**Evidence from *Understanding Society*, the UK Household Longitudinal Study, University of Essex**

*Understanding Society* is a world-leading longitudinal survey of continuity and change in UK life.

In April, we began a regular new survey to look at the impact of coronavirus on the UK population. Participants from our main sample have been asked to complete a short web survey which covers the changing impact of the pandemic on the welfare of UK individuals, families and wider communities. We also offered telephone interviews to respondents who wanted to take part but who live in a household where no-one is a regular internet user.

Data from Waves 1-5 data are now available, and Wave 6 began in November. There will be further waves in 2021.

We have listed research below which includes not only academic papers published in journals but also briefing and working papers. These reflect the fast-moving nature of the work which has taken place this year, and the need to publish headline findings quickly, especially where it is relevant to public policy on the pandemic.

Researchers have used our data to produce evidence on two elements of The Health Foundation’s COVID-19 impact inquiry:

* What was the impact of government and societal response to the pandemic on people’s health e.g. lockdown?
* How has the government and societal response affected the social and economic circumstances that are likely to have implications for people’s long-term health?

In the first category, they have in particular looked at mental health and wellbeing during 2020, and have been able to use previous waves of data to compare (for example) mental distress levels in 2018-19 with those during the pandemic.

In the second section, we have included findings on economic, health, gender and learning inequalities (and related matters such as access to free school meals), all of which may have implications for people’s future health.

Please note, under each heading, we have tried to gather papers which seemed relevant to your key themes, such as mental health and minority ethnic communities. Some under 1.1 and 2.1 will also touch on these areas, but are not an exact match.

Our research library is online, and updated regularly with papers, briefings, reports, working papers etc. which use our data: [https://www.understandingsociety.ac.uk/research/publications](https://doi.org/10.1016/j.ssmph.2020.100628). This will give you access to new COVID-related findings which come up during the course of your inquiry.

**1. Impact of response to pandemic on health**

**1.1 Mental health**

**The mental health impact of COVID-19 and pandemic related stressors among adults in the UK**

[https://doi.org/10.1101/2020.07.05.20146738](https://doi.org/10.1016/j.rssm.2020.100528)

The pandemic and resultant lockdown were associated with an increase in the incidence of common mental disorders in the UK adult population initially in April 2020. These changes were associated with increases in feelings of loneliness and stressors related to work and domestic life and receipt of care. There was some evidence of adaptation to many of these stressors over the lockdown period by May 2020. However, if levels of unemployment and redundancy increase in the near future, the implications for the mental health of the population need careful thought and monitoring.

**Mental health before and during the COVID-19 pandemic: a longitudinal probability sample survey of the UK population**

[https://doi.org/10.1016/S2215-0366(20)30308-4](https://covid-19.iza.org/publications/dp13588/)

Population prevalence of clinically significant levels of mental distress rose from 18·9% in 2018-19 to 27·3% in April 2020, one month into UK lockdown. Mean GHQ-12 (general health questionnaire) score also increased over this time, from 11·5 in 2018-19, to 12·6 in April 2020. This was higher than expected when accounting for previous upward trends. Comparing GHQ-12 scores within individuals, adjusting for time trends and significant predictors of change, increases were greatest in 18-24-year-olds, 25–34-year-olds, women, and people living with young children. People employed before the pandemic also averaged a notable increase in GHQ-12 score. By late April, 2020, mental health in the UK had deteriorated compared with pre-COVID-19 trends. Policies emphasising the needs of women, young people, and those with preschool aged children are likely to play an important part in preventing future mental illness.

**Mental health and health behaviours before and during the initial phase of the COVID-19 lockdown: longitudinal analyses of the UK Household Longitudinal Study**

[https://doi.org/10.1136/jech-2020-215060](https://www.resolutionfoundation.org/publications/all-together-now/)

Psychological distress increased one month into lockdown with the prevalence rising from 19.4% in 2017-19 to 30.6% -in April 2020. Groups most adversely affected included women, young adults, people from an Asian background and those who were degree educated. Loneliness remained stable overall. Smoking declined, and the proportion of people drinking four or more times per week increased, as did binge drinking. Effective measures are required to mitigate negative impacts on health.

