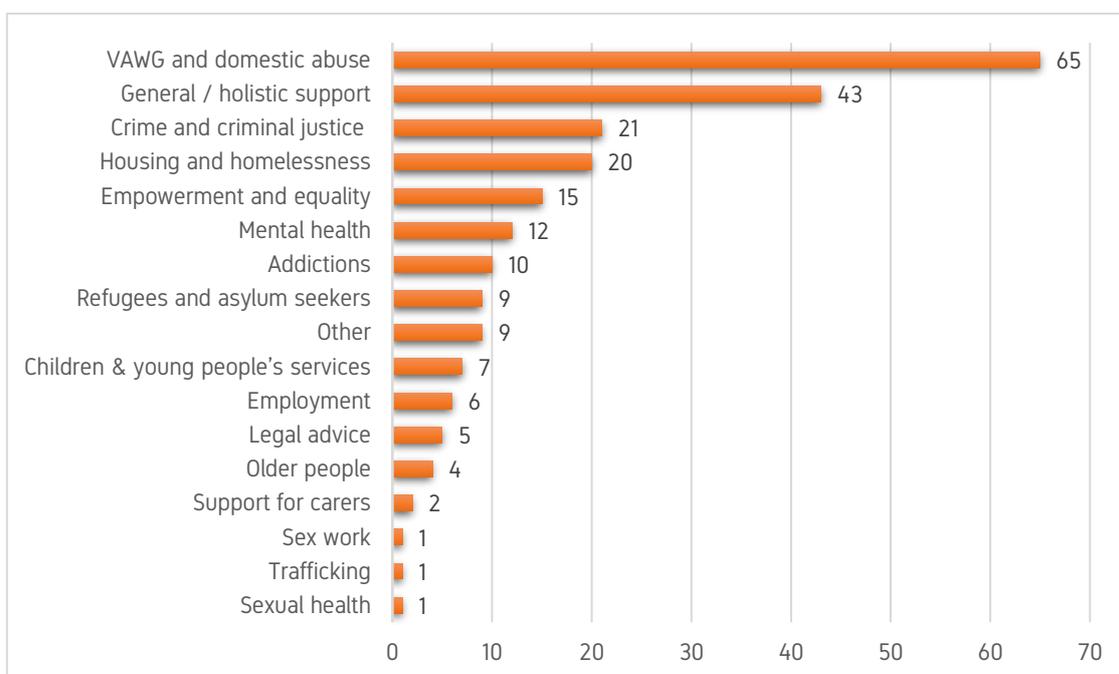
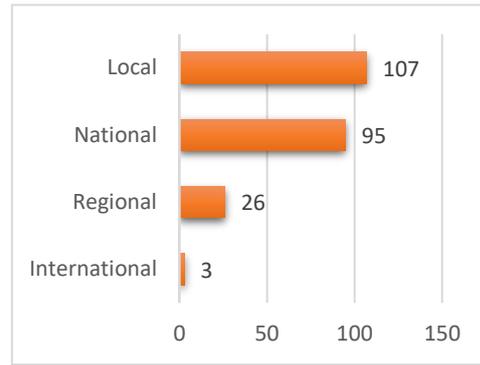


Figure 1. Nature of the organisations

Whilst many organisations address more than one issue, the main focuses of the organisations can be seen in the graph above. Below, the graphs indicate the main geographical location and geographical reach of the organisations.



*Figure 2.* Main location of organisations



*Figure 3.* Geographical scope

Some organisations worked specifically with protected characteristic groups: 87 worked with women only; 14 worked with Black and minoritised groups; 7 with people living with disabilities; and 2 with LGBTQ+ people.

## Key Themes

The content of the statements and reports was analysed, and the key themes were drawn out. These were then placed into three different levels: individual, organisational and structural. This arrangement enables separation of key findings into factors predominantly experienced by, or aimed at individual people, namely the clients of the different organisations (individual level); factors or findings related to, or changes made or experienced by organisations (organisational level); and aspects of the overarching societal systems, institutions, hierarchies and norms and patterns that shape and impose controls upon society (structural level). It is recognised that these levels overlap and intersect, and that a change at one level can impact upon another. The key themes from the analysis are summarised below.

### *INDIVIDUAL*

'Individual level' here refers to factors experienced by, related to, or aimed at individuals rather than organisations.

#### Advice/information on COVID-19 and signposting

A common use of the statements and reports was the provision of information, advice and guidance about COVID-19 to their client groups.

