

Written evidence submitted by Back to 60 (MRS0179)

Back to 60 represents 3.8 million women born in the 1950s who have been denied their earned dues as a result of the SPA change for women and supports Full Restitution for all 1950s born women.

This briefing highlights the ways in which 1950s born women affected by the State Pension Age (SPA) increase (from 60 to 65 for women) have been impacted by the outbreak of COVID-19, including subsequent effects and responsive measures to the pandemic. The existing socio-economic situation of affected women resulting from the SPA increase as well as **age** and **gender**-based effects of the outbreak and measures has resulted in a variety of additional and exacerbating impacts on 1950s born women, particularly in terms of negative financial and health consequences.

This briefing is divided into two main parts, the first highlighting the economic impact and the second highlighting the social and health impacts of COVID-19 and responses to the pandemic on 1950s born women.

Overview of the Situation of 1950s born Women

The SPA increase from 60-65 has affected over 3.7 million women¹ (1950s born women), with 58-62% of those affected seeing their pension age rise by 6 years². The loss of state pension income has cost 1950s born women approximately 5.1 billion GBP per year in lost earnings³. The delay to their state pension payments, accompanied by insufficient and improper communication of the changes, has severely negatively impacted the financial situation, as well as physical and mental health and wellbeing, of 1950s born women, following a lifetime of employment and pay inequality as well as unpaid care work for their families. Back to 60 supports the return of these women's earned dues as part of Full Restitution of their state pensions.

Summary of Key Areas of Concern

The increase of the SPA for women has resulted in severe financial hardship for a vast number of 1950s born women, including increased poverty, reliance on state benefits, falling living standards and increased levels of low-paid and precarious employment. The financial impact of this is exacerbated by the consequences of a lifetime of unequal pay, employment discrimination and care burdens on women. The economic impact of COVID-19 on 1950s born women caused by increased pressures for carers, high levels of redundancies for female-majority industries and occupations, economic hardship on low-paid and precarious workers

and increased reliance on benefits exacerbates and multiplies the existing financial hardship of 1950s born women resulting from the SPA increase.

Older women are particularly vulnerable to COVID-19 related job losses, with those forced into employment (predominantly low-paid and precarious work) in order to mitigate the loss of their state pension income now facing increased financial pressures as well as additional challenges in regaining employment due to age and gender related employment and recruitment discrimination.

In addition to sectors and occupations facing high levels of redundancies, older women are disproportionately represented in employment with high levels of exposure to COVID-19, despite constituting a vulnerable group by the World Health Organization. 1950s born women are more likely to work in health and social care, education, and supermarket shop floors, exposing them to COVID-19 and often without access to adequate PPE. The simultaneous deprioritization of 60-70 year olds from both protection against exposure and treatment for patients (a majority of those at risk of exposure and a majority of COVID-19 cases being women) puts these women extremely at risk, largely due to their age and gender and the Government's response to the outbreak.

Increased demand and reduced capacities of health and social care providers affects 1950s born women as both recipients and providers of care (over-represented in both groups), with increased risk of exposure for unpaid carers and falling standards and access to care as a result of COVID-19 pressures and Government measures. Older women are also more at risk to the virus through exposure as consumers and public transport users (both of which are mostly women).

1950s born women are also at an increased risk of domestic abuse which has been exacerbated by the COVID-19 lockdown, as they are more likely to be economically dependent on their partner and have increased levels of social isolation compared to men and younger women. The lockdown is also exacerbating existing mental health pressures resulting from the SPA increase, with 89% reporting that their mental and physical wellbeing had been negatively impacted and with limited access to support services.

Ongoing financial hardship and lowered health and wellbeing resulting from the SPA increase has been exacerbated by the economic and employment pressures, insufficient protection from and disproportionate exposure to the virus, and deprioritisation of financial and health wellbeing by measures which ignore the impact on women and exclude 60-70 year olds as in need of higher levels of protection and support.

Urgent measures to address the financial and health burdens on 1950s born women caused by the SPA increase and COVID-19 measures, as well as the investigation and consideration of information and data (including the release of the Coronavirus Bill Equality Impact Assessment) addressing the exclusion of women and 60-70 year olds, are essential in order to mitigate the disproportionate and cumulative impact on 1950s born women during and following the COVID-19 pandemic.

1. Assessing the Economic Impact

Existing Financial Hardship

The direct financial impact of the SPA increase for women has been multiplied by the effects of long term economic inequality and employment discrimination experienced by 1950s born women. The consequences of a wider gender pay gap⁴, past discriminatory mortgage and NI contribution systems, workplace discrimination, higher levels of part-time, low-paid and precarious employment, gaps in employment due to caring responsibilities, and past discriminatory employment laws have produced a cumulative effect on economic inequality for women over 60. Income poverty for women aged 60-62 has drastically increased since the reforms by 43%, from 14.8% to 21.2%, largely as a result of the SPA change reducing household incomes for 1950s born women⁵.

