

**Written evidence submitted by Dr Kayleigh Garthwaite; Dr Ruth Patrick; Dr Maddy Power; Dr Geoff Page; Dr Kate Pickett; Dr Ben Baumberg Geiger and Dr Kate Summers (CVG0026)**

We are part of a collective of research projects working in collaboration as part of the [‘Covid Realities: low-income families in the pandemic’](#) project, funded by the Nuffield Foundation and based at University of York, in partnership with the University of Birmingham and Child Poverty Action Group.

We draw on data from three studies:

- Welfare at a (Social) Distance<sup>1</sup> – evidence from a YouGov survey of 3,000 new benefit claimants (alongside 4,500 existing claimants);
- Born in Bradford Covid-19 Parents Survey<sup>2</sup> – evidence from a survey of 1,146 adults (1,112 women) in the Born in Bradford cohorts;
- Covid Realities: low-income families in the pandemic<sup>3</sup> - evidence from an exploratory participatory study with 15 mothers.

## **1.0 Introduction:**

COVID-19 is deepening pre-existing inequalities, particularly in relation to women, who already faced challenges in terms of health, the economy, and unpaid care work ([OECD 2020](#); [United Nations 2020](#)). These inequalities are having a profound impact upon women’s mental health and psychosocial wellbeing. Set against this context, it is therefore vital to track and explore the differential experiences and impacts of the pandemic for women, and to find ways to bring this evidence into policy debates and decision making.

## **2.0 Findings**

2.1 Here, we provide emerging evidence to the question: “To what extent do the different impacts on men and women reflect existing sex or gender-based inequalities?” We do so by considering: i) Multiple caring roles and responsibilities; ii) Financial impacts; and iii) Mental health and psychosocial impacts.

### **2.2 Multiple caring roles and responsibilities**

Across our studies, COVID-19 and the subsequent lockdown has exacerbated existing inequalities, with women taking on additional care and juggling multiple roles. In the COVID Realities study, women were more likely to be single parents or be the main carer in relationships before lockdown:

*“My children have had no contact with their father since March as his partner is shielding. Also their father was made redundant before the government introduced the furlough scheme. So he no longer pays child maintenance”.* (COVID Realities study)

Only 16% of children who were eligible for a school place during lockdown took this up. The main reasons were because childcare was available at home. 1 in 5 mothers lacked confidence in their ability to support their child’s learning at home:

*“school are unable to support and social services have not been helpful (phoned social services for advice and support and was not given any advice). I feel left to deal with child with learning difficulties on my own” (Born in Bradford study)*

*“I want to be fair on boys and don’t want them to get behind in school. There is so much pressure on parents, I am really feeling that I feel like at the moment I am a mum, an employee, a cleaner, a cook, a teacher with zero time for me. I bet a lot of people feel like me.” (COVID Realities study)*

These struggles could be particularly acute for mothers in one parent families:

*“school are unable to support and social services have not been helpful (phoned social services for advice and support and was not given any advice). I feel left to deal with child with learning difficulties on my own”. (Born in Bradford study)*

*“I myself as a single mum with two children, one which has severe special needs cannot take a lot more of lock down. Mentally, physically and emotionally. I need a break. I need to sleep and some adult conversation. My children need their routine back. They miss school and there family and friends. I dread a second wave of this virus and if it does occur I think I might have to move home with my parents. For emotional and financially help and support.” (COVID Realities study)*

### **2.3 Financial Impacts:**

Across all of our studies, heightened financial insecurity added further difficulties to the multiple roles women were having to navigate as a result of COVID-19.

In the BiB study, 1 in 3 families were worried about the job security of the main earner. 1 in 4 are worried about paying the rent/mortgage. Whilst the furlough scheme and support to self-employed workers has been designed to provide support during this difficult time, BiB findings show that the loss of 20% of a low income wage is enough to place families into financial difficulties, and potentially exacerbate health inequalities, with 49% of main earners who are furloughed are worse off now than before the Covid-19 pandemic:

*“[I’m worried about] lack of income, husband is on furlough but is yet to receive any kind of payment. Child has special dietary needs and we are struggling to afford them right now. Very worried about how we will survive without regular income” (Born in Bradford study)*

In the COVID Realities study, women were more likely to work in health and social care before COVID-19. Some women continued to work while their partners became unemployed or furloughed, creating further tensions:

*“My husband got paid for last week today, his first wages in over 4 weeks. As someone who has always worked, he’s really hated not earning money, having to depend on Universal Credit and my furlough pay, all of which goes into my bank account. It’s been really hard for him asking me for money. It’s also been hard for me having to budget with limited income.” (COVID Realities study)*

*“I currently work in a school with pupils with additional needs, a day nursery in the*

*school holidays alongside a large farm shop/café weekends and any spare days. I have not been able to do any extra shifts like I would normally do as the latter two have been shut....I am worried about the amount of people I will be in contact with at work in June, for my children's sake.” (COVID Realities study)*

## **2.4 Mental health and psychosocial impacts:**

This juggling of multiple roles, together with increasing financial strain, often led to an exacerbation of mental health issues. In the Welfare at a (Social) Distance study survey, among new UC/JSA/ESA claimants (i.e. since March 2020), it was shown that female claimants were slightly more likely to be anxious, with 43% experiencing high anxiety.<sup>4</sup>

More people had poor mental health during lockdown. In the BiB study, 40% respondents had depression, and 40% respondents had anxiety, a significant increase over pre-Covid prevalence. The risk of becoming depressed during lockdown was higher for those who were struggling financially:

*“[I’m worried about] having a nervous breakdown or a panic attack...can't get a break from all the responsibilities and go somewhere for fresh air even”.* (Born In Bradford study)

There was also concern over the mental health of children:

*“My son is Autistic and in year 6, he also has ARFID [Avoidant/Restrictive Food Intake Disorder] and is under-weight, the Local Authority had just agreed to assess him for an EHCP [Education, Health and Care Plan] before the lockdown but I don't know if they will still be able to do this. My son also suffers from anxiety and a good transition to secondary school is crucial to avoid school refusal, this might be difficult if they do not return to school before September”.* (Born In Bradford study)

## **3.0 Summary and recommendations:**

3.1 COVID-19 has exacerbated existing inequalities for women, and the impact of managing increasingly difficulty and multiple roles and responsibilities has resulted in a detrimental impact upon women’s mental health and psychosocial wellbeing.

3.2 A firm focus on the needs of families with dependent children has been missing from policy responses. Child Poverty Action Group have called for a £10 per child weekly increase to Child Benefit to cope with the additional costs caused by lockdown and associated pressures around home schooling.

3.3 There is an urgent need for policy makers and commissioners to consider how to better support low-income families to enable them to manage financially, as well as to receive support for mental ill health.

3.4 Finally, we urge the government and policymakers to look at how the experiences and perspectives of women living on a low income themselves are better included in policy making decisions and debates.

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## Endnotes

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<sup>1</sup> [hub.salford.ac.uk/welfare-at-a-social-distance](http://hub.salford.ac.uk/welfare-at-a-social-distance)

<sup>2</sup> <https://www.bradfordresearch.nhs.uk/wp-content/uploads/2020/06/BiB-Covid-19-First-1000-Briefing-V2.0.pdf>.

<sup>3</sup> <https://www.nuffieldfoundation.org/project/poverty-covid-19-families-low-income>

<sup>4</sup> 'High anxiety' refers to anxiety of 7-10 on a 0-10 scale of how anxious people reported feeling yesterday (from 0 'Not at all anxious' to 10 'Completely anxious').