This included NHS advice, but also advice on other issues which may be affected by COVID-19 including: visas and asylum issues; mental health; safety tips for those in abusive relationships; criminal justice and closure/delay of courts and cases; advice for drug and alcohol users; wellbeing advice, including nutrition and sleep; financial advice including food-banks, housing and rent support and benefits; gambling issues; and employment rights.

Many organisations provided their own contact details in their statements to inform clients of how they could contact them despite reduced face-to-face engagement. Statements were also frequently used to signpost to other services, often national helplines/organisations and emergency numbers, but also to smaller local services who might be able to help. However, for some, the opportunity to signpost clients was harder, as many of their usual referral agencies were closed or working reduced hours, thus adding to their own workloads.

Despite the undeniable need for, and usefulness of the COVID-19 related information provided in the statements, organisations were acutely aware of its limited reach, knowing that many women have limited access to digital technology apart from on top-up phones. Indeed, such digital poverty was rendered far more visible during the pandemic, and several organisations tried to address this, as outlined in the following section.

### Support for access to services

Information about increasing access to services during the pandemic was given, usually relating to digital inclusion, including the provision of laptops, tablets, data, internet access, and digital skills training.

Improved digital skills for some groups were described by several organisations as a positive consequence of the pandemic, with some receiving grants specifically for such initiatives.

Other methods of increasing access to services included providing mobile numbers for women to text if they felt unsafe in making calls, arranging 'safe' contact times, and money for phone top-ups. One Scottish domestic abuse organisation who were concerned that their clients would be unable or unwilling to reach out to them, dedicated time to updating their website to include *'specific, relevant & important info to promote safety & understanding about domestic abuse.'*<sup>iii</sup>

One refugee organisation set up a ‘tech poverty project’, in recognition of the exacerbation of the digital exclusion often faced by its clients, providing data, devices, support and advice, and the option of an interpreter. <sup>iv</sup>

An organisation working with the homeless set up a digital skills café. <sup>v</sup>

### Increased concern about client groups

Increased concern for clients was a key theme, with fears and knowledge of how the pandemic could worsen the situations that their clients experience.

As a local refugee and asylum seeker organisation stated, *‘situations that would have been easily managed in normal circumstances escalated more rapidly and deeply into crisis.’* <sup>vi</sup>

A key theme was intensified concern about the safety of clients, particularly related to increased violence against women and girls. Frequently expressed was fear for those experiencing domestic abuse, and how lockdown would leave them more isolated, at risk, and under greater control – but with reduced ability to access help. Organisations described how lockdown measures were used as part of the abuse by some perpetrators, related to which there had been a significant increase in coercive control.

*‘While in lockdown or self-isolation, women and children are likely to be spending concentrated periods of time with perpetrators, potentially escalating the threat of domestic abuse and further restricting their freedom. Domestic abuse isn’t always physical – it’s a pattern of controlling, threatening and coercive behaviour, which can also be emotional, economic, psychological or sexual. Abuse is a choice a perpetrator makes, and isolation is already used by many perpetrators as a tool of control. In the current climate, it is certainly more challenging for women suffering abuse. Lines of communication could be severely limited if women are unable to leave the home.’* <sup>vii</sup>

As well as abuse intensifying, organisations described how COVID-19 suppression measures could trigger traumatic memories of domestic abuse and coercive control. It was recognised that all of these factors could result in a deterioration of the mental health of those subjected to abuse, including any children in the household. Concerns around increased violence against women and

girls during the pandemic also included how traffickers and organised crime groups might exploit the situation.

The unequal impact of the pandemic upon certain groups was raised, specifically Black and minoritised women and girls, and those living with disabilities or long-term health conditions. Some organisations highlighted the particular rise in domestic violence and difficulty in accessing services for Black and minoritised women. One report referred to two concurrent pandemics – with COVID-19 intersecting with violence against women and girls.<sup>viii</sup>

Another key theme was reduced move-on options, affecting groups including people in refuges, young people in supported accommodation, homeless people and people leaving prison, often resulting in prolonged stays in unsuitable accommodation. Economic impacts were raised frequently, with fears for those experiencing increased financial difficulty; particular impacts were noted for women with protected characteristics, Black and minoritised women, and women living with disabilities. There were repeated calls for the government to address this, with requests including increasing social security payments, making universal credit payments immediately available, and increasing statutory sick pay to match the real living wage. Such structural inequalities had an additional impact upon those experiencing domestic abuse, with domestic abuse organisations describing how economic impacts of COVID-19 upon individuals and families could also worsen abuse. A Scottish women's organisation described how lone parents, women (particularly of an ethnic minority background), young mothers, and families with a disabled parent or child were especially at financial risk<sup>ix</sup>. An English organisation supporting sex workers described how most suffered a loss of income, particularly disabled workers who needed to shield.<sup>x</sup> Another financial fear was for those addicted to gambling, and how the pandemic could exacerbate this.<sup>xi</sup>

Finally, relating to all of these increased concerns was their impact upon the mental health of their clients, but again with reduced ability to access support for this.