Poverty levels tend to be higher for women and female-headed households⁶. The economic cost of a decade of austerity measures has largely fallen on women, with 86% of the cost of tax and benefit changes coming at their expense⁷. As well as single mothers, single female pensioners were the most negatively impacted by these changes in terms of falling living standards⁸. These measures, coupled with the SPA increase has worsened the socio-economic position of 1950s born women, leaving them more vulnerable to the economic impact of COVID-19, with socio-economic disadvantaged groups found to be most severely impacted in terms of finances, jobs⁹ and health¹⁰. There are also rising concerns over post-lockdown economic measures in the wake of a growing economic downturn and the likelihood that the discriminatory approach to austerity measures and Government cuts will continue.

The gender gap for private pensions is considerably higher than state pensions at approximately 66%¹¹, which many women rely on whilst awaiting their State Pension. Women are also less likely to qualify for occupational pensions than men due to historically low incomes, low-hours and part-time work, insufficient periods of employment and gaps in employment for women. Whilst a quarter of men aged 65-69 have a private pension income, just 13% of women aged 65-69 do. Of women aged 65-69 who do receive private pensions, they receive on average £530 a week, whereas men receive £710, just over a third more¹². Single, divorced and widowed women are particularly vulnerable as they are unable to rely on their partner's income or financial support and are more likely to experience old-age poverty¹³. Expectations for retirement prospects are significantly more negative for women than men, with just 26% of women believing they will have enough money once they have retired, compared to 37% of men¹⁴.

Older women are also more likely to experience insolvencies than younger women, with insolvencies having risen across the board for women (unlike men) over the past decade (2008-2018). Insolvencies rose by 63% for women aged 55-64, whereas the rate for men aged

55-64 fell by 10.5%¹⁵. Increased financial hardship and precarity for older women in society resulting from the SPA increase has contributed towards the accelerated increase of insolvencies among women.

A survey of 13,000 1950s born women illustrates the severity of the negative economic impact of the SPA increase on these women¹⁶. 94% of affected women reported that their finances have been negatively impacted by the SPA change, with 80% stating their finances had been “very negatively” affected. A further 88% of affected women reported that their financial security had been negatively affected by the changes.

Employment Situations

As a result of the SPA increase, a large number of 1950s born women extended or re-entered employment due to financial necessity, with one million women aged 60-64 in work in 2019, a 51% increase since 2009 and significantly higher than the 13% increase in men aged 60-64¹⁷. Due to a Government failure to properly communicate the SPA increase, a significant number of women¹⁸ planned for retirement at 60 (just 43% of women whose SPA was 65 were aware of the changes in 2008 and less than a quarter of women with a SPA of 60-65 were aware of their approximate SPA¹⁹), with many women leaving their experienced professions and planning their finances around their expected pension income. A Parliamentary Briefing on the SPA change for 1950s born women found that “despite this rise in employment, the net effect of SPA changes was that household incomes had fallen” and that “consequently income poverty had increased” for these women²⁰. Low income households were worst affected, with their household incomes falling by 21% compared to the 4% drop for high income households²¹.

Re-entry into the labour market after their expected retirement has posed significant challenges, with many unable to find meaningful or sufficient work for adequate pay. Overall, women are disproportionately employed in inadequate and precarious employment, including part-time (74%)²², zero-hours contract (48% of these being low-paid women – 56% women overall²³), and low-pay employment (69%)²⁴. Whilst women are more likely to work part-time overall (40% of employed women work part-time compared to just 13% of employed men²⁵), the proportion of women over 60 working part-time is higher than any other age group (excluding under 21s) with 62% of 60+ women in employment working part-time²⁶. Women over 60 working part-time also experience the highest gender pay gap among part-time working women, as well as the second highest (after 50-59 year old women) full-time gender pay gap²⁷. The number of over 50s in zero-hours contracts (typically low-paid work) has increased by 52% over the past 5 years. Insufficient Government measures to protect precarious and low-paid workers is expected to have both health and financial ramifications for 1950s born women in work whilst awaiting their state pension²⁸.

Self-Employed

Women make up a majority of low-income (59%) and part-time self-employed workers (69%)²⁹, including for the one in five self-employed workers over 60³⁰, which has increased by 64% since 2009 to one million. Government measures to protect self-employed workers (covering 80% of lost profits up to £2,500 per month) insufficiently accounts for small-scale and informal self-employed work which is common among 1950s born women. This type of self-employment is commonly taken up as a form of supplementary or alternative income to make ends meet, particularly for those struggling financially whilst waiting for their state pension. It often entails little formal documentation and is spread across different small-scale jobs or projects, making submitting applications and accessing compensation for lost earnings more challenging.

Unemployment

Employment sectors expected to be most affected by job losses as a result of the economic fallout from the COVID-19 lockdown include those with female-dominated workforces. The accommodation and food services sector employs 55% women (1.7 million) and is predicted to be the worst affected, with up to 75% of jobs in the sector predicted to be lost³¹. The wholesale and retail sector is predicted to lose about half its workforce³². Whilst this sector is fairly evenly split between male and female workers, the growing trend of online shopping overtaking high-street retail is resulting in falling numbers of female-dominated customer-facing roles such as cashiers and store assistants (65%³³) as male-dominated back-of-house roles such as delivery drivers and warehouse staff increases³⁴. The expected increase in redundancies in this sector, coupled with the shift towards online retail (accelerated due to lockdown closures), is expected to disproportionately negatively impact women.

