

Written evidence submitted by the Public health and health inequalities workstream at the University of Bristol Law School

1.0 Summary

This submission is a response to the Call for Evidence issued by the UK Parliament's Treasury Committee (henceforth 'the Committee'), which seeks to understand how different forms of inequality have been experienced by different demographics during the coronavirus disease pandemic (covid-19). The response to the consultation is from the [UK Pandemic Ethics Accelerator's](#) *Public health and health inequalities* workstream at the University of Bristol Law School.

This submission responds directly to the two sub-questions posed by the Committee in the overarching theme, while also emphasising important underlying context to the issues they raise. The two questions are:

- What are the recent trends in income and wealth inequality in the face of the pandemic?
- As we recover, how do we combat the inequalities that have been exacerbated as a result of the pandemic?

Our position is that explanations of the problems that we face as a society as a result of the pandemic, cannot be limited to discussions of inequalities experienced *only* during the covid-19 pandemic. The Treasury needs to remember that the state of affairs prior to the pandemic greatly contributed to the inequalities that have been experienced during it. As has been argued by [Brandt and Botelho \(2020¹\)](#), while the "particular biological characteristics that lend covid-19 its virulence (p.1493)" were outside of human control, many other aspects of the pandemic were not. These aspects that were within the Government's control included being adequately prepared for a pandemic, based on lessons learned from other pandemics globally.

This submission will make the case that societal inequalities, including wealth and income inequalities, preceded the pandemic, and as such 'combatting' them will require deep engagement with the impacts of financial policies prior to the pandemic, such as austerity cuts. This is because covid-19 has only made more apparent, and deepened, unjust economic conditions that had been there all along. In other words, the pandemic reveals crises that were already happening, that had been built into 'the previous normal'. This means that the disproportionate vulnerability of some communities to covid-19, and to harm from various public health responses, needs to be understood as socially determined

([Phelan and Link, 2015²](#)). In this response, we also insist upon recognition of the proven assumption that the sorts of inequalities witnessed during the course of the pandemic are embedded, longstanding, and – crucially – are not inevitable ([Marmot, 2005³](#)). Given compelling evidence of inequalities’ being a product of social and institutional systems and structures, questions of fairness and justice need to be explored ([Venkatapuram, 2010⁴](#)) beyond simply describing the differential impacts of covid-19.

Our response begins by outlining income and wealth related inequalities in the UK in section two. This section responds to one of the questions posed by the Treasury, namely: ‘what are the recent trends in income and wealth inequality in the face of the pandemic?’ The third section then responds to another question, namely: ‘as we recover, how do we combat the inequalities that have been exacerbated as a result of the pandemic?’ This third section concludes with three key recommendations to the government. Our analysis takes an intersectional approach, which recognises how the multiplicity of systems of inequality place certain communities at even greater vulnerability to societal harms.

Our three main recommendations are summarised below:

- We need a clear interrogation of why lessons have not been learned, and crucially how best to prepare for future public health crises. This includes learning about failures, weaknesses, and strengths in pandemic planning. But it also includes learning and responding to deeper-seated, socially determined causes of ill health and health inequalities, and susceptibility to compounded disadvantage with reference to social position and characteristics such as gender and race.
- Fuller, more inclusive methods of encouraging and assuring public participation and engagement on tackling inequalities are required at the level of government.
- The government needs to acknowledge the compelling inconsistencies in relation to employment, with disproportionate representation of particular groups amongst the “essential” workforce during the pandemic, whilst essential workers’ value is poorly recognised (as e.g. in the case of unpaid, and even paid, carers).

The next section responds to the question, ‘what are the recent trends in income and wealth inequality in the face of the pandemic?’