Across client groups and organisations, the fear of deteriorating mental health was common, related to marginalisation, isolation, economic impacts and increased abuse.

This fear was reflected in various statistics provided, for example, joint research conducted by two national organisations working with young people found that *'72% of young people had seen a decline in their MH during lockdown, almost 3 x the national average.'*<sup>xii</sup>

The impact upon staff and volunteers of having increased concerns for those with whom they work cannot be underestimated, with the ability to address these concerns often reduced due to pandemic restrictions. Several organisations were involved in campaigning to raise awareness and change around the increased issues being faced by their client groups as a result of COVID-19. Such campaigning was usually with the acknowledgement that these issues had existed without adequate attention by government prior to the pandemic, and that policy, resources and sustained commitment were needed even more now.

## ***ORGANISATIONAL***

We use 'organisational level' here to refer to factors or findings related to, or changes made or experienced by organisations. These factors or changes do obviously have impact at the individual level and are affected by factors at the structural level, but they are predominantly visible at the level of the organisation.

### **Increased demand for services**

Increased demand for services was clear, including increases in: online contact where domestic abuse survivors were unable to make calls; requests for refuge bed space; demand for employment support as securing job interviews became more difficult during the pandemic; and support for sex workers due to increased violence on the streets. Some organisations provided striking statistics illustrating the increased demand:

- An organisation working with women on a range of issues including criminal justice involvement, mental health, disabilities and domestic abuse reported a 72% increase in women seeking support. <sup>xiii</sup>
- An organisation supporting the families of people held in prison reported a 247% increase in service demand. <sup>xiv</sup>
- A Scottish organisation working with single parents said that they had seen a 300% increase in calls to their helpline and online chat. <sup>xv</sup>
- A Northern Irish organisation working with mental ill health, intellectual disability, autism and addictions saw a 350% increase in people accessing their wellbeing online hub, which they had adapted with COVID-19 specific support. <sup>xvi</sup>

Impacts of increased service demand upon organisations included long waiting lists for services, intense and long working hours, and having to make difficult decisions very quickly.

For some organisations, rather than an increase in number of clients or calls, it was the additional COVID-related needs or concerns of clients that added to the workload, as illustrated through research conducted by a UK wide organisation working with Muslim women, who found:

*'In 2020 the number of individual service users and the time spent on initial queries is consistent with previous years. However there has been a 132% increase in the time that is being spent on additional enquiries. This validates the feedback from the team that in 2020 the work has felt more intense, and they have been working harder even though the volume of calls has not dramatically increased.'*<sup>xvii</sup>

The switch to digital services was so successful for some organisations that the number of clients and hence the workload greatly increased. This was illustrated by a national health-focused organisation working with young people, who described how, whilst the numbers of face-to-face clients had dropped by 69%, tele-health consultations increased by 361%, and even higher (447%) in areas of deprivation<sup>xviii</sup>. Several domestic abuse organisations saw initial reductions in demand, due to factors including women being unable to make calls or get online to ask for help, and confusion about what services were open and how to ask for help. However, over time, particularly as the first lockdown eased, demand for services surged, with further future rises expected.

### Changes to service delivery

Most organisations reported changes to their service delivery as a result of the pandemic.

The predominant theme was a move from face-to-face services to online, telephone and messaging services.

Some organisations had contacted clients to find out preferences of method of communication, with factors such as safety, or digital access influencing their choices. For some, moving services online had meant increased accessibility and audiences for training courses, support groups or individual services, or upscaling of operations.