The majority of those employed under the 'household as employer' sector are women, including 70% of elementary cleaning professionals and 70% of domestic workers³⁵. This sector is expected to face high levels of job losses as well as increased risk of exposure of workers to the virus. The leisure and travel industry is also expected to face heavy job losses, with airlines and travel agents among those worst hit by travel bans and restrictions on movement, of which 58% of employees are women³⁶. Administrative and support services are predicted to lose 26.5% of jobs, particularly affecting the 92% female secretarial and administrative workforce³⁷.

1950s born women are more likely to face redundancies than men in their age group, as well as women outside their age group. The highest rates of redundancies are among women aged 50-69 years old, including those hit by the SPA increase, who are twice as likely to be made redundant than women in their 40s³⁸. 1950s born women who are in low-income work are most at risk of redundancies, with low earners being seven times more likely than high earners to work in a sector which has been shut down as a result of the COVID-19 lockdown, with a third of the bottom 10% of earners working in shut-down sectors compared to just 5% of the top 10% earners³⁹.

Whilst a proportion of these job losses are expected to be temporary, older women who have been made redundant as a result of COVID-19 job losses are at a significant disadvantage in finding new employment, especially at a time of increased competition for vacancies. Employers' perception of older peoples' comparative lack of digital skills and increased likelihood of disabilities and serious illnesses act as barriers to employment of older people. Age and gender discrimination are serious factors limiting job seekers, which fall heavily on 1950s born women and often push them into low-paid and precarious employment. Women aged 50-64 are 33% more likely face long-term unemployment than women under 50, with experts largely associating the gap with recruitment discrimination⁴⁰.

Whilst retraining and career changes may be viewed as a positive change for many older people, Government advice for 1950s born women to take up extremely low-paid apprenticeships (£3.50 an hour) after a lifetime of paid and unpaid labour in lieu of their expected and planned-for retirement, is viewed as a poor prospect for many 1950s born women in terms of finances and wellbeing⁴¹.

Economic Support and Government Benefits

The Department of Work and Pensions has reported a sharp rise of Universal Credit claims, with 950,000 successful applications made during a two week period following lockdown measures (compared to around 100,000 claims typically made during an average two week period)⁴².

Prior to the COVID-19 outbreak, increases to the SPA have resulted in a steep increase of 60+ women claiming benefits (either JSA or UC) by 382% between 2013-2019 (2.7 times more than 60+ men), contrary to the 11% *decrease* in claims by the total population⁴³. The number of 60+ women claiming Incapacity Benefits (Economic Support Allowance and predecessors) also increased by 185% during this period, compared to an 18% increase for men the same age and a 15% drop for the total population⁴⁴.

Universal Credits have been found to disadvantage women and persons with disabilities, as well as replicating discriminatory application procedures⁴⁵. Testimonies from 1950s born women receiving universal credits has also suggested high levels of pressure to find employment despite illnesses, difficulty finding adequately paid and secure work, and caring responsibilities. Whilst initial reports indicate that the service is coping with the increased demand, it is essential that state benefits continue to be processed and paid, particularly to vulnerable groups including socio-economically disadvantaged 1950s born women. Disruption to the services as a result of increased demand would have severe financial ramifications for affected women who are largely or entirely reliant on UC income (this may be due to caring duties, illness or disability, prolonged unemployment, or other mitigating factors).

Older women are also often responsible for caring work for a family member, particularly partners and parents, with those aged 55-64 most likely to provide informal care than any other age group⁴⁶ (and women making up 58% of all UK carers)⁴⁷. As health and adult social care services face mounting pressure due to social distancing measures and increased demand, these gaps in care are most likely to be covered by female relatives, especially those not in full time employment. Replacement of paid work (including part-time and informal work) by caring labour as a result of these pressure will be mostly taken on by women, who are four times more likely to leave paid employment for unpaid care work than men⁴⁸. The Government's decision to reject proposals to increase the Carer's Allowance (currently only £66 per week) means carers will be forced to shoulder the financial burden of increased care work, as well as the time and labour costs.

2. Health and Social Impact

Health Risks and Vulnerabilities

The World Health Organization (WHO) has identified persons over the age of 60 and those with underlying health conditions as at a “higher risk of getting severe COVID-19”⁴⁹ and advised additional protective measures for these groups. The WHO’s analysis of COVID-19 in Europe found that 95% of COVID-19 deaths occurred in those aged 60 and above⁵⁰. Despite this, the UK Government has excluded 60-70 year olds in those it considers most at risk, restricting advice and measures to protect vulnerable people to those aged 70 and above⁵¹. This approach of deprioritising those aged 60-70, alongside the increased exposure of women to the virus, puts millions of 1950s born women at an increased risk of hospitalization and loss of life during the pandemic.

Increased pressure on NHS services from COVID-19 is negatively affecting its capacity to treat patients with non-COVID-19 health issues. Women are the primary users of NHS services, as a majority of persons with disabilities, carers, and recipients of maternity-related healthcare⁵². Decreased treatment capacity and lower standards of care resulting from COVID-19 pressures will particularly affected 60+ women, who are more likely to have existing health problems than younger women. Older women are more likely to suffer from a disability or long-term health condition than men or younger women, with rates increasing with age and a 21% higher rate of disabilities among women than men⁵³. The high proportion of 1950s born women with underlying health problems, compared to men and younger women, also increases their risk to the virus as mortality rates for people with underlying health conditions is far higher than those without (91%)⁵⁴. Financial hardship resulting from the SPA increase also raises the health risks of COVID-19 for 1950s born women, as hospitalization and mortality rates increase for those in socio-economically disadvantaged groups⁵⁵.