2.1 Income and wealth inequalities before and during the pandemic

On 19 May 2020, the Chancellor of the Exchequer declared, in oral evidence to the Lords Economic Affairs Committee, that the UK was facing a “severe recession” unlike any other that had been seen before ([Webb, 2020](#)⁵). The multiple and inter-related causes of the economic downturn included but were not limited to: disruptions in global supply chains; national and local school closures; unemployed or ill workers; and shut down and/or insolvent businesses (see [Harari and Keep, 2021](#)⁶ for more in-depth analysis of trends).

However, income and wealth inequalities in the UK preceded the covid-19 pandemic, and rather than being inevitable, these inequalities are socially constructed. For example, Cook’s work (1989)⁷ on how the law exacerbates income-related inequalities demonstrated the differential treatment of tax evaders from people committing benefits fraud in the UK, even though both are defrauding the public purse. The trend has continued with tax breaks for the rich (e.g. corporations such as Amazon and Starbucks not paying corporate tax in the UK) and welfare cuts for the poor, particularly as a result of government policies that were aimed at reducing the social security budget (e.g. see [Adler, 2018](#)⁸; [Willman and Pepper, 2020](#)⁹).

Additionally, the nature of the UK labour market contributes to income and wealth inequalities. Prior to the pandemic it was clear that the UK labour market is not a homogenous and/or fair market (e.g. see [Hanson and Pratt, 1995](#)¹⁰). Rather, it is deeply segmented, with some segments characterised by good pay and working conditions, and other segments characterised by poverty pay, and casualisation of labour along racialised, gendered, ableist lines ([International Labour Organisation, 2020](#)¹¹). Previous research has already made it clear that mobility between segments in the labour market is quite difficult. This situation then sets up a scenario where the most vulnerable in society are more likely to be in low paying, higher risk jobs that cannot be done from home – for example working in social care, essential retail, transport and hospitality which historically have also been some of the lower paid sectors in the UK ([Low Pay Commission, 2020](#))¹².

Pre-existing income inequalities led to situations where the most vulnerable people in society were already more likely to have poor health conditions before the covid-19 pandemic. For example, income inequalities are directly related to harms arising from food insecurity, the stresses of unequal treatment, precarious employment, and lack of affordable housing amongst other variables. Prior to the pandemic, there was evidence of the State’s failure to ensure that low-income people had consistent and sufficient access to nutritious foods ([Lambie-Mumford, 2019](#)¹³; [Dowler and Lambie-Mumford, 2015](#)¹⁴). As at 2018, 19.3 million people had relied on emergency food provision from a food bank, in contrast to 41,000 in 2009/2010 ([Sosenko et al., 2019](#)¹⁵). Moreover, a report in June 2019 by the Institute for Public Policy Research ([Hochlaf et al., 2019 June, p.6](#)¹⁶) linked austerity-

related funding cuts to a preventable 130,000 deaths between 2012 and 2017 (see also Dorling, 2018¹⁷ and [2019](#)¹⁸). These indicators have only grown worse during the covid-19 lockdowns. For example, during the first UK lockdown beginning in March 2020, a national survey was conducted that revealed that food insecurity quadrupled for 16% of the population ([Loopstra, 2020](#)).¹⁹

Furthermore, there have been growing inequalities in access to property and other forms of wealth. For example, Piketty (2013)²⁰ demonstrated through empirical evidence the increased inaccessibility of the housing market for younger people who are not relying on inherited wealth but only on their labour income. This is because the value of property is going up faster than the value of work. Therefore, even though wages have gone up, they have not gone up fast enough to ensure fair access to the property ladder for all. This is only compounded by the insufficient availability of social housing in the UK. Indeed, the economic inequalities in the UK map onto growing inequalities globally. For example, a briefing paper by the charity Oxfam ([Hardoon, 2017](#))²¹ published to mark the annual meeting of leaders in Davos revealed that “[eight men own the same wealth as the 3.6 billion people](#)” who made up the poorest half of the world. Yet at the same time, previous policies by Labour and Conservative Governments that impacted on the State’s ability to provide affordable quality housing with access to green spaces may have exacerbated the inequalities arising during the pandemic.