An organisation providing holistic support to women stated that due to a six-month resilience grant, they had gone from twice weekly in person sessions to providing the same service online seven days a week. <sup>xix</sup>

A local domestic abuse organisation set up new online courses – ‘Zoom Freedom’ and ‘Escape the trap’ reporting that people participated who may never have been able to access the course as a face-to-face option. <sup>xx</sup>

Some changes were viewed as positive, having resulted in more effective or better ways of working, As described by a local organisation supporting rape and sexual assault victim/survivors:

*‘Although COVID19 brought challenges we have learned and adopted some of the new ways of working. Online support was not for everyone, but some service users preferred their support carried out in this way. [Organisation] has now included online support to the support services we offer. Another positive learning that we have adopted is attending meetings remotely. This reduces our travel time etc and found that sometimes business was carried out a lot more efficiently and effectively online. It also allowed us to attend meetings that in the past we were unable to do so due to time or distance.’ <sup>xxi</sup>*

Other changes to service delivery included how goods, including food meals/parcels, were delivered to clients. An organisation supporting women into employment described how they had introduced a virtual styling service with interview preparation, followed up by delivery of clothes for interview and work. <sup>xxii</sup>

Whilst many benefits of online, telephone or virtual methods of service delivery were identified by organisations, with plans for continuation of some adaptations, challenges were noted too. These included digital exclusion as outlined previously, but also the functioning of relationship-based modes of delivery, and ways in which online delivery could be experienced as less personal. For example, as found by a local women’s organisation addressing issues of equality and empowerment:

*‘Survey responses from service provided to women indicated that most kept their services running at a reduced rate, or by using online tools. They noted that whilst this was better than the alternative, many women & volunteers weren’t happy with this arrangement and the lack of face-to-face contact during times of stress such as pregnancy, grief and mental health problems left many feeling isolated.’ <sup>xxiii</sup>*

As social distancing measures and rules changed throughout the pandemic, so did modes of service delivery, with blended face-to-face and online services arranged, including meetings outside. A number of organisations were able to continue with some services in their normal mode of operation. These were usually services like pre-existing helplines, and emergency accommodation, refuges, and food banks services, and pre-existing outdoors activities, such as one therapeutic horticulture group. However, for many such services, activities had to be done in line with COVID-19 safety measures, such as social distancing, hygiene measures, limited numbers, and having to conduct regular health and safety assessments, which could be challenging. For those organisations who did manage to keep some of their services open, demand for these could be high, given the scarcity of such provision, for example, as described by this organisation supporting homeless people:

*'As the only operating face to face crisis service in [city] open during the daytime in the first lockdown period, a significant demand was placed on our daily food provision.'* <sup>xxiv</sup>

Changes in service delivery could also mean adapting the focus of the work, as the needs of some clients also changed during this time. A local English organisation addressing social inclusion for women and girls, including refugees and asylum seekers, described how COVID-19 had resulted in changes in the needs of those they work with, creating high demand for benefits and other support services, which *'meant that the content of the sessions shifted from planning and working towards long-term goals to focusing on pressing needs and short-term goals.'* <sup>xxv</sup> For staff providing the support, such changes also had inevitable impacts upon their day-to-day work and plans.

Some activities and services were simply put on hold, with plans to return to these in the future, largely due to funding or difficulty of conducting some activities remotely.

### New services/initiatives

A large number of organisations gave details of new and creative ways of supporting their client groups through the challenges of the pandemic and lockdowns.

These new initiatives served various functions, but many were aimed at tackling the challenges of lockdown for different populations. For example, one criminal justice focused organisation described how and why they had set up a week of virtual activities on zoom:

*'The week was themed around relationships which was very fitting due to the COVID-19 pandemic. This has been an important factor to ensure the people we support do not become isolated, maintain links formed and promote the principles of Citizenship.'* <sup>xxvi</sup>

Many examples of new initiatives adopted by organisations were identified gathered during the analysis of the statements and reports, some of which are included in the box below.

- Provision of resource packs for adults and children
- Welfare packages of essentials
- Financial packages, including access to data, help with bills and rent
- New courses and qualifications being put online
- Letters, notes and phone calls for people to help address isolation
- Creation of community zines and newsletters
- Films about staying safe
- Podcast and webinar series for sex workers including safety, rights, government funding and advocacy
- Provision of emergency accommodation, particularly for homeless people
- Interest/issue focused online groups, e.g. arts and crafts, fitness, pre and post-natal mental health
- Second hand bikes for children so they could go out with befrienders
- Walk and Talk services
- Doorstep welfare checks
- Urgent legal advice surgery focused on the needs and rights of women
- Digital roadshows for people to share their experiences and concerns
- Family Fund for essential goods for women with no recourse to public means
- Sexual health service for young people with digital requests for STI home testing kits, remote prescribing and postal provision for contraception.
- Outreach service for asylum seekers in emergency accommodation
- COVID-19 Single Parent Family Monitoring System

### Plans to retain new/adapted services

A common theme, particularly in the reports, was the identification of particularly effective new or adapted services, that organisations planned to retain.