**Prevalence and predictors of general psychiatric disorders and loneliness during COVID-19 in the United Kingdom**

[https://doi.org/10.1016/j.psychres.2020.113267](https://doi.org/10.5258/SOTON/P0025)

Over a quarter of British people have general psychiatric disorders during COVID-19. Over a third sometimes or often feel lonely during COVID-19. People with COVID-19 symptoms have more psychiatric disorders and are lonelier. Women and young people have higher risks of general psychiatric disorders and loneliness, while having a job and living with a partner are protective factors. This study showcases the psychological impact, including general psychiatric disorders and loneliness, of broader members of the society during COVID-19 and the underlying social inequalities.

**Who is lonely in lockdown? Cross-cohort analyses of predictors of loneliness before and during the COVID-19 pandemic**

[https://doi.org/10.1016/j.puhe.2020.06.036](https://www.understandingsociety.ac.uk/research/publications)

Young adults, women, people with lower education or income, the economically inactive, people living alone and urban residents had a higher risk of being lonely. Some people who were already at risk of being lonely (e.g. young adults aged 18–30 years, people with low household income and adults living alone) experienced a heightened risk during the COVID-19 pandemic compared with people living before COVID-19 emerged. Furthermore, being a student emerged as a higher risk factor during lockdown than usual. Findings suggest that interventions to reduce or prevent loneliness during COVID-19 should be targeted at those sociodemographic groups already identified as high risk in previous research. These groups are likely not just to experience loneliness during the pandemic but potentially to have an even higher risk than normal of experiencing loneliness relative to low-risk groups.

**1.2 Mental health and carers**

**Risk of depression in family caregivers: unintended consequence of COVID-19**

[https://doi.org/10.1192/bjo.2020.99](https://doi.org/10.1101/2020.07.05.20146738)

COVID-19 has had a negative impact on family caregivers’ mental health with loneliness a significant contributor to depressive symptomatology. However, despite these detriments in mental health, the majority of caregivers do not access any online or phone psychiatric support. Finally, psychiatric services and healthcare professionals should aim to focus on reducing feelings of loneliness to support at-risk caregivers.

**Caring and COVID-19: loneliness and use of services**

[http://circle.group.shef.ac.uk/wp-content/uploads/2020/08/CARING-and-COVID-19-Loneliness-and-use-of-services\_04.08.20.pdf](https://doi.org/10.1016/S2215-0366(20)30308-4)

There were high levels of loneliness in May 2020 among carers who were female, employed or younger: 1 in 3 female carers (1 in 4 male carers) had felt lonely in the previous 4 weeks; 1 in 3 carers who had a paid job (1 in 4 carers without paid work) had felt lonely; carers were more likely to have felt lonely than other people; and loneliness varied greatly by age: over half of carers aged 17-45 had felt lonely compared with fewer than 1 in 4 carers aged 65 or older.

During lockdown, many people were unable to access NHS services: 1 in 4 carers (1 in 5 other people) were undergoing or waiting for an NHS treatment in April; and 9 in 10 carers (8 in 10 other people) had their treatments cancelled or postponed. 1 in 4 carers needing help did not get a service they needed. Figures improved in May, but carers remained worse off.

**1.3 Minority ethnic communities**

**Briefing note COVID-19 survey: ethnic differences in effects of COVID-19: household and local context**

[https://www.understandingsociety.ac.uk/sites/default/files/downloads/general/ukhls\_briefingnote\_covid\_ethnicity\_final.pdf](https://doi.org/10.1136/jech-2020-215060)

Black Africans are more likely than White people in the UK to report experiencing COVID-19 symptoms. This is the case when controlling for a range of relevant measures, and cannot be explained by greater chances of overcrowding or of being a keyworker.

All ethnic groups, including the White UK majority, have experienced declines in mental health since the onset of the pandemic. Pakistani and Bangladeshi men have experienced higher declines than White UK men with otherwise similar individual and household characteristics. Pakistanis and Bangladeshis who live in areas with relatively high concentrations of own ethnic group residents have not experienced the same declines in mental health. Women as a whole have experienced larger declines than men, even after adjusting for family and employment, but there are no significant differences across women by ethnic group.

All ethnic groups report lower levels of interpersonal contact within the neighbourhood, than before the pandemic, consistent with the impact of lockdown and social distancing requirements. After taking account of individual, household and neighbourhood characteristics, these reductions in perceived neighbourhood communication appear to be greatest for Pakistanis and Bangladeshis and Black Caribbeans.