In the next section we outline some of the impacts that income inequalities have had on gender, race, disability and class related inequalities nationally.

2.2 Intersectionality and unequal impacts of covid-19

The first trend that has been observed about income and wealth inequalities during the pandemic, is that they continue to occur along gendered, racialised and classed lines. The gendered impacts of income and wealth inequalities have been so stark that some have argued that the covid-19 pandemic has wiped away previous progress towards gender equality, particularly because of increase caring responsibilities in the home for many women (e.g. see [Lewis, 2020](#))²². The pandemic, and the response to it, brought with it additional care needs that fell disproportionately on women ([Matthewman and Huppertz, 2020, p. 5](#))²³. This is because the work of care-giving is associated with work that women are stereotypically expected to do both in the private and public sphere. For example, a report by [The United Nations \(2020, p.13\)](#)²⁴ confirmed that because institutional and community childcare has not been accessible for many families during the lockdown, unpaid childcare provision has been falling more heavily on women, which has constrained their ability to work. Additionally, there has been an increase in unpaid health and social care work in the home, for example due to heightened needs of older people. This was coupled with an increase in unpaid care work due to closures of schools and nurseries ([Power, 2020](#))²⁵. These extra demands for example for home-schooling of children have come without alleviation of

pre-existing gendered demands in the home ([Swan, 2020](#))²⁶: again, this is not a problem of the pandemic, but one that the coronavirus crisis has made more apparent.

Further inequalities emerge as the ability to 'work from home' as prescribed by the Government was dependent on space and resources that enable home working. The evidence suggests racialised and classed divides between which women 'get to' work from their own home, and which women still needed to go out to work outside of home including in other people's homes, for example as nannies and cleaners (e.g. see [Beck, 2020](#))²⁷ at the height of the pandemic. While wealthier sections of the population may have had the resources required to work from home, lower income women were more likely to have precarious, high-risk jobs in segments of the markets that were simultaneously key to the running of the economy, meaning they were unlikely to work from home ([Mein, 2020:2439](#))²⁸

Wealth and income inequalities also determine who does the so-called 'dirty, degrading and/or dangerous' jobs. For example, the report by the Women's Budget Group ([2020, March 30th](#)) revealed that 77% of the 3 million people doing 'high exposure' jobs during the pandemic are women, many of whom are lower income ethnic minority women. Unfortunately, even though precarious workers such as supermarket employees and care workers were recognised as 'essential workers', they have not been valued as such in terms of pay, training and recognition. For example, during the first UK lockdown in March 2020, 24% of care workers were on zero-hour contracts which did not include pay in between houses ([Women's Budget Group, 2020 March 30th](#))²⁹). Additionally, the lack of preparedness for the covid-19 pandemic by the government meant that key workers were in dangerous situations without adequate support or resources such as personal protective equipment ([National Audit Office, 2020 November 25th](#))³⁰; see also UN policy brief, April 2020: p11). Indeed, the Government sought to raise the prestige of frontline roles during the pandemic. For example, in April 2020, the then Secretary of State for Health and Social Care in the United Kingdom, Matt Hancock, announced that critical workers such social care staff would receive a blue badge to appreciate the ways in which they put themselves in harm's way for the nation. However, as will be discussed further in our recommendations, the government should prioritise pay rises over what some may deem to be tokenistic rewards for frontline workers in future.

The covid-19 pandemic led to significant job losses, despite the best efforts of the Government to save jobs with measures such as the Job Retention Scheme. While unemployment rose by 19% across the spectrum, Black women were nearly twice as likely as their white male counterparts to be furloughed or made redundant as a result of the pandemic ([LeanIn, 2020](#))³¹).

