



FORWARD

**Lived experiences of the COVID-19
pandemic among Black and minority
ethnic women in the UK**

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Executive Summary

The COVID-19 pandemic has laid bare the deep-seated inequalities in British society. Women, especially those from Black and minority ethnic communities, have faced a unique set of challenges during the pandemic. Living at the intersection of race and gender inequality, they have had to bear great burdens financially, physically and mentally.

This study aims to build a richer picture of the lives of ethnic minority women in the UK during the pandemic, especially women of African background. It examines several areas of their lived experiences, ranging from finances and childcare to their wellbeing and their relationships with members of their household. The research involved two stages of data collection between May and December 2020. The first stage was an online survey of 116 women from Black and minority ethnic backgrounds in the UK, particularly young Black African and Caribbean women in London. The second stage involved 20 peer-to-peer semi-structured interviews, the majority with women of African background living in London and Bristol.

Results

The results of our research show how multi-faceted the impact of the pandemic has been on the women in our study. Mental health, financial struggles, strained family relationships and cases of domestic abuse are all among key areas that evince a need for urgent action and further investigation.

Fears over contracting COVID-19

Many women recalled the considerable fear and worry they had over their health and the health of their loved ones at the time of the first lockdown. They found the rate of death in their local communities deeply distressing; “death was everywhere” said one participant. The common experience of losing friends and neighbours to the coronavirus created widespread fear and panic. For some women, language barriers

made the situation more uncertain, as it affected their access to vital health information and advice. Single mothers with dependent children also faced complex challenges, as they had to consider who might take care of their children if they fell ill, had to isolate or were hospitalised.

Financial challenges

A significant proportion of women in our research had been hit hard financially by the pandemic. Many stated that they had suffered a substantial reduction in their household incomes, in some cases to the extent that they were no longer able to pay their bills or their mortgages. Sometimes these challenges were exacerbated by delays in processing Jobseekers’ Allowance or Universal Credit applications. Many families were left in a critical situation, having to borrow money from friends and family to stay afloat.

Access to healthcare services

Reduced access to healthcare services and the rapid adoption of the telehealth model deeply affected the quality of care received by several women in our study. Those who had been receiving regular care faced the greatest disruption, as their treatment schedules were changed or cancelled altogether. Also affected were women who are not fluent in English, or those without the necessary digital skills to access online resources. These disruptions caused a great deal of stress and anxiety, and made them feel that their lives had been ‘put on hold’.

Home-schooling

The responsibility for home-schooling during lockdown fell disproportionately on mothers, already juggling the pressures of work, household management, and childcare. Many felt as if they had to become ‘a teacher overnight’. These problems were even more acute for mothers for whom English was a second language, or who had limited access to computers and stable

internet connections. In several cases, children were forced to share one device, or even borrow their parents' mobile phones, in order to access educational resources or to attend their classes. Mothers had often been left to navigate these challenges with little-to-no support from their children's schools.

Relationships with household members and domestic abuse

Lockdown resulted in many changes to home life. While some families grew closer, for others, relationships were put under strain. Many couple relationships, in particular, were disrupted by financial difficulties caused by the lockdown. Related to this, an alarming number of women taking part in the research had experienced some form of domestic abuse during lockdown, or knew a friend who had. Some participants explained that husbands and fathers losing their jobs and becoming dependent on their wives and children's social benefits, was the cause of many of these problems.

There is reason to fear that many women experiencing domestic abuse are 'suffering in silence'. Participants spoke of the concern felt by many women, that they would be judged negatively by their wider communities, were they to speak out about their experiences of domestic abuse. This is worsened by the fact that it was hard to find culturally-appropriate professional support, which is able to take into account the cultural considerations of their marriages.

Mental health and wellbeing

The mental health of many women in our study had deteriorated over the course of the pandemic. Women aged 35 years or more were particularly likely to report having experienced worsening mental wellbeing, compared to younger women. Many women observed that the myriad challenges they faced - such as drop in income, limited access to healthcare, and tensed relationships at home - had strained their mental health. For some, the impact was even more serious. A number of participants showed signs of depression, describing a loss of interest in everyday activities, problems with insomnia or nightmares, and reduced appetite. Some also felt that their experiences had changed their personality or affected their entire outlook on life.

Taking care of their mental wellbeing

In the midst these challenges, the women in our study had shown strength and resilience in finding ways to cope. Many had stayed connected with loved ones remotely. Some took up physical exercise or new hobbies. Several women found refuge and comfort in their faith and spirituality, by reading the Bible or the Quran, or meditating. Joining online prayer sessions was also felt to give them a sense of community. Meanwhile, friends and neighbours relied on each other for information, advice and support, and stepped in to help each other as best they could.

Despite the many ways that participants had taken to support their mental health, only a small minority had sought professional mental health support. Many felt held back from accessing such help due to a lack of culturally appropriate services, or the unavailability of support in their first language. A few also cited the difficulty of accessing such services remotely.

Additional support needs

When asked which support services they thought they urgently needed, the majority of women interviewed named emotional support, such as therapy or counselling. They highlighted the importance of such services in helping them to cope with the impact of the pandemic on their lives, and to deal with the ongoing COVID-19 situation on a daily basis.



Many participants also considered financial and job seeking support to be an urgent need for their households, hoping to return to their previous level of financial stability from before the pandemic. A significant number of participants expressed the need for support in accessing healthcare services, particularly in resuming face-to-face appointments.

For others, support with childcare and home-schooling was described as an urgent need. A smaller but a significant number of participants listed other needs, such as legal support, help with routine errands like food shopping and medicine collection, and an urgent need to access a safe space or shelter.

Recommendations

Financial and employment support: Provide immediate support to those worst hit financially by the pandemic – in particular, women and Black and minority ethnic groups. Support should include, but not be limited to, helping those who have been made redundant find new work; lifting the two-child limit on social security benefits, as well as benefit caps; and scrapping ‘No Recourse to Public Funds’ status. Signposting for financial support services must also be stepped up in order to mitigate any structural and language barriers, and improve accessibility for all.

Accessible healthcare services: Healthcare providers must ensure that patients have adequate access to internet and digital devices in order to use the new digitalised healthcare services. They must also support patients in their use of these technologies and make language support available to those who need it.

Digital access for home-schooling: Make a major push in the provision of schooling catch-up support, such as after-school schemes, summer schools and private tuition, to avoid disadvantaged students falling behind their peers and prevent digital poverty from deepening educational inequalities. Schools should also be supported and funded to provide additional digital help to families who need it. Broader strategies to tackle digital poverty must be a long-term government priority.