**1.4 Mental health and minority ethnic communities**

**COVID-19 and mental health deterioration among BAME groups in the UK**

[https://covid-19.iza.org/publications/dp13503/](https://doi.org/10.1016/j.puhe.2020.08.019)

Among men, BAME individuals experience a higher deterioration in mental health compared to British White individuals. However, among women, the deterioration in mental health is similar for both BAME and British White individuals. The gender gap in mental health deterioration is only present among British White individuals and not among BAME individuals. The drop in mental health among women and BAME men is very similar. There are substantial differences between BAME groups. The BAME group of Bangladeshi, Indian and Pakistani appears to be driving the difference in the gender gap in mental health deterioration between British White and BAME individuals.

**2. How the pandemic response affected social and economic circumstances, with implications for health in the future**

**2.1 Social and economic circumstances overall**

**Cut hours, not people: no work, furlough, short hours and mental health during the COVID-19 pandemic in the UK**

[https://www.cbr.cam.ac.uk/fileadmin/user\_upload/centre-for-business-research/downloads/working-papers/wp521.pdf](http://cep.lse.ac.uk/_NEW/publications/abstract.asp)

Research using the *Understanding Society* COVID-19 Survey confirmed that leaving paid work is significantly related to poorer mental health, even after controlling for the household income and other factors. By contrast, having some paid work and/or some continued connection to a job is better for mental health than not having any work at all. Those who remain part-time employed before and during COVID-19, those who are involved in furlough job retention scheme or transition from full-time to part-time employment are all found to have similar levels of mental health as those who continued to work full-time. Results also show that overall women’s mental health has deteriorated much more than men’s when compared to Wave 9 (2017-19) of *Understanding Society*. Both short working hours and furlough job retention schemes can thus be seen to be effective protective factors against worsening mental health. However, the key issue is now how to move beyond the furlough scheme. A v-shaped bounce back is not on the horizon, and many sectors will at most move into partial activity. So, the need to avoid a further huge leap in unemployment is vital. These findings point to the need to move towards sharing work around more equitably, including introducing a shorter working week for all (except in sectors under extreme pressure) in order to minimise the risk to mental health and wellbeing if those on furlough are now pushed into unemployment.

**The heterogeneous and regressive consequences of COVID-19: evidence from high quality panel data**

[https://papers.ssrn.com/sol3/papers.cfm?abstract\_id=3703018](https://doi.org/10.1192/bjo.2020.99?abstract_id=3703018)

Those with precarious employment, under 30 and from minority ethnic groups face the biggest labour market shocks. Almost 50% of individuals have experienced declines in household earnings of at least 10%, but declines are most severe in the bottom income quintiles. Methods of mitigation vary substantially across groups: borrowing and transfers from family and friends are most prevalent among those most in need.

**Gender differences in the impact of the Covid-19 lockdown on unpaid care work and psychological distress in the UK**

[https://doi.org/10.31235/osf.io/wzu4t](http://circle.group.shef.ac.uk/wp-content/uploads/2020/08/CARING-and-COVID-19-Loneliness-and-use-of-services_04.08.20.pdf)

Every week during lockdown, women spent 5 more hours on housework and 10 more hours on childcare than men, and this increased housework and childcare was associated with higher levels of psychological distress for women. One-third of parents adapted their work patterns because of childcare/ home-schooling. Men and women who adapted their work patterns had on average 1.16 and 1.39 higher GHQ (general health questionnaire) scores than those who did not. This association was much stronger if he or she was the only member in the household who adapted their work patterns, or if she was a lone mother. Only 10% of fathers reduced work hours due to care work compared to 20% of mothers. Fathers had more psychological distress if they reduced work hours but she did not, compared to neither reducing work hours. Our research suggests that lockdown has hit people with young families and lone mothers particularly hard in terms of mental health, and continued gender inequality in divisions of unpaid care work during lockdown may be putting women at a greater risk of psychological distress.

**All together now? The impacts of the Government’s coronavirus income support schemes across the age distribution**

[https://www.resolutionfoundation.org/publications/all-together-now/](https://doi.org/10.1016/j.psychres.2020.113267)

Those in their early 20s are most likely to have been furloughed on the Job Retention Scheme (JRS), with a fifth of all employees on the JRS under the age of 25. But JRS spending has been more evenly distributed across different age groups, as younger workers tend to earn less. JRS spend per employee is highest for those aged 47, where the average cost is £1,400 per month compared to less than £1,000 per month for those aged under 25.