The pandemic has also been used as the context within which resources and services such as services related to domestic violence, obstetrics and gynaecology and other sexual and reproductive health needs, as well as the needs of those with chronic conditions and other disabilities were diverted away and/or de-prioritised by governments ([United Nations Policy Brief, April 2020: p2](#)³²; [Johnson, 2020](#)³³). The full impact of the emotional and physical distress of delayed health care is yet to be revealed but will need to be interrogated as part of the process of tackling inequalities.

Overall, the trends above remind us that “while covid-19 places everyone in this country at risk, it is not ‘the great equalizer.’ It will continue to preferentially affect the socially disadvantaged” ([Mein, 2020: 2440](#)).³⁴.

Summary:

- The inequalities arising from the covid-19 pandemic were caused by the conditions prior to the pandemic.
- The economic impacts of covid-19 pandemic were not experienced equally in society. There is a need for more disaggregated research, including on the impact of delays in the NHS for people with disabilities and chronic conditions.
- The pandemic brought with it increased care work both in the home (for example childcare) and in the community. We must resist the temptation towards simplistic and essentialising analysis of these care needs as part of moving forward.

3.0 How do we move forward? Recommendations to the government

This final section summarises our recommendations for how the Government ought to respond to the various inequalities that have been highlighted above.

Recommendation 1: *We need a clear interrogation of why lessons have not been learned, and crucially how best to prepare for future public health crises. This includes learning about failures, weaknesses, and strengths in pandemic planning. But it also includes learning and responding to deeper-seated, socially determined causes of ill health and health inequalities, and susceptibility to compounded disadvantage with reference to social position and characteristics such as gender and race.*

‘Combatting’ deepening inequalities cannot happen without paying attention to the landscape that pre-existed the covid-19 pandemic. If the Government is committed to ‘levelling up’, first it needs to acknowledge and respond to previous systemic compounders of inequality. It has been argued that previous governments have not responded appropriately when presented with evidence of inequality. For example, the government response to [The Rolnick Report \(2010\)](#)³⁵ which highlighted the serious negative

consequences that policies on social housing such as a bedroom tax were having on vulnerable people including carers and those living with disabilities was condemned as derogatory and ‘defensive’ ([Gentleman and Butler, 2014](#)³⁶). Moreover, the debate on the rise of food banks in 2013 was characterised by laughter from government benches that was condemned for not taking the plight of vulnerable people seriously ([Paige, 2013](#)).

Additionally, the Treasury needs to design policies in a way that will provide practical, evidence-based methods of amelioration. Part of this process of learning lessons includes being reflexive about our use of language. We invite the government to critically consider its use of language that could be misinterpreted as absolving responsibility for the pandemic. For example, the preamble to this call for evidence by the Treasury frames the covid-19 pandemic as a ‘crisis’, which to some extent arguably implies a degree of unforeseeability. However, while we may have not been in *this* situation before, there have been global and regional epidemics/pandemics not unlike this before (e.g. AIDS, Ebola, SARs, Hurricane Katrina) which means the government had sufficient information for epidemic care and response from national and global resources that were within the government’s remit. In other words:

“The repeated emergence of new zoonotic infections such as the severe acute respiratory syndrome (SARS), H1N1 influenza, the Middle Eastern respiratory syndrome (MERS), Zika, and Ebola – as well as the resurgence of old infectious diseases such as measles and cholera – underscores the reality that *global epidemics should be expected and their harms anticipated.*” ([Brandt and Botelho, 2020: pg. 1494](#)³⁷ emphasis added)

The government therefore needs to interrogate why previous lessons were not learned. For example, a report by the National Audit Office ([2020, November 25](#))³⁸ found that the stockpile of Personal Protective Equipment (PPE) was “inadequate” and only provided for two weeks or less of supplies (pg.7). This report directly contradicts government statements that there was no shortage of PPE in the NHS. Moreover, the same report found that the poor preparedness by the government directly led to overspending £10 billion due to an increase in demand and therefore price during the pandemic ([NAO, 2020: pg.9](#)). Considering that nation States are willing to stock-pile military weapons, why were there inadequate supplies of PPE for those in the NHS and Health and Social Care sectors, leading to avoidable deaths? Answers to such questions would require reckoning with and responding to systemic weaknesses and even incompetence, and a lack of investment that has led to a systematic ‘shredding’ of the social safety net (e.g. see [Skeggs, 2019](#)’s³⁹ description of a ‘destroyed system with so little humanity’). Moving forward, the government needs to engage with the argument that the combination of a decade of austerity policies and NHS privatisation (Tonybee and Walker, 2020)⁴⁰ has contributed to a healthcare system that was insufficiently prepared for a pandemic response.