This was often because a new initiative or mode of delivery increased accessibility, meaning often increased attendance. A sexual health clinic working with young people described how, in addition to their face-to-face clinics, they would retain the tele-health model that they had introduced during the pandemic, as they found that it increased accessibility and they saw very high uptake for this<sup>xxvii</sup>. Many organisations planned to keep running courses and meetings online, or at least to offer this as an option, to enable more people to attend more easily without additional time and cost commitments. For others, being forced to adapt meant the identification of a safer or more appropriate mode of delivery.

*'A chat bot was introduced to our website to help victims in confinement with their perpetrator to contact us more easily. In April and May this addition literally saved lives, with two separate families who got in touch online being rehoused in our emergency refuge accommodation. We put more resources in to interpreting, removing barriers to support those from our BAME community and we brought our popular Freedom Programme online.'*<sup>xxviii</sup>

COVID-19 specific funds meant that some organisations were able to develop and trial successful new initiatives for which they planned to seek further funding. An organisation working with sex workers appealed to individual donors to support a voucher scheme for sex workers for food, medicines and hygiene products, and were planning to relaunch this campaign to address ongoing hardship amongst their clients<sup>xxix</sup>.

There were wider sectoral and societal impacts of changes to service delivery, for example, increased sharing of evidence and good practice with the sector and for policy purposes, as described by a national women's organisation:

*'[we] developed a clear role in supporting the sector with international level engagement and examples of concrete good practice, through a newsletter, a webinar series and contributing international evidence to shared sector policy submissions. Through an adaptation grant.., an additional newsletter generating more in depth information was developed in collaboration with [a university]. Alongside this process, a new communications strategy has been developed.'*<sup>xxx</sup>

## Collaborations

COVID-19 prompted new collaborations between organisations in order to better address emerging challenges.

Collaborations had different purposes, including campaigning for better governmental responses; improving client safety; accessing funding and resources; and joining together to improve or increase services, as well as avoiding service duplication. Examples given include:

- **Campaigning:** an organisation providing support and services to Black and minoritised women and girls experiencing violence stated that they were working across the sector to encourage an effective government response.<sup>xxxvi</sup>
- **Service delivery:** An organisation helping women experiencing violence were working nationally in collaboration with others to effectively provide a whole range of services.<sup>xxxvii</sup> Another organisation working with refugees and asylum seekers highlighted that they had worked with the Council's homelessness team during this time to help meet the needs of their clients<sup>xxxviii</sup>. A support hub with other charities was formed by an organisation working with older people to ensure that people received the support they needed, with a dedicated helpline<sup>xxxix</sup>.
- **Funding and resources:** At the local level, a domestic abuse organisation in England described how they had forged collaborations with local organisations to source goods and funds<sup>xxxv</sup>.
- **Safety:** contacting police forces for information on strategies in place to protect sex workers was action undertaken by one organisation.<sup>xxxvi</sup>

## Staffing

Some organisations had placed staff on furlough, for example, a local English criminal justice organisation supporting young people who had furloughed three of its staff *'in an effort to maintain financial sustainability.'*<sup>xxxvii</sup> Others described the redeployment of their staff, often because of illness, self-isolation, or changed service delivery - and the need to ensure that they were adequately trained and supported for their new roles. For example, an organisation supporting people in Northern Ireland (and Ireland) with mental health issues, various disabilities and addiction described large scale redeployment of their staff:

*'In anticipation of large numbers of staff in our residential services self-isolating or being advised to shield, 100s of staff have volunteered to be deployed to support residents and their colleagues in our residential services. Our teams are working to ensure that those who are redeployed have the training and skills they need to do any new role safely.'*<sup>xxxviii</sup>

Redeployment took many different forms, for example, a national organisation supporting Muslim women described how their helpline manager moved to delivering frontline service due to the high demand<sup>xxxix</sup>. Other organisations described impact to volunteering workforces, with both increases and decreases in numbers described, due to changes in activities conducted during the pandemic.

### Impact upon staff

In the reports and statements many organisations thanked their staff and volunteers for their work and adaptability throughout the pandemic. For example, an organisation working to support older people stated:

*'We are proud of our response - by the end of the first week, all staff were working from home and we set about meeting people's most pressing needs alongside our usual work. We can't thank our staff and volunteers enough for their outstanding work.'*<sup>xi</sup>

Thanks were sometimes given in relation to the increased difficulty of the work that staff were undertaking, as described by a homeless organisation:

*'Our work is equally challenging and rewarding, and at times, heart-breaking and exhausting. Whilst many organisations were forced to step back throughout the restrictions, [we] stepped up. The passion and dedication demonstrated everyday by our staff is awe-inspiring and I am extremely proud of all our teams for their achievements. Alongside our amazing staff, we are supported by some 200 volunteers whose commitment enhance our services, and enrich the lives of those we work with.'*<sup>xli</sup>

The reports and statements also showcased staff efforts, for example one organisation asked their staff to make short videos of how they had adapted their services to demonstrate their creativity and commitment.