Culturally sensitive mental health services: Fund local, community-based support services that provide critical culturally sensitive mental health support for ethnic minority communities during the

pandemic and beyond. With mainstream mental health services currently unable to meet soaring demands for support, grassroots and women’s organisations continue to take on the better part of the responsibility for such services. In addition to this immediate action, post pandemic recovery efforts should commit to the creation of more equitable national mental health services, that ensures equal access, experience, and outcomes for patients of all ethnic backgrounds.

Culturally sensitive domestic abuse support services: Fund community, specialist support organisations to help raise awareness and combat the cultural stigma surrounding domestic abuse. In particular, invest in local programmes that equip community champions with the skills needed to improve awareness, access, and signposting in their communities. They can serve as key allies in the provision of culturally appropriate help for survivors, and help build valuable links between communities and support professionals.

Community resilience: UK government and local authorities should work in solidarity and partnership with community organisations, and ensure their local programmes are adequately funded and supported to deliver their services. These organisations play a critical role in strengthening community resilience in withstanding and recovering from crisis. They are cognisant of the needs of the most vulnerable and are uniquely positioned to strengthen community networks, promote access to care, and to act as bridges between communities and other national services.

Introduction

The COVID-19 pandemic has laid bare the deep-seated inequalities that exist in British society. Soon after the outbreak, the pandemic was described as a ‘great leveller’, a new and deadly illness that threatened rich and poor alike¹. It quickly became clear, however, that the health risks and disruption that it caused were not affecting everyone equally. Persisting racial and gender inequalities meant that Black and minority ethnic communities, especially women, have borne a heavy financial, physical, and mental burden.

Black and minority ethnic communities, and Black people especially, have been at much greater risk both of catching and of dying from COVID-19². Over-represented in key worker jobs like frontline healthcare, transport and retail, they have faced much higher risks of exposure^{3,4,5}. For many, economic deprivation and smaller, overcrowded accommodation have further increased their vulnerability to viral transmission⁶. These inequalities have likewise been apparent in the economic consequences of the lockdown. Minority ethnic groups represent a larger share of insecure workers in the UK⁷; and they were more likely than white people to lose their jobs during the pandemic^{8,9}. Meanwhile, due to racial discrimination in the workplace, they were also more likely to be selected for furlough and redundancy, compared to their white colleagues¹⁰. Consequently, by April 2020, 26% of people from Black ethnic groups reported finding it difficult to get by financially, substantially more than among white groups (less than 10%)¹¹. Throughout the pandemic, people from minority ethnic communities were also more likely to report worse mental health than other groups¹².

Women from Black and minority ethnic backgrounds, meanwhile did not only faced these racial inequalities. As women, they also shouldered greater disruptions to their work, their finances and their home life than men did. During lockdown, women spent five hours more per week on housework on average, compared to men, and nearly twice as much time on home-schooling^{13,14}. Financially, women faced a higher risk of job losses and

pay cuts than men, being more commonly employed in the worst-hit sectors of the pandemic, such as retail and hospitality^{15,16,17}. Increased childcare responsibilities also meant that one in three working mothers lost work, or hours, due to a lack of childcare support¹⁸. Mothers were 23% more likely than fathers to have lost their jobs temporarily or permanently during the pandemic¹⁷. Worse still, an alarming rise in domestic abuse during lockdown put many women at risk of harm^{19,20}, in what has been termed a ‘shadow pandemic’²¹.

Living at the intersection of racial and gender inequalities, Black and minority ethnic women faced some of the heaviest burdens of the pandemic. According to a recent study by the Fawcett Society and its partners, women of minority ethnic backgrounds were more likely than any other group to report worrying about debt and making ends meet during the pandemic²². At the same time, their reported levels of life satisfaction and happiness were the lowest of any population group²². As part of the recovery from the pandemic, it is vital that we understand the nature and the complexity of their intersectional experiences.

This study aims to build a richer picture of the lives of Black and minority ethnic women in the UK during the pandemic, particularly women of African background. While previous evidence have already highlighted the disproportionate impact that the pandemic has had on them, so far no studies have explored their lived experience of the crisis. Through this lens, the research explores the women’s experiences in several areas, ranging from finances, childcare and wellbeing to their relationships with members of their household. In doing so, the research also seeks to identify the support needs that the women consider to be the most urgent to them now and in the future. Incidentally, the study also provided great opportunities for FORWARD to signpost participants to the local support services available to them during the pandemic.

Methodology

The research involved two stages of data collection between May and December 2020. The first stage was an online survey with women from Black and minority ethnic backgrounds in the UK, particularly young Black African and Caribbean women living in London. The second stage involved peer-to-peer semi-structured interviews, mostly with women and young women of African background living in London or Bristol.

Online survey

A total of 116 women took part in our online survey between 15th May and 5th July 2020, following the UK's first lockdown. The survey sought to collect some key insights into the participants' experiences and needs during the pandemic. The participants represented a number of different ethnicities, ages and geographical locations; a majority were young Black African and Caribbean women, living in London. A detailed sample profile is in Table 1.

The survey was disseminated via FORWARD's e-newsletter, networks and social media. Participants were therefore self-selecting, meaning they volunteered to take part in the survey. Hence, the results do not attempt to offer a national representation of Black and minority ethnic women's experiences in the UK. The data are intended to provide exploratory insights and should not be used to draw concrete, statistical conclusions.

Peer research

Following the survey, a participatory peer research method was used to carry out in-depth, semi-structured interviews with women from Black and minority ethnic communities, living in London and Bristol. The peer research was carried out in collaboration with Refugee Women of Bristol, and involved training 10 women to conduct peer-to-peer telephone interviews with other women in their local

Table 1: Survey sample profile

Age	%
18 – 24	35
25 – 34	28
35 – 44	15
45 – 54	14
55 – 64	7
65 +	2

Ethnicity	
Black/Black British - African	47
Black/Black British - Caribbean	16
Black/Black British - Other	3
Asian/Asian British	19
Mixed/Multiple ethnic groups	12
Other ethnic group	3

Region	
Greater London	53
South East England	13
South West England	5
East of England	1
West Midlands	5
East Midlands	3
Yorkshire and the Humber	3
North West England	10
Wales	3
Scotland	2
Northern Ireland	1

communities. The women trained to become peer researchers were among Community Health Advocates, previously trained by FORWARD on women's sexual health, and are qualified to provide emotional support and safeguarding for women and girls experiencing, or at risk of violence.

In total, 20 women were interviewed by the peer researchers. All participants self-identified as women and represented diverse ethnic backgrounds, the majority are women of African background, of an age range from 18 to 64. A detailed sample profile can be found in table 2.