Persons aged 60-70, of which women are more likely to contract COVID-19 than men, are faced with doubled effects of their age in terms of exposure to and treatment of the virus. On the one hand, they are excluded from Government protective measures for over 70s despite being among those most likely to suffer extreme cases of COVID-19, and on the other, are among those most likely to be deprioritised for treatment and respirator allocation due to their age and resulting lower survivability rates⁵⁶. There have also been numerous reports of older women who have been pressured into signing ‘Do not resuscitate’ orders, largely in an effort to mitigate the lack of respirators available for patients suffering from COVID-19, prompting a joint letter from charities against the measures⁵⁷. The simultaneous deprioritization of 60-70 year olds from both protection from exposure *and* treatment for patients (a majority of those at risk of exposure and a majority of COVID-19 patients being women) puts these women extremely at risk, largely due to their age and gender and the Government’s response to the

outbreak. Whilst the mortality rate is higher for men, conscious decisions and priorities should not be permitted to artificially increase the mortality rate for older women.

Reduced Capacity for Care and Support Services

As well as increased pressure on NHS health services, the COVID-19 outbreak has negatively impacted the capacity for other forms of care and support services. The Government's Coronavirus Bill which amends the Care Act 2014 will 'relax' standards of social care and support services, including those that support women and older people. These will instead operate under reduced services, resulting in expected falls in care standards. The interruption of vital care services will particularly affect disabled and older people, with concerns raised over "significant reductions in social care, support, and legal protection" for these groups as a result of Coronavirus Bill measures and insufficient capacity of services to cope with the outbreak⁵⁸. Women represents a majority of both providers and receivers of care, with older and disabled women being disproportionately affected by reduced services and care standards.

Charities providing health and social care as well as other forms of support for vulnerable groups, such as women, elderly and disabled persons and socio-economically disadvantaged persons (including 1950s born women) are facing both financial and staffing pressures as well as increased demand for their services⁵⁹.

Increased Exposure

One of the most concerning consequences of SPA increase during the COVID-19 outbreak is the increased exposure of 60+ women to the virus due to increased workplace exposure, despite being among those most at risk of severe cases of COVID-19 and increased mortality rates.

Increases to the SPA has dramatically increased the number of women aged 60-64 in employment. In 2019, one million women aged 60-64 were in paid employment, a 51% increase since 2009 and significantly higher than the 13% increase in men aged 60-64 in work over the same period⁶⁰. The loss of state pension payments for women aged 60-64 has left a large proportion unable to retire from work due to insufficient income and financial security, resulting from a lifetime of employment discrimination, unequal pay and the gender pension and savings gaps.

As Health and Social Care Workers

1950s born women working in the health and social care sector are of significant concern due to the high proportion women, including older women, working in the sector (78%)⁶¹ as well as the increased risk of exposure to high viral loads on 60+ staff associated with high rates of mortality⁶². 77% of all NHS staff and 60% of the overall healthcare sector are women. 14% of all NHS workers are women aged 55-64 (176,000), who generally occupy lower-paid

positions than those younger than them as well as their male counterparts⁶³. Initial evidence suggests that whilst mortality rates for COVID-19 patients are higher among men than women, initial media reports indicate that mortality rates for female NHS staff is slightly higher⁶⁴, and that female dominated health professions are more affected than male-dominated ones, with (40% of media reported deaths of NHS staff were nurses⁶⁵, with 90% of nurses being female⁶⁶).

There is early evidence of women working in this sector receiving insufficient and ill-fitting PPE⁶⁷, despite high levels of exposure to COVID-19 patients. Female healthcare workers were 14% less likely to report having enough PPE than men and 27% more likely to report not having the correct PPE⁶⁸. There are also concerns that lower-paid staff, including nurses, receptionists, and cleaners, who are mostly women, have less access to PPE than higher-paid staff, including doctors, surgeons and consultants, a higher proportion of whom are men⁶⁹. Female healthcare workers were 30% more likely than their male colleagues to be “very worried” about their own personal health during the COVID-19 outbreak⁷⁰

Voluntary healthcare workers responding to the COVID-19 pandemic are believed to be mostly women and include a significant number of retired female NHS workers. Chronic underfunding of the NHS has resulted in severe understaffing, as well as overworked and underpaid staff, problems which have been severely exacerbated due to the COVID-19 outbreak. A significant number of 1950s born women have volunteered to work on the front line of the NHS during the outbreak. These women are working in environments with extremely high exposure to the virus, often without proper PPE, many of whom are working without pay or pension payments. The personal financial costs and the high level of health risks taken on by these volunteers is particularly troubling.

Both paid and unpaid carers, a majority of whom are women⁷¹ are also more at risk of exposure due to increased pressures on the adult care sector and a lack of PPE for these workers. Women are more likely to provide informal care than men for every age group up to 75-84, with women aged 55-64 most likely to provide informal care than any other age group.⁷² Female sandwich carers aged 55-64 also provided the longest hours of care at an average of 20 hours per week.⁷³ Increase external trips and interactions with others as part of care work increases their risk to exposure to the virus.