Recommendation 2: *Fuller, more inclusive methods of encouraging and assuring public participation and engagement on tackling inequalities are required at the level of government.*

To 'combat inequality' the government needs to encourage public participation and engagement on how to tackle the inequalities (re)produced by the covid-19 pandemic. It also needs to continue to recognise the value of different forms of expertise, including the 'expertise by lived experience' that is to be found by speaking directly to patients, frontline workers, citizens and communities (see [also UN policy brief, April 2020: p3⁴¹](#); [Berkout and Richardson, 2020:p. 48-49⁴²](#)). The Health Foundation echoes this call to recognise the expertise of lived experience, when it makes the recommendation that:

“We must ensure disabled people’s leadership and engagement in finding solutions, both immediate and longer term. We need greater infrastructure support for grassroots organisations, often led by disabled people with wider community links, to be able to respond immediately to need as it is experienced and to share power and resources over time” ([Sayce, 2021 February 21](#)).⁴³

When evaluating these points, a particular focus must be placed on historical inequalities concerning race, gender, disability and class, noting how these may be compounded across the intersections of distinct characteristics (e.g. being a Black, disabled, woman). Equally, focus must be placed on identifying and assessing the practical and evaluative assumptions underpinning policy (e.g. about where and how responsibility should be identified for unequal points of (dis)advantage).

We affirm the calls for a public inquiry that would pave the way for reflections and lessons to be learned, and encourage the government to re-engage with evidence already in its remit on societal inequalities, their causes, and the implications for social, institutional, and government responsibility.

Recommendation 3: *The government needs to acknowledge the compelling inconsistencies in relation to employment, with disproportionate representation of particular groups amongst the “essential” workforce during the pandemic, whilst essential workers’ value is poorly recognised (as for example in the case of unpaid, and even paid, carers).*

To 'combat inequality' the government needs to challenge how workers who have been essential during the pandemic are being economically valued the least. It also needs to address inequalities within paid and unpaid care, and to bring in changes to assure increased living wages, training and esteem for otherwise precarious workers. The Government took part in initiatives to recognise essential NHS and social care workers, for

example the Clap for Carers initiative, and offered blue badges to health and social care workers. However, tangible, more appropriate measures to recognise the valuable efforts of health and social care workers ([Wood and Skeggs, 2020](#))⁴⁴ that ensure better pay and working conditions are needed in the future. The government has missed previous opportunities to ensure equity in pay and work conditions. For example, in 2017, a total of 323 MPs (313 of whom were from the Conservative Party) voted against a lifting of a cap of public sector wages which would have seen a pay rise for nurses' wages ([Sharman, 2017](#))⁴⁵. At the same time, bursaries for nursing students were scrapped in 2017, a move that was argued to have led to reduced nursing applications for an already over-stretched work force ([McKew, 2018](#))⁴⁶. It is commendable to note however that the bursaries have now been reintroduced in 2019. More recently the government offered a 1% pay increase for nurses, which was criticised as 'insulting' by nurses, because it only amounted to a £3.50 increase per week ([Royal College of Nursing, 2021](#))⁴⁷. The government should re-consider a pay increase in keeping with the vital work performed by health and social care workers, in coming up with future proposals on pay.