Table 2: Peer interviews sample

Age	Count
18 – 24	2
25 – 34	5
35 – 44	7
45 – 54	5
55 – 64	1

Ethnicity	
Sudanese	8
Somali	4
Eritrean	1
Algerian	1
Senegalese	1
Asian	1
Kuwaiti	1
Ivorian	1
Congolese	1
Tanzanian	1

We used the peer research approach as a means to actively involve members of the communities in most aspects of the research process. This helped to establish a more reciprocal relationship between researchers and participants than might exist in other forms of research. In addition, in the case of a sensitive topics like domestic violence, the peer approach helped to mitigate some of the power dynamics that can arise between researchers and participants, allowing us to generate much richer data.

The peer research also made it possible to reach a more diverse audience, particularly women who may not be tech-savvy, or who do not have English as a first language. While all peer interviews were conducted primarily in English, peer researchers were provided with translated research materials and were able to use the participants' first language at any point during

the interview in order to ensure that they felt at ease and could express themselves freely and comfortably. Due to the highly sensitive and personal nature of the topics discussed, the interviews were not recorded. Instead, detailed notes were taken during the interview and a comprehensive interview script was created directly following the interview.

Consent

Consent from participants was obtained in verbal form. Throughout the research, participants were provided with opportunities to ask questions or to seek clarification on any aspect of the research. This ensured that participants could easily engage with, or end their involvement, in the research at any time. After the interviews, participants were offered a 'debrief' to respond to any support needs touched on during the research process. They were also offered contact details of the support services available in their local area. Finally, the participants received gift vouchers as a gesture of thanks for giving their time to the research project.

Data analysis

The quantitative data was collected and analysed using Qualtrics. The qualitative interviews were analysed following a thematic approach²³. In order to protect the participants' identities, any personal identifying information such as their names, city of residence and ethnic origin were removed. All the names used in this report are pseudonyms.

The report presents findings from Black and minority ethnic women as a group, the majority of whom are of African background. We recognise that, due to our small sample, we cannot capture the true diversity and nuances of experiences among different ethnic minority communities. Similarly, the insights collected on women's lived experiences were complex and multi-faceted, and as such, it was not possible for this report to provide comprehensive analysis of all the areas covered. The findings presented here provide valuable insights into the wide-ranging issues faced by women. Yet, further research would be necessary to explore some of these issues in further detail.

Results

Main worries and concerns

To capture participants' concerns during the COVID-19 pandemic, we asked them to tell us which issues were currently worrying them a great deal. Mental health issues were the greatest concern for the women taking part in our survey, with nearly three in five (57%) saying they were worried about their mental wellbeing. Concerns specifically about the coronavirus were also widespread, with half the participants (52%) worrying about a loved one contracting the coronavirus and two in five (39%) worried about catching the virus themselves. See Figure 1.

Participants were also considerably worried about the disruption the pandemic had brought to their lives. Common concerns included: having to put life plans on hold (51%), finances and employment (44%), the pandemic's effect on participants' physical health (30%), and being separated from loved ones (24%). In addition, a significant minority worried about the effect that the pandemic had had on their daily routines, such as buying essentials like groceries and medicines (23%), and accessing healthcare services (17%), living conditions, such as overcrowded homes (16%), and childcare and home-schooling (12%). It is worth noting that worries regarding childcare and home-schooling increased to 46% among those living in households with children.

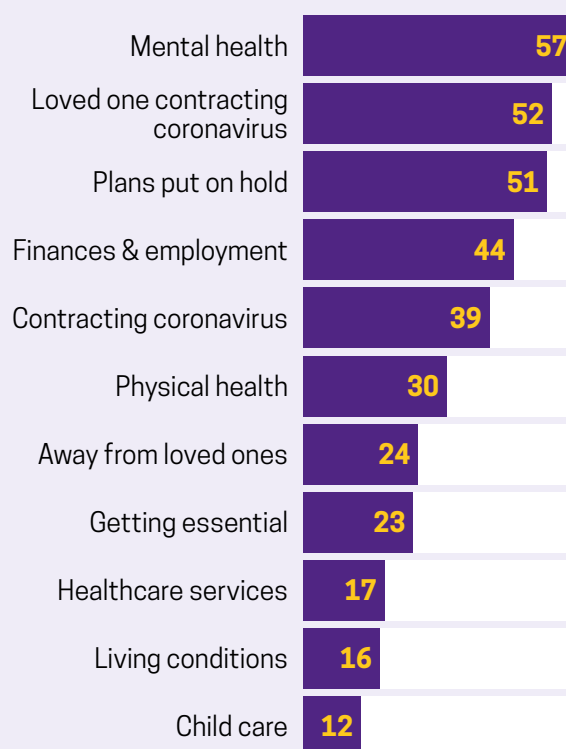
Similarly, and understandably, concerns about contracting coronavirus were higher among participants over the age of 35 (51% vs. 32%). Conversely, those under the age of 35 were relatively more likely to be concerned about finances and employment (56% vs. 26%) and living conditions (22% vs. 5%).

Fears over contracting COVID-19

Justifiably, many women expressed considerable fear and worry over their health and the health of their loved ones. A large proportion of the women participating in the survey were at high risk of contracting COVID-19, or

Figure 1

Percentage of participants worried about these issues 'a great deal'. (N=115)



of passing it on. A third (32%) of participants were key workers, and just under half (46%) lived in households in which other members were key workers. Indeed, many had already been directly affected by COVID-19 at the time of the research. One in ten participants (11%) - a striking proportion - stated that they had lost someone close to them in the pandemic's first wave alone. Nearly two in ten (17%) had seen someone close to them hospitalised.

Many participants were shocked and distressed at the rate of death they saw in their local communities. In the words of one participant, "death was everywhere." (Lina, age 45-54). The common experience of losing



friends and neighbours to the coronavirus created widespread fear and panic:

► *“I was very scared. I thought it was the end of the world and I was sure everyone was going to die. I went to see my GP about not sleeping and eating due to fear.”* (Marianne, age 25-34)

► *“I’ve become paranoid with everything I do. Even with little things, such as emptying my rubbish bin.”* (Munira, age 35-44)

Many mothers also spoke of the fear they felt for their children: “I was scared for our children, and whether they are going to get the virus.” (Amira, age 25-34). Many further described their efforts to keep their families safe, by shielding, self-isolating, abiding strictly by government guidelines and more. At the same time, key workers who could not self-isolate felt continually fearful of ‘bringing the virus home’: “[I] had to phone my family and warn them of my arrival time. No kisses, no hugs, clean myself, my clothes, no one touches me or anything I bring in, to keep my family safe from me.” (Adama, age 45-54). The knowledge that they could be risking the health of their loved ones weighed heavily on them and they were left feeling ‘frightened’ by the experience.



I’ve become paranoid with everything I do. Even with little things, such as emptying my rubbish bin.”