As well as healthcare and adult social care, increased childcare pressures may also put older women at risk of exposure as those with grandchildren often provide regular or occasional childcare to ease pressure on working parents (with grandmothers more likely to provide childcare than grandfathers)⁷⁴. Parents working in essential services, or for businesses and organizations which continue to remain open, are increasingly hard-pressed to find childcare options. Whilst the Government has permitted schools to remain open for essential workers and vulnerable parents, this does not cover all parents who continue working outside of the home. 1950s born women are at risk of exposure if sufficient measures to provide childcare to all working parents is not provided due to their position on the front line of childcare provisions when other options are unavailable.

As Teachers and School Workers

Women make up the majority of workers in the education sector (70% of all teaching and educational professionals⁷⁵). Whilst most schools have closed, children of essential workers and vulnerable groups are still in attendance. Government advice excluding those aged 60-70 from vulnerable groups may result in many older women required to continue teaching despite their increased risk of exposure to the virus through students. Women above 60 are more likely to teach children at early education and primary school levels than 60+ men⁷⁶. They are likely to see increased demand from working parents from these age groups as they are unable to be left at home, unlike those from secondary and upper education levels. Other school staff, such as dinner ladies, receptionists and assistants, are also disproportionately older women and at increased risk of exposure during their work.

As Consumers

Outside the workplace, 1950s born women have been largely excluded from exposure reducing policies, such as ‘elderly and vulnerable hours’ in supermarkets, despite being identified as among those most at risk of the COVID-19. Women are largely responsible for household purchasing and the running of errands, increasing their exposure as a result of these external trips (e.g. supermarket and pharmacy trips) compared to their male household members. Whilst many families are providing support to older relatives, such as no-contact visits to deliver food and essentials, this is reliant on families’ capacity to support, proximity to relatives and communication. There are also concerns that this kind of support for those aged 60-70 may be lower due to Government led perceptions that they are not among those most at risk (again, contrary to WHO advice) and more able to cope on their own.

As Public Transport Users

Women, particularly older women, are more reliant on public transport than men, with fewer women holding full driving licences and shared care use dominated by male household members. Men aged 60-65 are 22% more likely to hold a full driving licence than women aged 60-65, a wider gender gap than women aged below 60⁷⁷. Whilst public transport use has declined as a result of the lockdown, women and older people tend to be more heavily reliant on the service with lower access to alternatives⁷⁸, and therefore more likely to become exposed to the virus than those travelling by car during essential trips.

Societal Perceptions

There is a concerning trend of ageist attitudes emerging from the Coronavirus lockdown and measures. Back to 60 is particularly concerned by widely reported comments by a Senior No. 10 advisor stating that, in relation to the Government’s COVID-19 response measures, “if some pensioners die, too bad”. Government responses to the outbreak of COVID-19 has largely excluded 60-70 year olds as among those most vulnerable, despite evidence and advice by the WHO to the contrary. The impact of this approach is having a trickle-down

affect in terms of other actors also deprioritising this age group from protective measures and responses (e.g. employers and retailers). Societal perceptions that 60-70 year olds are less vulnerable and in need of protection may contribute towards an increase risk of contractions of the virus. This lowered status of this age group is a source of growing concern for many 1950s born women, 70% of whom believed their social standing in society had been negatively affected by SPA changes, on top of existing age and gender based discrimination in society⁷⁹.

Domestic Abuse

Cases of domestic violence and abuse have surged during the lockdown, with a 49% increase in abuse helpline calls and 16 deaths related to domestic violence in the first three weeks of lockdown (highest rate in over a decade)⁸⁰. 78% of victims claimed that COVID-19 has made leaving abusers more difficult and 80% said face-to-face informal support networks had dramatically reduced or been discontinued⁸¹. The rise is largely associated with victims being forced to isolate at home with their abuser, increased stresses and pressures on households, disruptions of social and protective networks and decreased access to support services⁸². Older people are facing higher rates of social isolation due to the impact of increased health risks related to external exposure on existing trends⁸³. Financial pressures also play a key role, with many 1950s born women more economically reliant on their partner whilst they await their state pension payments, making it more difficult for those experiencing abuse to leave their partner. As increasing numbers of 1950s born women claim Universal Credit benefits due to the SPA increase and COVID-19 related job losses, those vulnerable to domestic abuse by partners face a system which endangers women by exacerbating and facilitating financial abuse⁸⁴. Financial hardship and stressors has also been shown to increase the likelihood of domestic abuse⁸⁵.

Support services are under increased demand as a result of the surge and have experienced over a decade of underfunding, leading to a chronic lack of refuge spaces for victims seeking to leave their abuser⁸⁶. Increased social isolation makes 1950s born women more difficult to identify and support, and the double financial strains of the SPA change and COVID-19 lockdown as well as economic reliance on partners poses additional challenges to protecting these women from existing and emerging cases of abuse.