Concerns about the impact upon staff were detailed more frequently in the reports rather than the statements.

Practical concerns included COVID-19 infection, with measures to minimise risk to staff as well as clients; and physical implications of working from home such as equipment, home office space, and digital access and security.

Such practical issues were often detailed to justify why certain services could not continue, or to explain how services would take place once they could resume. The emotional impact of these practical changes upon staff and clients was raised, as by this homeless organisation:

*'Our work relies on face-to-face communication, showing and expressing empathy, listening and supporting people to prioritize the needs most important to them at this stage in time, even if they can't see the implications of their decisions and in seeing the bigger picture. With PPE now acting as a barrier with staff wearing face masks, visors, gloves and aprons it became very clinical, in addition to physical barriers preventing access to the service. It was sore for everyone and goes against what we do, but for safety we took this decision to minimize risks of infection to remain open and not close our doors.'* <sup>xlii</sup>

The emotional and mental impacts upon staff were also outlined in several reports. For example, as described by a local organisation supporting families in crisis, who said of frontline workers, including their staff:

*'People who have worked on the front line during the pandemic will be coping with the adverse physical and psychological outcomes including trauma, exhaustion, depression, anxiety, and isolation from social networks.'* <sup>xliii</sup>

Organisations acknowledged how many staff were balancing home working with childcare, or working extended hours, for example to reach domestic abuse clients at the safest times. Some described the potentially long-term impacts upon staff of needing to conduct traumatic work from home and the loss of critical face-to-face work in relationship-based practice.

*'Many are now offering online or telephone support and delivering remotely. This brings both opportunity to reach women who find it difficult to attend session in person, and challenges for staff working remotely during the pandemic, who are "...living at work rather than working from home" meaning an increased potential for vicarious trauma as a result.'* <sup>xliv</sup>

The isolation and reduced support that could result from separation from colleagues and managers was another theme, with some organisations describing initiatives they had put in place to address this, including increased support and supervision. For example, a national health- focused organisation working with young people described how they had established a national counselling network through which their counsellors could share best practice on meeting the challenges of

delivering therapy remotely<sup>xlv</sup>. A local organisation supporting young people who are homeless or in/leaving the care system, described setting up a new strategy support group:

*'We have reacted to the challenges of the pandemic through flexible leadership and support for colleagues through initiatives such as our new Agile Working Framework and a focus on health and wellbeing. Our new Colleague Wellbeing and People Strategy Support group has supported our investment in making life better in the workplace for all colleagues.'* <sup>xlvi</sup>

Several organisations spoke more generally of their duty of care to their staff, particularly during this time, as described by a Northern Irish women's centre:

*'We are aware we need also to protect our staff and volunteers, in terms of their physical and mental wellbeing. We have a duty of care to their health and safety.'* <sup>xlvii</sup>

Some reports spoke of the financial limitations within their organisations which could impede their ability to support their staff through these times of increased challenge, with calls for funders and the government to recognise such support needs as a key part of the work. For example, as described by a UK-wide umbrella organisation working with Black and minoritised women and girls experiencing violence:

*Organisations are offering what they can within existing resource (e.g. more regular welfare check ins, flexible hours) however many are not funded to offer staff clinical supervision. As one member has highlighted, the impacts of staff carrying out this type of work in isolation from home in addition to the stressors fuelled by COVID-19 'has harmful impacts in the longer-term'. It is critical that funders recognise the importance of supporting organisations with the ongoing and increased needs for positively supporting the mental health of staff.'* <sup>xlviii</sup>

Impacts upon staff were not all negative: there were also benefits from pandemic-related changes for staff noted in some reports as well as concerns, as illustrated by a national organisation supporting Muslim women, who outlined the positives as well as negatives:

*'...there have been many benefits to working from home and some of the team would like to continue working remotely, at least some of the time because they value the flexibility that it provides to support caring responsibilities and the concentration that is possible when working in a quiet remote location.'* <sup>xlix</sup>

Benefits across organisations included positive changes to staff communication; flexible working patterns; improved digital skills and communications; accessibility of online training, meetings and events; increased camaraderie amongst teams; and for some, increased confidence amongst staff who found themselves working more independently.