(Munira, age 35-44)

Single mothers with dependent children also faced unique and complex challenges, as they had to consider who might take care of their children if they fell ill, had to isolate or were hospitalised: “my living situation was stressful, worrying and being alert at all times [...]. I was scared for my children - and, if I got ill, who would look after them?” (Habiba, 25-34).

Some participants also revealed that language barriers had greatly exacerbated their fear of catching the virus. The difficulty in accessing reliable, vital information and advice made the whole situation more distressing. Hajar, for instance - who is diabetic and considered vulnerable to the coronavirus - described how the language barrier was adding a great deal to her anxiety:

► *“[It has been] one of the most difficult times in my life. Stress and worry, feeling like I’m going into something unknown, not knowing the language and not getting the right information built up more anxiety. Sleepless nights and [having] nightmares have not helped.”* (Hajar, age 35-44)

Similarly, Salina emphasised how vulnerable she felt in having to rely on friends to translate information on the coronavirus for her. She explained that it had been a ‘very scary time’ for her as a single mother, trying to stay healthy in order to take care of her children:

► *“Having English as second language and being dependent on friends to give correct information has been a very stressful time - and not knowing what is right and what’s not right was difficult. Being a single mum and not having family near has not helped the situation. I needed to stay well and not catch anything.”* (Salina, age 35-44)

Financial challenges

The pandemic had a considerable financial impact on many women in our study, with over a quarter (26%) of survey participants reporting a significant reduction in their household income and one in seven (14%) stating that they were unable to pay their bills or mortgage. This was possibly a result of the fact that nearly a quarter of participants had been furloughed or lost their job (22%), and/or lived with someone who had (24%).

Similar concerns were reflected in the results of the peer interviews. Several women described their financial difficulties leaving them with considerable worry and uncertainty during the pandemic:

► *“I’ve been furloughed [...]. This has impacted on us very badly; it left everyone worried and concerned, because of the uncertainty of steady income, because my job is on the line.”*
(Lina, age 45-54).

Although several women who were put on furlough expressed some relief at not losing their job entirely, they stated that they were still ‘short of money’, living on just eighty percent of their former income. Others faced even tougher financial pressures. Some women, or their partners, who had been in insecure or freelance employment, lost their jobs and came to be dependent on benefits. Their financial challenges were not helped by the reality that financial support often arrived late, with applications for Jobseekers’ Allowance or Universal Credit taking a long time to be processed. Many families were therefore left in a critical financial situation, needing to borrow money from friends or relatives to stay afloat:

► *“My husband lost his job as a security guard, and financially we were both worried about how we [would] make it through. We applied for a jobseeker’s allowance and we knew that would take time, [so] we borrowed money from friends at the beginning of the pandemic - so we could have some back-up in the worst case.”*
(Hajar, age 35-44)

► *“A friend of mine endured the worst financial harshness. She is pregnant, doesn’t have a job, her husband is on a zero-hour contract with no work during*

lockdown. They had no money to provide for their children, so they applied for Universal Credit, but waited 6 weeks before getting a response. Myself and the community had to step in to give them food and money to cope.”

(Gloria, age 45-54)

In some instances, participants’ financial hardship had not only affected their own households, but also those of their families abroad, who relied on them for remittances: “After we pay our bills and food there’s not much left and I have family members living abroad that I need to send money to regularly.” (Nawal, age 35-44). Their inability to support their families abroad posed yet another threat to emotional wellbeing: “No job means no money! I was planning to send money to my mother back home, but this didn’t happen. I was sad because I failed to do so.” (Nadia, age 25-34)



A friend of mine endured the worst financial harshness... Myself and the community had to step in to give them food and money to cope.”

(Gloria, age 45-54)

Several women also spoke of the challenges of becoming the sole breadwinners when their husbands lost their sources of income. This sudden change of responsibility had been mentally and physically draining, and meant that the women were having to work twice as hard as before in order to keep the family to get by:

► *“We had financial problems beyond imagination, but I had to keep on working to cope. My husband had to stop his work as a taxi driver due to coronavirus [...]. With only one income for the household, you go to bed heavy-headed and [wake] up heavy-headed; physically drained by long hours and days of working night shifts,*

but still not making enough money, which had many side effects on family and social life and lack of sleep.” (Adama, age 45-54)

These shifting roles had also taken some getting used to and, often, the women’s relationships with their husbands had been affected: “Our roles have now changed. He [my husband] used to be the main breadwinner but now we rely on my income, and that feels weird. And I worry a lot.” (Nawal, age 35-44). Participants explained that their husbands’ financial dependence on their wives’ incomes, and on child benefits, had left them feeling frustrated and ‘caused problems’ in their relationships (Munira, age 35-44). In some instances, those tensions had led to domestic abuse and physical violence, which we address in more depth on page 19.

Access to healthcare services

Reduced access to healthcare services was a cause of disruption and concern for nearly one in five of our survey participants. Face-to-face services had either been put on hold, or were shifting to online or telephone as a result of the pandemic. These changes in the provision of care created significant new challenges for the women we spoke to.

Naturally, the participants who had been receiving regular care faced the most disruption. Several women’s treatment schedules were changed or stopped altogether, requiring some of them to self-manage their medical conditions.

► *“I was seeing a physiotherapist for my leg, but my treatment was stopped because of the pandemic. I had to manage my pain with exercise at home and painkillers.”* (Salina, age 35-44).

As a result of lockdown, several participants also experienced cancellations and postponements of what, in some cases, were really quite important surgical procedures. Munira, who was suffering from cancer, was told that her planned surgery would have to be *postponed*. “All my appointments [have] been cancelled, and I was supposed to undergo a surgical procedure, this has been postponed.” (Munira, 35-44).

Disruptions of this kind also had a profound impact on the lives of women whose children had complex needs and required regular care. Having to take on these responsibilities fully on their own left them vulnerable to additional stress: “[one of my friends] has a child with disability and is not getting any support or an assistant to care for him, which is putting a huge burden on her, mentally and physically.” (Lina, age 45-54).

Several participants felt that online or telephone-based healthcare services were noticeably poorer at meeting their needs. Lina, for instance, explained how, despite feeling ‘very sick’ with severe pain in her kidneys, she had to get by only with painkillers, which were prescribed to her over the phone. She had nevertheless found solace in the thought that other, more vulnerable people needed the services even more than her: “I just managed to cope on my own because I knew there were people who were more vulnerable; they needed such services more than us.” (Lina, age 45-54).

Some participants suggested that the decline in the quality and accessibility of their healthcare following the transition to virtual and telephone consultations was also related to the language barrier. Participants described how their lack of English proficiency was





I just managed to cope on my own because I knew there were people who were more vulnerable; they needed such services more than us.”