Summary

- Previous experience with other epidemics and pandemics should teach the current and future governments to expect and prepare for pandemics, and ways to mitigate harm. This includes preparedness in relation to personal protective equipment, as well as investments in institutions such as the NHS.
- Everyone has been affected by the covid-19 pandemic, but not in equal ways. The government should intentionally seek to hear from people with a variety of expertise, including that arising from lived experience.
- Paying health and social care and other frontline workers' wages that are commensurate to the vital and often dangerous jobs they do is a more appropriate appreciation gesture than tokenistic rewards, and one that will also contribute to greater attraction and retention of health and social care workers.

References

¹ Brandt, A. M., & Botelho, A. (2020). Not a perfect storm—Covid-19 and the importance of language. *New England Journal of Medicine*, 382(16), 1493-1495.

² Phelan, J. C., & Link, B. G. (2015). Is racism a fundamental cause of inequalities in health?. *Annual Review of Sociology*, 41, 311-330. Available at: <https://www.annualreviews.org/doi/pdf/10.1146/annurev-soc-073014-112305>

³ Marmot, M. (2005). Social determinants of health inequalities. *The lancet*, 365(9464), 1099-1104. Available here: <https://reader.elsevier.com/reader/sd/pii/S0140673605711466?token=687FDE7189D20F21>

[4B8D052F97B057C50DC921D7E8697E2EDD37846E0127539E6CEE64CE5B6EEBB2E0752D7FCB4DCBDC&originRegion=eu-west-1&originCreation=20210707044309](https://doi.org/10.1017/S1474746415000032)

⁴ Venkatapuram, S. (2010). Global justice and the social determinants of health. *Ethics & international affairs*, 24(2), 119-130.

⁵ Webb, D. (2020, May 28). Economic update: UK facing 'severe recession'. Insight published on Thursday 28 May 2020. UK Parliament, House of Commons Library. Available at: <https://commonslibrary.parliament.uk/economic-update-uk-facing-severe-recession/>

⁶ Harari, D. and Keep, M. (2021, June 1). Coronavirus: Economic impact. House of Commons Library. Briefing paper number 8866. Retrieved from <https://researchbriefings.files.parliament.uk/documents/CBP-8866/CBP-8866.pdf>

⁷ Cook, D. (1989). Rich Law, Poor Law: Different responses to tax and supplementary benefit fraud. *Open Univer.*

⁸ Adler, M. (2018). Cruel, inhuman or degrading treatment? Benefit sanctions in the UK. Palgrave Socio-Legal Studies: Bristol.

⁹ Willman, P., & Pepper, A. (2020). The role played by large firms in generating income inequality: UK FTSE 100 pay practices in the late twentieth and early twenty-first centuries. *Economy and Society*, 49(4), 516-539.

¹⁰ Hanson, S., & Pratt, G. (2003). *Gender, work and space*. Routledge.

¹¹ International Labour Organisation (2020). World Employment and Social Outlook trends 2020.

International Labour Office: Geneva. Available here:

https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/---publ/documents/publication/wcms_734455.pdf

¹² Low Pay Commission (2020). National Minimum Wage, Low Pay Commission Report 2020. Her Majesty's Stationery Office. Retrieved from

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942062/LPC_Report_2020.pdf

¹³ Lambie-Mumford, H. (2019). The growth of food banks in Britain and what they mean for social policy. *Critical Social Policy*, 39(1), 3–22. <https://doi.org/10.1177/0261018318765855>

¹⁴ Dowler, E., & Lambie-Mumford, H. (2015). How can households eat in austerity? Challenges for social policy in the UK. *Social Policy and Society*, 14(03), 417–428. <https://doi.org/10.1017/S1474746415000032>.

¹⁵ Sosenko, F., Littlewood, M., Bramley, G., Fitzpatrick, S., Blenkinsopp, J., & Wood, J. (2019).

The state of hunger: A study of poverty and food insecurity in the UK. London.