## **STRUCTURAL**

We use structural level here to refer to aspects of the overarching societal systems, institutions, hierarchies and norms and patterns that shape and impose controls upon society, in turn impacting upon organisations and individuals.

### **Gendered Impacts**

The reports and statements clearly had different audiences, and as such, their messaging differed, with some far more attentive to structural inequalities. Such organisations were often those with an explicit feminist ethos in their work, and/or those who provided specialised services to women. Their reports and statements draw attention to the ways in which the impacts of the pandemic intersected with wider, pre-existing gender inequalities, exposing and compounding these, creating disproportionate burdens upon their clients and workers.

The reports and statements revealed that, for women and girls generally, gender inequalities exacerbated by the pandemic were experienced in a multitude of areas: physical and mental health, economic status, job security, formal and informal working responsibilities, and relationships with families and friends. For example, as described by a Welsh organisation focused upon gender equality:

*'We know that women still shoulder the majority of child and elder-care responsibilities, with formal childcare settings closed, and informal arrangements with family members outside of the household no longer able to take place this is likely to have adverse affects throughout this crisis. In particular for single parent households, with no one to balance these caring responsibilities with – of which 90% are led by women. With the duty of child education and care moving from the paid economy, to unpaid labour, this crisis is revealing the inadequacies of the current childcare system that is propped up by informal family arrangements.'*<sup>1</sup>

At the same time, violence against women and girls also increased, which, along with COVID-19, was described as a double pandemic (or 'shadow' pandemic in the words of the UN<sup>li</sup>). However, some of

the reports described how these inequalities were not experienced equally by all women and girls. These reports spoke to the need for the application of an intersectional lens by drawing attention to the additional disadvantages experienced by marginalised groups of women and girls, including Black and minoritised women, women living with disabilities, and LGBTQ+ women. Having such protected characteristics meant increased risk from both pandemics. Yet one key report also described how the experiences of women with protected characteristics were not often included in wider responses to COVID-19, including policy and funding<sup>lii</sup>.

Staff working in organisations supporting marginalised, disadvantaged and isolated women are more likely to themselves be women, and several reports acknowledged the additional burden that these workers were shouldering during the pandemic. Indeed, where UN Women (2020)<sup>liii</sup> had declared gender inequalities a pandemic consequence, documenting impacts on women globally, they had directed attention in particular towards women workers. This was borne out in several of the reports and statements, with one campaigning organisation stating that *'We all know that women are key to fighting this epidemic as workers, carers and community supporters.'*<sup>liv</sup> A national domestic abuse organisation also detailed this:

*'As women are more likely to take on caring roles at home, in organisations where most or all staff are women, this double burden is likely to have a particular impact. This is true across the domestic abuse sector as reflected in the experiences of providers responding to our survey.'*<sup>lv</sup>

Some organisations drew attention to the impact of this double burden upon women workers, as described in this joint statement issued by 10 national organisations representing services delivering violence against women and girls services:

*'we honour the women in specialist VAWG services who have given everything to support survivors over the last year. But we know the heavy toll that this has had.'*<sup>lvi</sup>

There were multiple dimensions to this double burden identified, including worries about infection and health; additional caring responsibilities whilst juggling work; precarious jobs; increased workloads; the many implications of working from home; and all whilst often experiencing isolation from colleagues and reduced organisational support. For example:

*'Frontline staff are themselves feeling anxious about their health and the possibility of becoming ill. Alongside, managing staff shortages due to social isolation, delivering trauma-*

*informed work at home whilst juggling caring and family responsibilities is incredibly stressful; and challenging.’<sup>lvii</sup>*

Those organisations who were committed to addressing or ameliorating intersecting inequalities often detailed their efforts or plans including joint campaigning collaborations. For example, some organisations included appeals to the government to recognise the increased burden upon their workers at this time:

*‘We also call on Government to recognise our workers within frontline services as ‘key workers.’<sup>lviii</sup>*

Such campaigns and appeals underline the fact that the deepening of gendered social and economic inequalities resulting from the COVID-19 pandemic gives cause for grave concern.

### Access to funding

Fundraising appeals were included, particularly in organisational statements, ranging from general appeals to support the running of services, to specific requests for items for clients. Many key fundraising events were cancelled, and charity retail stores had to close, for example, a major UK-wide organisation working with children described having to close over 700 stores<sup>lix</sup>, and a local English homelessness organisation stated that its trading income was down by 66%<sup>lx</sup>. However, some organisations described new ways of fundraising that had been successful for them, for example, an organisation supporting women into employment:

*‘New, ambitious and innovative means of fundraising have been successfully developed, notably an online auction run in partnership with Stella magazine and Christie’s, which helped raise funds when in-person events and sales were not possible.’<sup>lxi</sup>*

Many organisations had concerns over the sustainability of funding and were working hard to limit the impacts on their services, such as through putting a spending freeze on non-essential items and on recruitment; and pausing changes to projects or developments that were not essential to existing capacity.