(Lina, age 45-54)

hindering their communication with their healthcare provider: “The language barrier has affected my chance of effective communication with my GP [...]. It was very difficult to explain my symptoms accurately, which resulted in not getting the right help.” (Munira, age 35-44)

The stresses and additional responsibilities arising from their disrupted access to healthcare had a real impact on participants’ mental wellbeing. Some felt that their life had been ‘put on hold’, and that, as a result, they had become more anxious, confused or scared.

Home-schooling

The responsibility for home-schooling during lockdown fell disproportionately on mothers, already juggling the pressures of work, household management, and childcare. In our survey, nearly half (46%) of the women living with children at home felt ‘a great deal’ of concern about their care and home-schooling during lockdown.

With schools being closed at short notice, many mothers felt as if they had to become ‘a teacher overnight’. In Anita’s words: “The schools were closed, and I found it physically and mentally difficult to support myself and [my son].” (Anita, age 25-34). Remote learning placed significant responsibility on mothers to supervise their children and their studies: “I [had] to keep an eye and make sure my boys got up early to register online; I made sure they did their homework. It was an extra responsibility. It was very stressful.” (Lina, age 45-54). Unfortunately, for some mothers, getting their young children to listen to them, or even just to

‘take them seriously’ for home-schooling, was a real challenge (Amira, age 25-34).

These problems were even more acute for the parents for whom English was a second language. They struggled to support their children’s learning, and found themselves growing weary and fatigued. Salina, a mother of two daughters, spoke of how overwhelming and stressful it was to help with her daughters’ daily homework:

► “My daughters were receiving homework online every day, and I had college work to do. Managing all that added to the whole stress, especially as my English is limited. [...] [My daughters] sometimes felt sorry for me, as I was getting tired and sad of the whole situation. I feel so lonely, and it’s been hard.” (Salina, 35-44)

Home-schooling was also especially challenging for families who had recently moved to the UK and whose children’s first language was not English. Esra, for instance, explained that she had received little to no extra support from her son’s school and had consequently struggled to get him to fully engage in home-schooling:

► “Home-schooling is not easy. This period has affected my son badly. He has [a] language transformation problem. He was so stressed because we recently moved from [country] to the UK, in addition to the lockdown! He refused the home-schooling, and that affected him very much.” (Esra, age 18-24)

Remote learning created particularly big challenges for some of the mothers due to their families’ limited access to computers or other devices. This was especially difficult for those with more than one child of school age: “My concern is about home-schooling, especially with providing laptops. I have three children [at] the age of home schooling. This was challenging because there were not enough devices for all of them.” (Asma, age 45-54).

Similarly, another participant spoke of her friend, whose six children had to share their mothers’ mobile phone between them.



I have three children at the age of home schooling. This was challenging because there were not enough devices for all of them.”

(Asma, age 45-54)

► *“I was concerned about a dear friend, who really struggled with home-schooling for her 6 children. All lessons were online, and they had no computer in the house. Children were taking turns to do some homework with the mum’s mobile phone with very poor internet connection.”*
(Gloria, age 45-54)

Many mothers feared that these struggles to support their children’s education would damage their academic progress. Participants described home-schooling as ‘the biggest change’ they have had to adjust to during the pandemic. They found it difficult to help their children with their studies and worried “they will be behind when they go back to school.” (Munira, age 35-44). Several mothers were also particularly critical of the lack of support provided by the schools for parents in their situation. “I didn’t know what to do. I [hadn’t] received any help on how to teach my kids at all, because I didn’t know how to access online teaching resources!” (Munira, age 35-44).

At the same time, although the majority of mothers taking part in our study had struggled with home-schooling, a few participants did not find it to be a big challenge: “no concerns about home-schooling; nothing to worry about. We have the facilities in [our] home to help them for that.” (Reem, age 35-44). Others also found that their children were able to organise their school work on their own, allowing their parents to concentrate on their other responsibilities.

► *“Luckily, my daughter is strong and patient. She accepted the situation and helped me a lot. She has*

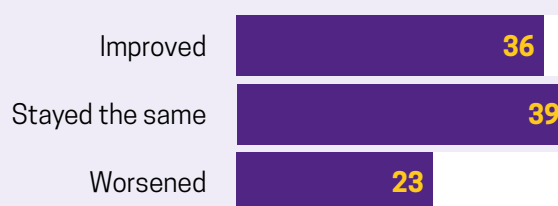
been brilliant, autonomous, self-organised to do her home-schooling work without me. She managed her own timetable, kept her school routine, completed homework posted by school and submitted it online.”
(Christina, age 45-54)

Relationships in the household

The lockdown resulted in many changes to home life. Some families grew closer, while for others, the reduced personal space, or the economic and financial pressures they faced, put their family relationships under strain. On the one hand, nearly two out of five (36%) women participating in our survey stated that relationships with members of their household had improved to some extent during the pandemic. The same proportion (39%) stated that their relationships had remained the same. Nearly a quarter (23%), however, felt that their relationships with others their household had become ‘somewhat’ worse, or ‘much’ worse. See figure 2.

Figure 2

Percentage of participants who felt their relationship with people in the household improved, stayed the same, or worsened. (N=115)



Similar trends showed in the results of our peer study, with the women’s experiences of the lockdown varying widely. Some expressed gratitude for the opportunity to spend more quality time with their partners, children or elderly parents. But for other participants, the lockdown had deeply and negatively affected their relationships with their loved ones.

Spending more time with family

Among the women who had experienced positive changes in their relationships, many found that the lockdown allowed them to spend more quality time with their families: “We spend quality time, we sit down together, talk more, eat and share our thoughts. We prayed daily for people in hospital with the coronavirus [...]” (Gloria, age 45-54). Several participants felt that their relationships with their partners in particular had been strengthened during lockdown: “It’s been a joy, being able to spend this much time with my husband. I feel closer to him than ever.” (Gisele, age 25-34)

Some mothers had also observed that the lockdown had provided a unique opportunity for their partners to spend more time with their children: “We spent more time with each other, especially with my children, as he [my husband] stayed with us for [a] long time, watching TV, having a chat and been closer to each other.” (Sayeda, age 55-64). For several participants, this also meant having their partners at home to participate in childcare:

► “I would say [our] relationship got better, because I was able to get help from [him] with the children, as he was not working as much as before. He would help me to bathe the children and look after them while I was doing things around the house.” (Amira, age 25-34).