Mental Health and Social Isolation Impact

Social distancing and self-isolation measures, as well as health and financial anxieties, are having a significant negative impact on the mental health of people under lockdown, with vulnerable and disproportionately affected groups believed to be suffering the most pressure to their mental health, as well as older people and those with pre-existing mental health problems⁸⁷. This includes 1950s women, a majority of whom who have experienced existing mental health pressures as a result of the SPA increase. A survey of 13,000 1950s born women found that the mental and physical wellbeing of 89% of those surveyed had been

negatively affected by the SPA increase⁸⁸. The mental health impact has been particularly acute for a high proportion of these women, with 39% reportedly experiencing suicidal thoughts and 12% reported having engaged in self-harm as a direct result of changes to their pension. Almost all (99%) believed their mental wellbeing would improve (94% stating it would improve “massively” or “a lot”) if their earned dues were returned to them with compensation.

The lockdown has resulted in both increased reliance as well as increased strain on personal and family relationships, particularly for vulnerable groups such as disabled and elderly people. Existing strains caused by the SPA change may add to the increased isolation of 1950s born women during lockdown, of which 71% reported negatively impacted relationships with family and friends as a result of SPA changes⁸⁹.

Social distancing and self-isolation has exacerbated an existing pattern of social isolation and loneliness among older people. Increased reliance on digital communication and home working poses challenges for 1950s born women who are less likely to have access to home working and have comparatively lower digital skills than younger women⁹⁰. The increased pressures on personal and family relations, increased social isolation, as well as financial and health concerns, are falling on women with existing mental health pressures as a result of SPA changes.

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¹ According to Government figures, approximately 3,727,400 women (although other estimates place the number at 3.8 million)

² <https://commonslibrary.parliament.uk/research-briefings/cbp-7405/>

³ <https://www.ifs.org.uk/publications/9566>

⁴ In addition to a historically wider gender pay gap for women, 60+ women have the second largest full-time gender pay gap (after women aged 50-59) and the highest part-time gender pay gap compared to all other age groups. See:

<https://www.ons.gov.uk/file?uri=/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2019/6bf91835.xlsx>

⁵ Page 15 <https://commonslibrary.parliament.uk/research-briefings/cbp-7405/>

⁶ Women’s Budget Group. 2005. Women’s and children’s poverty: making the links. Available at:

<http://bit.ly/2zIUJa5>

⁷ <http://researchbriefings.files.parliament.uk/documents/SN06758/SN06758.pdf>

⁸ page 31 <http://hipatiapress.com/hpjournals/index.php/rasp/article/view/491/648> Calculations by S. Himmelweit using data supplied by Howard Reed as used in WBG (2010) and Horton & Reed (2010)

⁹ <https://www.ifs.org.uk/publications/14791>

¹⁰ <https://www.icnarc.org/DataServices/Attachments/Download/40860ab7-c286-ea11-9125-00505601089b>

¹¹ https://www.pensionspolicyinstitute.org.uk/media/3185/20190604-the-gender-pensions-gap-can-it-be-closedpub.pdf?utm_medium=email&utm_campaign=Published%20today%20Briefing%20Note%20114%20-%20The%20gender%20pensions%20gap%20-%20can%20it%20be%20closed&utm_content=Published%20today%20Briefing%20Note%20114%20-%20The%20gender%20pensions%20gap%20-%20

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¹² https://www.jrf.org.uk/sites/default/files/jrf/files-research/uk_poverty_2017.pdf

¹³ page 31 <http://hipatiapress.com/hpjournals/index.php/rasp/article/view/491/648> Calculations by S. Himmelweit using data supplied by Howard Reed as used in WBG (2010) and Horton & Reed (2010)

¹⁴ https://d25d2506sfb94s.cloudfront.net/cumulus_uploads/document/r65aqavg72/pension%20findings.pdf

¹⁵ <https://restless.co.uk/press/insolvencies-amongst-women-aged-over-65-increase-by-88-in-a-decade/>

¹⁶ <https://www.backto60.com/survey?pgid=j9wr1a22-291fd969-fa6a-4ec0-b9ed-ad74f47550c7>

¹⁷ <https://restless.co.uk/press/number-of-women-between-60-and-64-in-work-has-increased-by-51-since-state-pension-2010/>

¹⁸ Whilst there is no official estimate of the number of women not informed or given inadequate information regarding the SPA increase, the Work and Pensions Select Committee found that “*many thousands of women justifiably feel aggrieved*” by inadequate communication. They stated that “*We will never know how many women did not know, or could not be reasonably expected to know, that their state pension age was increasing. What is apparent with hindsight is that previous governments could have done a lot better in communicating the changes. Well into this decade far too many affected women were unaware of the equalisation of state pension age at 65 legislated for in 1995. While the last and current Governments have done more to communicate state pension age changes than their predecessors, this has been too little too late for many women, especially given increases in the state pension age have been accelerated at relatively short notice.*” <https://publications.parliament.uk/pa/cm201516/cmselect/cmworpen/899/899.pdf>

¹⁹ <http://www.natcen.ac.uk/blog/womens-state-pension-age-changes-%E2%80%93-evidence-from-the-english-longitudinal-study-of-ageing>

²⁰ <https://commonslibrary.parliament.uk/research-briefings/cbp-7405/>

²¹ <https://commonslibrary.parliament.uk/research-briefings/cbp-7405/>

²² [https://restless.co.uk/press/40-percent-of-the-uks-part-time-workforce-is-over-the-age-of-50/;](https://restless.co.uk/press/40-percent-of-the-uks-part-time-workforce-is-over-the-age-of-50/)

