

COVID-19 Briefing Note: evidence and insights from longitudinal population studies

This briefing note draws together key findings over the past 12 months from multiple UK longitudinal population studies, highlights the impacts of the pandemic on specific groups of people, and outlines policy and research priorities to help address these in the short- and long-term.

Background

- Longitudinal Population Studies are unique sources of insight on the impacts of COVID-19 because of their ability to study change within individuals as a result of the pandemic. This is because they have pre-pandemic measures of health and behaviours on the same people, with many having followed them throughout their lives.
- The UK's longitudinal population studies adapted rapidly in response to COVID-19 by developing and launching special questionnaires to capture the experience of their study participants and how the pandemic was affecting their lives.
- These studies are collecting a wide range of data from many thousands of people across the country, providing rich insights into the ongoing impacts of COVID-19 on people's lives at both a national and regional level, and across all generations and ages.
- Evidence shows that socioeconomic inequalities in health, education and life chances are widening: COVID-19 has had a greater impact on those living in more disadvantaged areas, women, ethnic-minorities and those with pre-existing mental health conditions or chronic illnesses.

About CLOSER

CLOSER, the home of longitudinal research, is an interdisciplinary partnership of world-leading longitudinal population studies, with participants born throughout the 20th and 21st centuries. Our mission is to increase the visibility, use and impact of longitudinal studies and research. CLOSER works alongside the UK Data Service and The British Library, and is funded by the UKRI Economic and Social Research Council (ESRC).

Impact on mental health

- People whose mental health steadily declined or was very poor throughout the pandemic were more likely to have pre-existing mental or physical ill-health, live in deprived neighbourhoods and be non-white. Women and people under 65 were at significantly heightened risk of experiencing both temporarily and continuously elevated distress.
- People who lived without a partner, had work before the lockdown, reported COVID-19 symptoms, had pre-pandemic health conditions, and lost substantial income during the course of the pandemic were at highest risk of continued distress during the pandemic.
- Home-carers' mental health deteriorated more than non-carers', especially those who lost the help they had prior to lockdown, or are caring for children or someone with learning disabilities.
- Pre-existing poor mental health has shown to be a risk factor for worsening sleep, diet and exercise levels during the pandemic. This group is especially vulnerable to the social, financial and health disruptions of the pandemic.
- **Policy priority:** Early preventative intervention for vulnerable groups, to reduce stress and lessen the physical health and financial inequalities amongst those with mental health problems, is urgently needed.

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Impact on inequality

- Lockdown widened existing social inequalities: people who have already experienced socioeconomic deprivation or childhood adversity were more likely to experience negative financial and employment consequences.
- Compared with UK-born white British, ethnic minority migrant communities in the UK were more likely to experience job loss during the first lockdown, while UK-born ethnic minority communities were less likely to enjoy employment protection such as furloughing.
- Men and women were roughly equally affected by job loss or furloughing but just 10% of fathers, compared to 20% of mothers reduced work hours due to caring responsibilities.
- Amongst those whose paid hours were reduced, women disproportionately increased their time spent in unpaid work. Women spent 5 more hours on housework and 10 more hours on childcare per week than men during lockdown.
- **Policy priority:** Develop targeted initiatives to protect women and members of ethnic minority communities and migrant groups from the adverse social and economic impacts of the pandemic and ensure social and racial justice in the design and delivery of emergency social protection and welfare provision.

Impact on health risks and behaviours

- COVID-19 health risks were greatest in retirement-age households but up to a quarter of working-age households also face significant health risks.
- Older people were less likely to report changes to health behaviour during the pandemic than young people – the youngest generation of adults (20 years of age) drank less alcohol and reported greater improvements to sleep, exercise and fruit and vegetable intake during lockdown.
- Drinking four or more times a week and binge drinking increased during the first lockdown among those aged 25 and over – particularly amongst women, white ethnic groups and those with degree-level education.
- Cigarette smoking declined, most noticeably in younger age groups (under 25s) and among men. The decline seems largely attributable to a drop in lighter smokers.
- People with multiple negative childhood experiences (e.g. abuse, neglect, family dysfunction) experienced decreased sleep and increased smoking and/or vaping during lockdown.
- **Policy priorities:**
 - Trends in alcohol consumption and smoking require further exploration – the reduction in smoking despite the difficult circumstances of the pandemic may demonstrate that the availability of these products is important in influencing behaviour.
 - Continued, targeted support into adulthood for people who experience adverse childhood experiences is required.

Impact on education and home schooling

- Whilst school closures and the move to remote learning affected all children, it increased existing inequalities in education, including access to learning materials.
- During school closures, mothers and parents with a primary school aged child spent more time on home-schooling than fathers or households with only secondary school aged children. Mothers of pre-school children spent on average 6.2 hours daily on interactive activities with children, compared to an average of 3 hours among fathers.
- Children who received free school meals, those from single-parent families, and those with Pakistani or Bangladeshi backgrounds spent the lowest number of hours on schoolwork at home during the first lockdown. Children with Black-Caribbean or Black-African heritage spent the most average hours on schoolwork across all ethnic groups and education stages.

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- **Policy priorities:**

- Funding is needed to research the longer-term consequences of home learning during the pandemic, e.g. do future test results show evidence of learning gaps?
- Targeted interventions should include provision of equipment, for example laptops, an improved free school meal scheme, wellbeing support and increased levels of ‘catch-up’ funding – particularly to schools with a greater proportion of students from low-income families.

Impact on healthcare access

- Healthcare access worsened during the pandemic and needs were more likely to go unmet for in- and out-patient hospital services than for primary health care services. Women and people with chronic illnesses experienced greater numbers of appointment cancellations.
- At the peak of the first wave, there was some evidence that those with higher incomes had greater access to GP consultations, prescriptions and medical helplines. Whilst these inequities diminished as the pandemic progressed, unequal access to paid-for services (e.g. over the counter medications) continues.
- **Policy priority:** Public health measures should be rapidly implemented to protect and meet health and care demands of at-risk groups.

Impact on social cohesion and trust

- Trust in the government declined amongst younger people – particularly young people from minority ethnic communities – during the pandemic, whilst older people showed relatively greater trust in government and in other people. All generations showed greater trust in others than trust in government during the first lockdown.
- Perceived social cohesion declined, particularly amongst those with lower levels of education and certain minority ethnic communities. The result is a widening of pre-existing inequalities in terms of social cohesion between disadvantaged and more affluent neighbourhoods.
- **Policy priority:** Funding for future research is needed to explore:
 - the impact of young people’s declining trust in government on their willingness to respond to public guidance and policies.
 - Whether people turned their expressed willingness to help during the pandemic into action e.g. by providing informal help to neighbours.

COVID-19 Longitudinal Research Hub

- CLOSER has developed the COVID-19 Longitudinal Research Hub to act as a one-stop resource for researchers, parliamentarians and policy makers, now and in the future. This contains the new surveys, data releases, latest research and evidence in a searchable tracker, all in one place.
- [Access the COVID-19 Longitudinal Research Hub](#)

References

This briefing note draws on a wide-range of data and research from the UK’s longitudinal population studies COVID-19 surveys. Please visit the [COVID-19 Longitudinal Research and Evidence Tracker](#) to access the research papers, briefing notes and articles.

Keep in touch

Contact us by emailing closer@ucl.ac.uk, follow us on Twitter [@CLOSER_UK](#) or sign up to receive our [email newsletters](#) for the latest longitudinal news from CLOSER.

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