► “[Our] relationship has been better, as we spent more time with each other. Especially for my husband, as he stayed with us for long time [...] caring of the kids and helping with housekeeping jobs. He gets very close to his children now. I feel I have strong support from him.” (Reem, age 35-44)

In a similar way, some mothers talked about the ways in which their relationships with their children had improved during lockdown. They felt that they are now much closer to them than they had been before the pandemic: “I spend more time with my kids now, and got to know them better, their behaviour and the way they are thinking.” (Munira, age 35-44). Some mothers were also glad to see that their children have started to support them with the household chores, or eat together on the table with them instead of just “spend[ing] time in their bedrooms, in their little bubbles and social media” (Gloria, age 45-54).

For many women, however, these positive experiences were still tempered by their awareness that others had had a harder time: “not everyone is as lucky as we are.” (Gloria, age 45-54). Moreover, many other participants had experienced their family members becoming progressively more upset and ‘restless’ the longer the lockdown went on, or talked about ‘ups and downs’ in their family relations.

Parent-child relationship tension

For some mothers, relationships with their children had worsened as a result of school closures and stay-at-home restrictions. Their children had sometimes become bored and ‘frustrated’, staying at home for long periods of time and not being able to meet or socialise with their friends. Perhaps inevitably, these feelings often ended up being let out on their parents and other household members. Lina spoke of her struggles with her two teenage boys, describing how communication between them had suffered a great deal as a result of lockdown:

► “My teenage boys were frustrated from the lockdown. They didn’t really listen to me, they argued with each other all the time. They became angry because they didn’t go out with their friends. So, communication between us became impossible. I managed and trained myself to stay calm and not



lose my temper when talking to them. I'm not really happy, but there is nothing I can do about it!"
(Lina, age 45-54)

Salina, similarly, described how lockdown had strained her relationship with her daughters to the point that they had sometimes needed a 'break' from one another: "I would get angry easily if they [daughters] were arguing with each other - and I will send them to their room." (Salina, age 35-44)

Tensions did not just affect children of school age. When the pandemic hit, the closure of universities and workplaces, along with economic difficulties, meant that many of the young women had to move back in with their parents. For some, the experience of supporting their parents was enjoyable and "increased feelings of closeness to them" (Yushfa, age 35-44). For the majority of the young women, however, staying at home with their parents had led to various tensions and challenges. Concerns about personal space, privacy, and the generational and cultural gap between parents and their adult children were commonly mentioned.

► *"Cultural pressures are placed on me [by my parents], who are aware of how I do not marry up to the cultural stereotypical view of women and their role in the household. [They] use all the time I am working from home to make me aware of how I fail to fit their mould."*
(Anuradha, age 18-24)

Other young women also talked about their need for independence and their parents' difficulties in comprehending this need at times: "My father is not used to me being back home and has a hard time coping with my need for independence as an adult". (Jasmine, age 25-34). Another participant explained that "it can be an odd balance of wanting to respect your elders in your household but then feeling like you're infantilised and not treated like an adult. Your independence is kind of taken away from you." (Angela, age 25-34).

Strained husband-wife relationships

According to participants, the various frustrations caused by lockdown, especially reduced incomes and financial difficulties, had disrupted many couple relationships: "In the community, so many terrible



My father is not used to me being back home and has a hard time coping with my need for independence as an adult".

(Jasmine, age 25-34)

things happened. Many couples separated, family breakdown." (Gloria, age 45-54). In addition, many of the women faced challenges themselves when their husbands had been off work and had to stay home for long periods of time. The stress felt by their husbands had impacted the moods and wellbeing of the rest of the family:

► *"My husband was becoming more restless, and the fact he had been off work added more stress to all of us, as he was constantly worried about the whole new situation that he was facing. Even spending time with us was challenging for him, as he was not used to being with us that long. [...] Being around him was challenging, as I would not know what mood he would be in. He could be grumpy or moaning about little things and that sometimes could cause arguments between us".*
(Hajar, age 35-44)

► *"Every day is different, depending on the mood of mine or my husband. A small argument could lead to bigger ones for no reason, but still we always tried to manage the situation, as one of us will keep calm. I feel as I often was the one who will check on everyone and try to go [the] extra mile to fix the situation and get everyone on [a] better mode. I often made special food or baked, and wanted always to create a nice atmosphere for everyone. I never put myself first; my first priority is my children, and their needs and wellbeing." (Nawal, age 35-44)*

In some couples, such tensions had escalated into instances of domestic abuse, as detailed in the next paragraph.

Domestic abuse

An alarming seven per cent of the women participating in our survey had experienced some form of domestic during the first lockdown. This included psychological abuse, such as gaslighting (i.e., causing a person to doubt their own memory or reality), manipulation, control over their money or movement, and restricting their access to family and friends. A devastating one per cent reported experiencing physical harm.



Some of my friends' husbands lost their jobs and stayed home. They started fighting all the time over money, they wanted to control the little money they received from child benefits or child tax credits."

(Nadia, age 25-34)

Similar, alarming accounts emerged from the peer research. Many of the women spoke of friends who had experienced psychological and physical mistreatment at home. In some cases, they felt that the 'true colours' of these women's husbands had been revealed by the challenges of lockdown and financial troubles. One participant put it succinctly: "[Husbands] who are self-employed have stopped working and lost income. [So], they became dependent on their wives and children's benefits, and this has caused problems." (Munira, age 35-44).

Having lost their jobs and their ability to provide for their families, some men reportedly took out their frustrations on their wives and children, attempting to exert more control over them and any financial support their households received. "Some of my friends' husbands lost their jobs and stayed home.

They started fighting all the time over money, they wanted to control the little money they received from child benefits or child tax credits." (Nadia, age 25-34). Another participant described how the lockdown had made things worse for one of her close friends: "Her husband doesn't help around the house but controls child benefits [and] tax credits". She explained that in spite of this, her friend "accepts the situation, for fear of violence. She doesn't dare having any conversation with him, or ask him to provide for the family." (Gloria, age 45-54).

Many participants warned that some women in their community felt unable to leave their husbands or to speak out, and were often 'suffering in silence'. They suggested that these women "need help with building their confidence" if they were to have the courage to seek support for their situation (Nawal, 35-44). The participants also knew of many women who had allegedly refrained from seeking professional help out of fear of judgement from their relatives or the wider community if their situation became known. Despite experiencing physical violence from her partner, a friend of one participant was reluctant to seek formal support, for fear that it might harm her marriage or invite judgement from her wider family and community:

► *"My friend's husband was violent and hardly [ever] in a good mood. The couple had no job, no money, no internet and too many kids to feed and look after. Her husband was so frustrated of not working that he treated her and the children badly. Last time I saw her, she had bruises all over her face, but she refused to tell me what happened. She knows where to go for help, but refuses to do so, because of pressure and fear of judgement from the family and the community."* (Gloria, age 45-54)