[https://www.npi.org.uk/files/2214/7766/7305/Women Work and Wages in the UK NPI report.pdf](https://www.npi.org.uk/files/2214/7766/7305/Women%20Work%20and%20Wages%20in%20the%20UK%20NPI%20report.pdf)

²³ [https://www.npi.org.uk/files/2214/7766/7305/Women Work and Wages in the UK NPI report.pdf](https://www.npi.org.uk/files/2214/7766/7305/Women%20Work%20and%20Wages%20in%20the%20UK%20NPI%20report.pdf)

²⁴ <https://wbg.org.uk/wp-content/uploads/2020/02/final-employment-2020.pdf>

²⁵ <https://researchbriefings.files.parliament.uk/documents/SN06838/SN06838.pdf>

²⁶ <https://www.ons.gov.uk/file?uri=/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2019/6bf91835.xlsx>

²⁷ <https://www.ons.gov.uk/file?uri=/employmentandlabourmarket/peopleinwork/earningsandworkinghours/bulletins/genderpaygapintheuk/2019/6bf91835.xlsx>

²⁸ See also: <https://wbg.org.uk/wp-content/uploads/2020/03/Bill-briefing-FINAL.pdf>

²⁹ <https://wbg.org.uk/wp-content/uploads/2020/02/final-employment-2020.pdf>

³⁰ <https://restless.co.uk/press/nearly-one-in-two-46-of-the-entire-self-employed-workforce-in-the-uk-is-now-over-the-age-of-50/>

³¹ <https://www.independent.co.uk/news/uk/home-news/coronavirus-lockdown-job-losses-unemployment-recession-university-essex-study-a9472966.html>

³² *ibid*

³³ <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandem ployeetypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018/emp04sep2018.xls>

³⁴ See: [https://iwpr.org/retails-struggles-falling-entirely-women/;](https://iwpr.org/retails-struggles-falling-entirely-women/) <https://time.com/5779879/retail-worker-jobs/>

³⁵ <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandem ployeetypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018/emp04sep2018.xls>

³⁶ <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandem ployeetypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018/emp04sep2018.xls>

³⁷ <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandem ployeetypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018/emp04sep2018.xls>

³⁸ <https://restless.co.uk/press/over-50s-twice-as-likely-to-be-made-redundant-than-in-40s/>

³⁹ <https://www.ifs.org.uk/publications/14791>

⁴⁰ <https://restless.co.uk/press/50-64-year-olds-33-percent-more-likely-to-be-long-term-unemployed/>

⁴¹ See: <https://www.theguardian.com/money/2017/jul/05/women-hit-by-pension-age-change-can-take-up-apprenticeships>

⁴² <https://www.bbc.com/news/uk-politics-52129128>

⁴³ Page 16 <https://commonslibrary.parliament.uk/research-briefings/cbp-7405/>

⁴⁴ Page 16 <https://commonslibrary.parliament.uk/research-briefings/cbp-7405/>

⁴⁵ <https://cpag.org.uk/news-blogs/news-listings/something-needs-saying-about-universal-credit-and-women-%E2%80%93-it-discrimination;> <https://www.theguardian.com/society/2018/nov/27/women-launch-legal->

[challenge-irrational-discriminatory-universal-credit-system](#)

⁴⁶ <https://www.papworthtrust.org.uk/about-us/publications/papworth-trust-disability-facts-and-figures-2018.pdf>;

⁴⁷ UK 2011 Census

⁴⁸ Carers UK (2000) It Could Be You and Carers UK (2014) Caring & Family Finances Inquiry UK Report

⁴⁹ https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200311-sitrep-51-covid-19.pdf?sfvrsn=1ba62e57_10

⁵⁰ <http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/statements/statement-older-people-are-at-highest-risk-from-covid-19,-but-all-must-act-to-prevent-community-spread>

⁵¹ <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

⁵² Page 54-55 <http://womenandbrexit.com/wp-content/uploads/2019/10/Women-Brexit-Report.pdf>;
<https://bmcwomenshealth.biomedcentral.com/articles/10.1186/s12905-014-0145-2>

⁵³ See also: Page 3. 'Diversity in Older Age – Disability'. Centre for Policy on Ageing – Rapid Review. Available at: https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/equality-and-human-rights/rb_may16_cpa_rapid_review_diversity_in_older_age_disability.pdf

⁵⁴ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedwithcovid19englandandwales/deathsoccurringinmarch2020>

⁵⁵ <https://www.icnarc.org/DataServices/Attachments/Download/40860ab7-c286-ea11-9125-00505601089b>

⁵⁶ <https://www.theguardian.com/society/2020/apr/01/ventilators-may-be-taken-from-stable-coronavirus-patients-for-healthier-ones-bma-says>

⁵⁷ <https://www.ageuk.org.uk/latest-press/articles/2020/04/age-uk-response-to-dnr-forms/>; see also <https://www.theguardian.com/society/2020/apr/01/ventilators-may-be-taken-from-stable-coronavirus-patients-for-healthier-ones-bma-says>

⁵⁸ <https://www.equallyours.org.uk/wp-content/uploads/2020/03/Equally-Ours-letter-to-government-re-coronavirus.docx>

⁵⁹ <https://www.institute-of-fundraising.org.uk/news/coronavirus-impact-survey-results-charities-cannot-meet-the/>; <https://www.theguardian.com/society/2020/mar/16/charities-face-cash-crisis-as-virus-fears-hit-fundraising>;

⁶⁰ <https://restless.co.uk/press/number-of-women-between-60-and-64-in-work-has-increased-by-51-since-state-pension-2010/>

⁶¹ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/employmentbyindustryemp13>

⁶² <https://www.cebm.net/covid-19/sars-cov-2-viral-load-and-the-severity-of-covid-19/>

⁶³ Women make up 81% of the lower quartile and 51% of the upper quartile and men make up 19% of the lower quartile and 44% of the upper quartile. Staff aged 55-64 are more likely to work in lower paid positions than those aged 25-55 (under 25s and over 65s are also more likely to work in lower paid positions).