¹⁶ Hochlaf, D., Quilter-Pinner, H., Kibasi, T. (2019). *Ending the blame game: The case for a new approach to public health and prevention.* The Institute for Public Policy and Research: London. Available at: <https://www.ippr.org/files/2019-06/public-health-and-prevention-june19.pdf> Accessed on 8th July 2021

¹⁷ Dorling, D. (2018). *Peak inequality: Britain's ticking time bomb.* Policy Press.

¹⁸ Dorling, D. (2019) Austerity bites- falling life expectancy in the UK. The BMJ Opinion Blog. Available at <https://blogs.bmj.com/bmj/2019/03/19/danny-dorling/> Accessed on 13th July 2021.

¹⁹ Loopstra, R. (2020). *Vulnerability to food insecurity since the COVID-19 lockdown.* London.

²⁰ Piketty, T. (2013). *Capital in the 21st Century.* Cambridge, MA: President and Fellows, Harvard College.

²¹ Hardoon, D. (2017). *An economy for the 99%.* Oxfam Briefing Paper. Oxfam: Oxford. Available here: https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/file_attachments/bp-economy-for-99-percent-160117-en.pdf

²² Lewis, H. 2020. "The Coronavirus Is a Disaster for Feminism: Pandemics Affect Men and Women Differently." The Atlantic, March 19. <https://www.theatlantic.com/international/archive/2020/03/feminismwomens-rights-coronavirus-covid19/608302> Last accessed 5th June 2021

²³ Matthewman, S. and Huppertz, K. (2020), "A sociology of covid-19", *Journal of Sociology*, Vol. 1, doi: 1440783320939416.

²⁴ United Nations (2020, April 9). Policy Brief: The impact of covid-19 on women. Retrieved from: <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>

²⁵ Power, K. (2020), "The COVID-19 pandemic has increased the care burden of women and families", *Sustainability: Science, Practice and Policy*, Vol. 16 No. 1, pp. 67-73.

²⁶ Swan, E. (2020). COVID-19 foodwork, race, gender, class and food justice: an intersectional feminist analysis. *Gender in Management: An International Journal.*

²⁷ Beck, K. (2020, December 23). Don't call the pandemic a setback for feminism. TIME. Retrieved from <https://time.com/5923763/white-feminism-pandemic/>

²⁸ Mein, S. A. (2020). COVID-19 and health disparities: the reality of "the Great

Equalizer". *Journal of General Internal Medicine*, 35(8), 2439. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7224347/pdf/11606_2020_Article_5880.pdf

²⁹ Women's Budget Group, (2020, March 39th). *Low paid women at highest risk of exposure to Covid-19*. Press Release. Available at <https://wbg.org.uk/media/low-paid-women-at-highest-risk-of-exposure-to-covid-19/> Last accessed 3rd July 2021

³⁰ National Audit Office, (2020). The supply of Personal Protective Equipment (PPE) during the COVID_19 pandemic. Department of Health and Social Care. HC 961 SESSION 2019–2021 25 November 2020. Available at: <https://www.nao.org.uk/wp-content/uploads/2020/11/The-supply-of-personal-protective-equipment-PPE-during-the-COVID-19-pandemic.pdf>

³¹ LeanIn. (2020). *The Coronavirus Is a Financial Crisis for Women*. LeanIn.Org and SurveyMonkey, April 10. <https://leanin.org/article/the-coronavirus-is-a-financial-crisis-for-women>

³² United Nations (2020, April 9). Policy Brief: The impact of covi-19 on women. Retrieved from: <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf>

³³ Johnson, A. (2020, March 31). Covid-19 and cancer: Following Audre Lorde. Feminist Review. Retrieved from: <https://femrev.wordpress.com/2020/03/31/covid-19-and-cancer-following-audre-lorde/>

³⁴ Mein, S. A. (2020). COVID-19 and health disparities: the reality of "the Great Equalizer". *Journal of General Internal Medicine*, 35(8), 2439. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7224347/pdf/11606_2020_Article_5880.pdf