The beneficiaries of the temporary boost to Universal Credit and Working Tax Credits (WTC), along with the permanent increase in the Local Housing Allowance (LHA), are most common among those in their early 30s. Over a million people in this age cohort, who are most likely to be working parents with young children, have received extra support.

Older workers are the most likely to have received support via the self-employment income support scheme, with recipients most likely to be found among those aged 50 to 55. Around 680,000 workers aged 45-54 made a claim, with payments totalling almost £2 billion, compared to just over 600,000 claims across all workers aged 35 and under totalling just £1.6 billion.

The cost of the programmes was initially fairly evenly spread across those aged 25 to 55. This is because the profile of spending is dominated by the JRS, by far the most expensive programme. Spending on the JRS is more evenly distributed across different age groups than are its recipients, because younger furloughed workers tend to earn less.

**Intersecting household level health and socio-economic vulnerabilities and the COVID-19 crisis: an analysis from the UK**

[https://doi.org/10.1016/j.ssmph.2020.100628](https://www.cbr.cam.ac.uk/fileadmin/user_upload/centre-for-business-research/downloads/working-papers/wp521.pdf)

COVID-19-related health risks are concentrated in retirement-age households, but a substantial proportion of working-age households also face these risks. Different types of households exhibit different vulnerabilities, with working-age households more likely to face financial and housing precarities, and retirement-age households health and digital vulnerabilities. There are area-level differences in the distribution of household-level vulnerabilities across England and the constituent countries of the United Kingdom. In many households, different dimensions of vulnerabilities intersect; this is especially prevalent among working-age households. The findings imply that the short- and long-term consequences of the COVID-19 crisis are likely to significantly vary by household type. Policy measures that aim to mitigate the health and socio-economic consequences of the COVID-19 pandemic should consider how vulnerabilities cluster and interact with one another both within individuals and different household types, and how these may exacerbate already existing inequalities.

**2.2 Minority ethnic communities**

**Intersecting ethnic and native-migrant inequalities in the economic impact of the COVID-19 pandemic in the UK**

[https://doi.org/10.1016/j.rssm.2020.100528](https://www.nottingham.ac.uk/business/research/carrying-the-work-burden-of-covid-19/index.aspx)

Compared with UK-born white British, black, Asian and minority ethnic (BAME) migrants in the UK are more likely to experience job loss during the COVID-19 lockdown, while BAME natives are less likely to enjoy employment protection such as furloughing. Although UK-born white British are more likely to reduce their work hours during the COVID-19 pandemic than BAME migrants, they are less likely to experience income loss and face increased financial hardship during the pandemic than BAME migrants. The findings show that the pandemic exacerbates entrenched socio-economic inequalities along intersecting ethnic and native-migrant lines. The researcher urges governments and policy makers to place racial justice at the centre of policy developments in response to the pandemic.

**Fare differently, feel differently: mental well-being of UK-born and foreign-born working men during the COVID-19 pandemic**

[https://doi.org/10.1080/14616696.2020.1826557](https://www.understandingsociety.ac.uk/sites/default/files/downloads/general/ukhls_briefingnote_covid_ethnicity_final.pdf)

There is direct evidence for a widening gap in mental well-being resulting from the widening socioeconomic gap between immigrant and native-born working men, during COVID-19 lockdowns. Employment disruption does not necessarily hurt mental well-being of the native-born, as long as their income is protected. For immigrants, however, work hour reduction is generally accompanied by psychological costs, with greater mental suffering among immigrant men who experience work hour reduction without income protection – particularly in the extreme scenario of reduction to no work hours.

**2.3 Young and older people**

**Childhood in the time of Covid**

[https://www.childrenscommissioner.gov.uk/report/childhood-in-the-time-of-covid/](https://covid-19.iza.org/publications/dp13503/)

A report from the Children’s Commissioner for England has found that Covid-19 has exposed and then amplified existing inequalities facing children, meaning those children already facing the worst life chances have felt the greatest burden from the virus and our response to it. It recommends a comprehensive recovery package for children to mitigate the damage caused by the crisis thus far, and that children are put at the heart of planning for further lockdowns, local or national.