⁶⁴ Note: this is currently based on media reported deaths and may not represent the true total number of deaths. Report available at: <https://www.bbc.com/news/health-52242856>

⁶⁵ <https://www.theguardian.com/world/2020/apr/16/doctors-nurses-porters-volunteers-the-uk-health-workers-who-have-died-from-covid-19>

⁶⁶ <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandemployeetypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018%2femp04sep2018.xls>

⁶⁷ <https://www.independent.co.uk/news/uk/home-news/coronavirus-ppe-women-wrong-size-doctors-nurses-uk-cases-a9476766.html>; <https://www.bbc.com/news/health-52454741>; <https://www.refinery29.com/en-gb/women-ppe-risk-coronavirus>

⁶⁸ <https://docs.cdn.yougov.com/ufahb5xuof/YouGov%20-%20Healthcare%20workers%20and%20COVID%20Results.pdf>

⁶⁹ For NHS gender pay gap see <https://www.england.nhs.uk/wp-content/uploads/2018/03/gender-pay-gap-report-march-2019.pdf>; For gender by occupation see: <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandemployeetypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018%2femp04sep2018.xls>

⁷⁰ YouGov survey: Healthcare Professionals Survey

Fieldwork Dates: 2nd - 7th April 2020. Available at: <https://docs.cdn.yougov.com/ufahb5xuof/YouGov%20-%20Healthcare%20workers%20and%20COVID%20Results.pdf>

⁷¹ UK Census 2011

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- ⁷² https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/600465/family-resources-survey-2015-16.pdf
- ⁷³ https://www.ageuk.org.uk/our-impact/campaigning/care-in-crisis/breaking-point-report/?t_id=MR8KjW8ArYJeTLJ07znSQ%3d%3d&t_uuid=8_10_XIURZWPTC3KCvLGoA&t_q=women&t_tags=language:en%2csiteid:c4f4b17c-5d8d-455f-9d6a-a18c1121c646%2candquerymatch&t_hit.id=AgeUK_Web_Models_Pages_ContentPageWithSideNav/_34b4a0fa-9980-4c85-b506-83e9111239fa_en-GB&t_hit.pos=5
- ⁷⁴ <https://wol.iza.org/articles/how-does-grandparent-childcare-affect-labor-supply/long>
- ⁷⁵ <https://www.ons.gov.uk/file?uri=%2femploymentandlabourmarket%2fpeopleinwork%2femploymentandemploymenttypes%2fdatasets%2femploymentbyoccupationemp04%2fapriltojune2018/emp04sep2018.xls>
- ⁷⁶ See OECD data for UK: https://stats.oecd.org/Index.aspx?DataSetCode=EAG_PERS_SHARE_AGE#
- ⁷⁷ <http://data.dft.gov.uk/driving-licence-data/Driving-Licence-data-%20December-2019.xlsx>
- ⁷⁸ Alternatives include walking, care sharing – which both entail higher levels of risk than car travel – or for some trips, online purchasing, which is less common among older people STAT.
- ⁷⁹ <https://www.backto60.com/survey?pgid=j9wr1a22-291fd969-fa6a-4ec0-b9ed-ad74f47550c7>
- ⁸⁰ <https://www.bbc.com/news/uk-52433520>
- ⁸¹ Women’s Aid. 28/04/2019. Available at: <https://www.womensaid.org.uk/survivors-say-domestic-abuse-is-escalating-under-lockdown/>
- ⁸² See World Health Organization Report on ‘COVID-19 and Violence Against Women’. 07/04/2020. Available at: <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf>
- ⁸³ <https://www.scie.org.uk/publications/ataglance/ataglance60.asp>
- ⁸⁴ <https://wbg.org.uk/blog/gender-neutral-universal-credit-equality-impact-assessments/>
- ⁸⁵ <https://vawnet.org/material/economic-stress-and-domestic-violence>
- ⁸⁶ <http://www.safelives.org.uk/policy-evidence/about-domestic-abuse;>
<https://www.womensaid.org.uk/refuges-send-sos-response-governments-proposed-supported-housing-funding-plans/>
- ⁸⁷ <https://www.bbc.com/news/health-52295894>
- ⁸⁸ <https://www.backto60.com/survey?pgid=j9wr1a22-291fd969-fa6a-4ec0-b9ed-ad74f47550c7>
- ⁸⁹ <https://www.backto60.com/survey?pgid=j9wr1a22-291fd969-fa6a-4ec0-b9ed-ad74f47550c7>
- ⁹⁰ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/age_uk_digital_inclusion_evidence_review_2018.pdf