³⁵ Rolnick, R. (2010). *Report of the Special Rapporteur on adequate housing as a component of the right to an adequate standard of living, and on the right to non-discrimination in this context, Raquel Rolnik*. Human Rights Council. Thirteenth Session. Agenda item 3. A/HRC/13/20/Add.4 Available here: file:///C:/Users/phdbe/Downloads/A_HRC_13_20_Add-4-EN.pdf

³⁶ Gentleman, A., Butler, P.(2014) Ministers savage UN report calling for abolition of UK's bedroom tax. Guardian Newspaper. Monday 3rd February 2014. Available at: <https://www.theguardian.com/society/2014/feb/03/ministers-savage-un-report-abolition-bedroom-tax>

³⁷ Brandt, A. M., & Botelho, A. (2020). Not a perfect storm—Covid-19 and the importance of

language. *New England Journal of Medicine*, 382(16), 1493-1495.

³⁸ National Audit Office, (2020). The supply of Personal Protective Equipment (PPE) during the COVID-19 pandemic. Department of Health and Social Care. HC 961 SESSION 2019–2021 25 November 2020. Available at: <https://www.nao.org.uk/wp-content/uploads/2020/11/The-supply-of-personal-protective-equipment-PPE-during-the-COVID-19-pandemic.pdf>

³⁹ Skeggs, B (2019) *A crisis in humanity: What everyone with parents is likely to face in the future*. Available at: <https://www.thesociologicalreview.com/a-crisis-in-humanity-what-everyone-with-parents-is-likely-to-face-in-the-future/>

⁴⁰ Toynbee, P, Walker, D (2020). “The Lost Decade and What Lies Ahead for Britain”. London; New York: Faber and Faber.

⁴¹ United Nations (2020, April 9th). Policy Brief: The impact of COVID_19 on women. Available here: <https://www.un.org/sexualviolenceinconflict/wp-content/uploads/2020/06/report/policy-brief-the-impact-of-covid-19-on-women/policy-brief-the-impact-of-covid-19-on-women-en-1.pdf> Accessed on 3rd July 2021

⁴² Berkhout, S. G., & Richardson, L. (2020). Identity, politics, and the pandemic: Why is COVID-19 a disaster for feminism (s)? *History and philosophy of the life sciences*, 42(4), 1-6.

⁴³ Sayce, L. (2021). The forgotten crisis: exploring the disproportionate impact of the pandemic on disabled people. The Health Foundation Blog. 21st February 2021. Available at: <https://www.health.org.uk/news-and-comment/blogs/the-forgotten-crisis-exploring-the-disproportionate-impact-of-the-pandemic> . Accessed on 12th July 2021

⁴⁴ Wood, H., & Skeggs, B. (2020). Clap for carers? From care gratitude to care justice. *European Journal of Cultural Studies*, 23(4), 641-647.

⁴⁵ Sharman, J., (2017). Public sector pay cap: Conservative MPs cheer after blocking Labour bid to raise emergency service salaries. Independent. Thursday 29th June 2017. Available at: <https://www.independent.co.uk/news/uk/politics/public-sector-pay-cap-vote-conservatives-cheer-tory-theresa-may-jeremy-corbyn-dup-a7813661.html>

⁴⁶ Mckew, M. (2018). A workforce on the brink-MPs call on ministers to act. *Nursing Standard (2014+)*, 32(23), 12. Available at: <https://www.proquest.com/openview/261b96ca7242e34dc85e23b03e8906f2/1?pq-origsite=gscholar&cbl=2042228>

⁴⁷ Royal College of Nursing, (2021). Don't insult nursing staff with 1% pay rise, RCN warns new health secretary. RCN blog. 28th June 2021. Available at: <https://www.rcn.org.uk/news-and-events/news/uk-dont-insult-nursing-staff-with-one-per-cent-pay-rise-rcn-warns-new-health-secretary-280621>