Concerns over the sustainability of funding were shared by many organisations, who worked hard to limit the impact on their services.

Applications to emergency funding sources had been successful for some organisations, who described gratitude for this and reported on what they had been able to do with the funding. Some however, spoke of the need for recognition of such sources of funding to be long-term, as the pandemic was only exacerbating previous, often long unaddressed, inequalities. Short-term funding could help but could also place additional pressure on organisations. Others, often small organisations, felt excluded from mainstream emergency funding sources, due to issues including a lack of infrastructure, skills, knowledge and experience, and spoke of the need to build capability and capacity to apply. For example:

*'Now the 6-month resilience funding period is approaching an end, what do we do now? Never have the funding responsibilities felt so stressful, never have so many of our group needed ongoing support in our community. Yet the priorities of funders and funding streams have seemingly moved sharply away from communities such as ours. Where we previously found funding application success, we are seeing more and more application rejections. This is the first time since we set up in 2014 that I have personally felt an overwhelming sense of fear about need, and the ability to provide what our women require to simply survive this period in history.'* <sup>lxii</sup>

The unequal nature of the emergency funding was highlighted, with some services described as especially disadvantaged in accessing this, including those working with Black and minoritised women, deaf or living with disabilities, or LGBTQ+ survivors. A national refugee council stated that:

*'70% of organisations have been able to access specific funding to meet the challenges of continuing services throughout lockdown. This was slightly lower for refugee-led and community-based groups at 66%.'* <sup>lxiii</sup>

Several organisations stated that the pandemic had highlighted and exacerbated such pre-existing issues of inequality, disadvantage and isolation, of funding and governmental commitment, and of long overdue societal change.

Organisations shared campaigning initiatives around this, emphasising that short-term, emergency funding did not replace the need for long-term sustainable funding, resources, commitment and policy, for example:

*'Welcome the government funding to support women involved in the sex industry, but acknowledge that more investment is needed, with a larger ringfenced specific amount to be available through other crisis & victim funds.'* <sup>lxiv</sup>

Finally, several organisations joined together in national sectoral collaborations to encourage an effective government response, as illustrated by this joint statement by 6 leading women's organisations in the UK addressing violence against women and girls:

*'Before COVID 19, specialist VAWG services were existing on a shoestring, unable to meet demand for help. Whilst the UK government has delivered emergency funding for the VAWG sector over the past year, it has been piecemeal, fragmented and unequal. In some areas, it took months and numerous different complex funding streams to deliver, and was severely challenging for life-saving frontline services to access at a time of crisis. There was no ring-fence on funding for services led by and for Black and minoritised women, Deaf and disabled women, and LGBT+ survivors, who face the most severe funding challenges and often required major adaptations in order to work remotely.'* <sup>lxv</sup>

Again, such campaigns illustrated the exacerbation of pre-existing intersectional inequalities by the COVID-19 pandemic, including the lack of focused policy and resources to address these.

# CONCLUSION

The review of organisational statements and reports paints a picture of the experiences of organisations as the COVID-19 pandemic took hold<sup>5</sup>, detailing challenges, opportunities and learning. In relation to the current research project, the impact of increased individual, organisational and structural challenges upon both the personal welfare of the women workers, and upon the efficacy of the services they deliver could clearly be seen.

The impact upon staff and volunteers of having increased concerns for those with whom they work cannot be underestimated. The review reveals how these very real fears, illustrated and matched by increased service demand and intensity of work, often sat alongside reduced ability to conduct their work; increased pressures and demands upon staff who were working from home, balancing childcare or ill or isolating; personal social and economic challenges; and often reduced organisational funding and resource.

The gendered impacts of the pandemic upon women workers, as well as the women and girls they serve, were written starkly in this collection of statements and reports, with a particular emphasis upon those already experiencing structural inequalities. We support the calls of those whose statements and reports are advocating for policy and practice responses committed to challenging and addressing the unequal gendered outcomes of the pandemic, and deep-rooted gender inequalities, particularly concerning the need for fair and well-paid employment and support for mental health and wellbeing.

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<sup>5</sup> Statements and reports were produced during the period of March 2020 – December 2021.

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