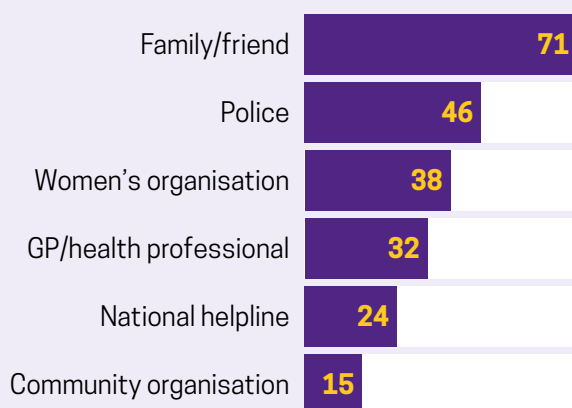
Seeking support for domestic abuse

Indeed, when it came to seeking support if they felt unsafe, while a majority (71%) of women in the survey said that they would speak to close family and friends, not all thought that they would seek professional help. Less than half (46%) would call the police, while two in five (38%) would go to a women's organisation, and a third (32%)⁸ said that they would speak about it to their GP or health professional. One in four (24%)

stated that they would call the national helpline and one in seven (15%) would contact a community organisation. See Figure 3.

Figure 3

Percentage of participants who would seek support from the below sources. (N=95)



In our peer study, similarly, many participants stated that they would turn first to close family members or friends for support, because of the trust that they had in them: "If I ever feel bad or unsafe, I will go to my family because they are the people I trust the most and [who] have my best interests at heart." (Khadija, age 18-24). Some also explained that they would be less likely to seek professional help because they worried that it would not be capable of understanding their situations: "I know there are organisations that would help, but I will ask close friends to help. Because sometimes, organisations feel like they don't understand the culture of our marriage life." (Nawal, age 35-44).

At the same time, several of the women we interviewed stated that they were open to seeking the support of third-party organisations when they could be confident that these services were able to provide for the needs of their ethnic groups.

► "If I ever feel bad or unsafe, I would seek support from an organisation called [name removed]. This organisation knows about problems related to families and they can connect me with many other organisations/services. This is a service I used

A small number of participants did state, however, that they would be more likely to call the police if they felt very unsafe or at imminent risk.

Mental health and wellbeing

The mental health of many women in our study had deteriorated over the course of the pandemic. Over half (53%) of survey participants said that their mental wellbeing was somewhat worse, or much worse, at the time of research compared to how it had been before the pandemic. Nearly three in ten (27%) said their wellbeing had remained the same, while just under one in five respondents (17%) said that it was somewhat better or much better than before. See Figure 4.

Amongst the participants, the women aged 35 or more were a little more likely to report that their mental wellbeing had worsened (60%), compared to those under 35 (49%).



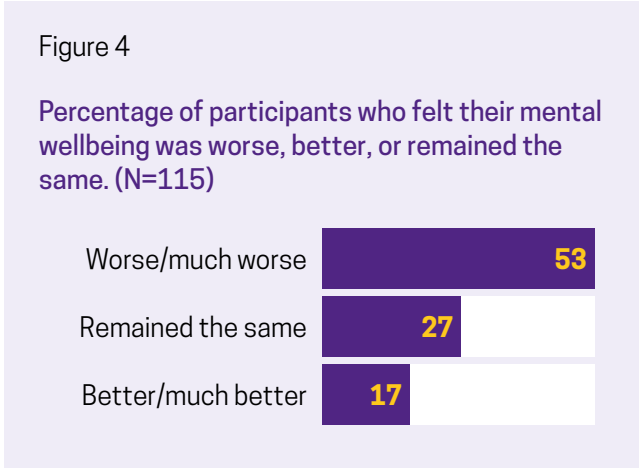
The pandemic made me feel very vulnerable and insecure. I'm usually very confident and outgoing, but the pandemic has changed the way I am."

(Salina, age 35-44)

Similarly, the women's struggles with mental health featured strongly in our peer interviews. Many observed that the myriad challenges they had faced as a result of the pandemic - from drops in income and difficulties accessing healthcare to strained relationships at home and childcare-related challenges - had contributed to a deterioration in their mental wellbeing. Quite understandably, these various pressures had caused them to experience great stress, fear and anxiety.

For some participants, the impact on their mental health had been even more serious. A number of participants showed signs of depression, describing a loss of interest in everyday activities, problems with insomnia or nightmares, or reduced appetite: “I had no interest in things, no appetite. I think I had hidden mental health issues. I acted like a robot, doing things for the sake of doing them: work, eat, sleep, repeat.” (Christina, age 45-54). Some participants also felt that their experiences had changed their personality and affected their entire outlook on life: “The pandemic made me feel very vulnerable and insecure. I’m usually very confident and outgoing, but the pandemic has changed the way I am.” (Salina, age 35-44). Another participant had started to question whether her life had any meaning or value: “I was very depressed and bored. I felt my life was worthless. I couldn’t sleep at all.” (Nadia, age 25-34).