**Half of children entitled to free school meals did not have access to the scheme during COVID-19 lockdown in the UK**

[https://doi.org/10.1016/j.puhe.2020.08.019](https://doi.org/10.1016/j.puhe.2020.06.036)

In the month after the COVID-19 lockdown, 49% of eligible children did not receive any form of FSMs. The present analyses highlight that the voucher scheme did not adequately serve children who could not attend school during the lockdown. Moreover, more needs to be done to support families relying on income-related benefits, who still report needing to access a food bank. As the scheme may be continued in summer or in a potential second wave, large improvements will be needed to improve its reach.

**2.4 New inequalities, e.g. working mothers**

**Generation COVID: emerging work and education inequalities**

[http://cep.lse.ac.uk/\_NEW/publications/abstract.asp?index=7462](https://papers.ssrn.com/sol3/papers.cfm?index=7462)

Generation COVID has experienced worse labour market outcomes in terms of job loss, not working and earnings losses during and after lockdown. Those aged 16-25 were over twice as likely as older employees to have suffered job loss, with over one in ten losing their job, and just under six in ten seeing their earnings fall. Labour market losses are more pronounced for women, the self-employed and those who grew up in a poor family.

University students from the lowest income backgrounds lost 52% of their normal teaching hours as a result of lockdown, but those from the highest income groups suffered a smaller loss of 40%, revealing a strong inequality occurring in higher education. Female students were far more likely than males to report that the pandemic had adversely affected their wellbeing.

During lockdown, nearly three quarters (74%) of private school pupils were benefitting from full school days – nearly twice the proportion of state school pupils (38%). A quarter of pupils had no schooling or tutoring during lockdown. Overall, just under four in ten pupils benefitted from full schooling during full school closures due to lockdown; by early October 2020 six in ten pupils were benefitting from full schooling.

**Carrying the work burden of Covid-19: working class women in the UK**

[https://www.nottingham.ac.uk/business/research/carrying-the-work-burden-of-covid-19/index.aspx](https://doi.org/10.31235/osf.io/wzu4t)

Lockdown brought a big increase in the numbers of people who were still employed but doing no work at all in their jobs. Working class women and men were more likely to be furloughed than workers in middle class jobs. Keyworking is highest among working class women. Female keyworkers are disproportionately working in customer- and patient-facing jobs, bringing a greater exposure to health risks at work. Very few working class women could work from home after lockdown. More women than men, and slightly more working class than middle class women, were experiencing psychological distress.

**Working parents, financial insecurity, and child-care: mental health in the time of COVID-19**

[https://covid-19.iza.org/publications/dp13588/](https://doi.org/10.1080/14616696.2020.1826557)

The worsening of mental health in the UK during the pandemic is worse for working parents, and is especially related to the increased financial insecurity and the time spent on childcare and home schooling. This burden is not shared equally between men and women, and between richer and poorer households. In crafting public policy responses to the pandemic, better outcomes can be achieved if policymakers are cognisant of these inequalities.

**2.5 Digital exclusion**

**Learning inequalities during the Covid-19 pandemic: how families cope with home-schooling**

[https://doi.org/10.5258/SOTON/P0025](https://www.childrenscommissioner.gov.uk/report/childhood-in-the-time-of-covid/)

The transition from face-to-face to distance (home and online) schooling is likely to generate educational loss. Using data from Understanding Society, the UK Household Longitudinal Study, we estimate that loss to be more pronounced for children from disadvantaged socio-economic backgrounds than for other children.

In April 2020, children in the most advantaged families (where both parents work regularly from home, the main parent is in a ‘service class’ occupation (large employers, managers of professionals) and the children have their own computer) spent on average 2.9 hours per day on school work for primary and 3.8 per day for secondary pupils.

More disadvantaged children (in families where the main parent is not in a service class occupation, where the child has to share a computer with other family members and either parent does not work regularly from home) spent are 2.3 hours per day on primary school work and 2.6 on secondary education.

For children in primary education, those from the most advantaged families will have lost on average 24% of a standard deviation across subjects by the time schools reopen in autumn, while children from the most disadvantaged families will have lost 31% of a standard deviation.

For children in secondary education, children from the most advantaged group will have lost on average 14% of a standard deviation across subjects, while children from the most disadvantaged group will have lost twice as much, 28% of a standard deviation.