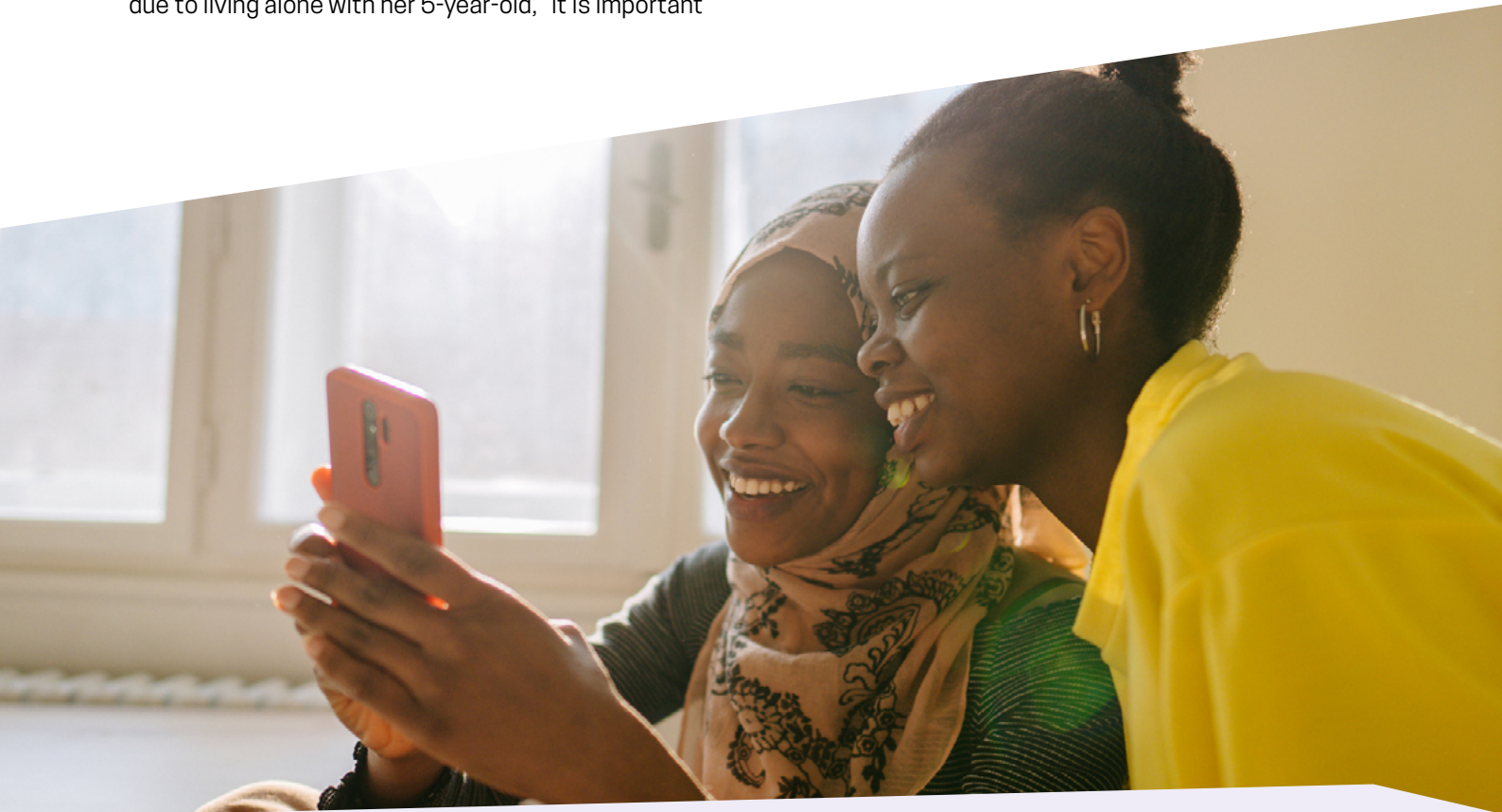
In addition, many participants described feeling a sense of acute loneliness, due to the much-diminished social interaction with friends, relatives, and the community: “Social distancing [made] me more depressed, as people would be staying away from each other. I felt alone.” (Marianne, age 25-34). In some cases, this loneliness also exacerbated existing mental illness. Anita, who already suffered from post-traumatic stress disorder and depression, stated that, due to living alone with her 5-year-old, “it is important



for me to interact with people”. With the need to stay at home for long periods of time during lockdown, not seeing any friends or family, she and her son had been left to “struggle together”. (Anita, age 25-34)

Taking care of their mental wellbeing

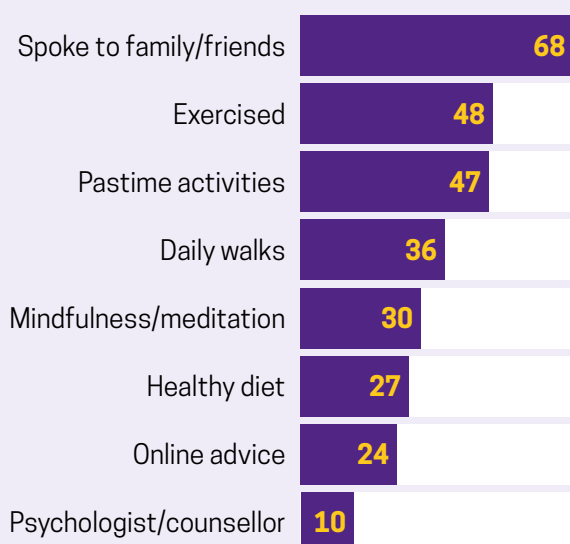
Despite the challenges they had faced, many of the women in our study women had shown strength and resilience, and found ways to help them cope. When asked what they were doing to support their mental



health, the majority (68%) of those surveyed said they spoke to family or friends as a coping strategy. Other activities mentioned included exercising (48%), pastimes like playing an instrument or learning a new language (47%), daily walks (36%), practising mindfulness (30%), and maintaining a healthy diet (27%). Nearly a quarter of the participants (24%) had read online resources on mental wellbeing. Only a small minority (10%) had sought professional help from a psychologist or counsellor. See Figure 5.

Figure 5

Percentage of participants doing these activities to support their mental health. (N=114)



Similar themes were reflected in our peer study. Many of the women felt that staying connected with loved ones had helped them to cope: “I have been on video calls every day to talk to family and friends: for moral support and checking on each other.” (Munira, age 35-44). When they were able to, some had also looked to have socially-distanced outdoor conversations with friends or neighbours: “My friends started visiting me and standing by the door to talk to me every evening.” (Marianne, age 25-34).

As with the survey’s findings, many peer study participants took up physical exercise or hobbies: “I started to read novels again. I started baking with

my children and cooking as well.” (Lina, age 45-54). Others had “stopped watching TV”, because of the “depressing” and “constant sad news”. (Christina, age 45-54).

Some women also said that they found a feeling of safety and comfort in their faith and spirituality. They felt that reading the Bible or the Quran, or meditating, had brought them closer to God. Joining online prayer sessions was felt to give them a sense of community:

► *“Throughout the pandemic I got closer to God, my belief kept me going. Me and my daughters, being members of a church, we prayed every evening online as a group.”*
(Salina, age 35-44)

► *“I was praying and asking God for help in this difficult situation that we are in. And meditating, to keep thoughts and feelings in order.”*
(Sundus, age 35-44)

As in the survey results, our peer research found that, despite the high number of women who had struggled with their mental health during the pandemic, only a small minority sought professional help. These participants had often already been in contact with the organisations they called on prior to the pandemic. They said that the support they received made them feel ‘valued’ and ‘not forgotten’. The main barrier to seeking professional help, according to some of the participants who had not done so, was the lack of services available in their first language. A few women also cited the difficulty of accessing such professional services remotely.



I was praying and asking God for help in this difficult situation that we are in. And meditating to keep thoughts and feelings in order.”

(Sundus, age 35-44)

Need for additional services

Despite the steps that many survey participants had taken to support their mental health, when asked which support services they considered to be an urgent need, almost half (49%) of the women named emotional support, such as therapy and counselling. See figure 6.

This pressing demand for mental health support was also evident in our peer interviews: “What’s urgently needed now - and to be consolidated in the future - is to get counselling to people on what most of us are going through because of the coronavirus pandemic.” (Gloria, age 45-54). At the time of the research, as lockdown restrictions were gradually being lifted, some participants also expressed an interest in accessing counselling services that could help them to manage and cope with the ongoing COVID-19 situation on a day-by-day basis.

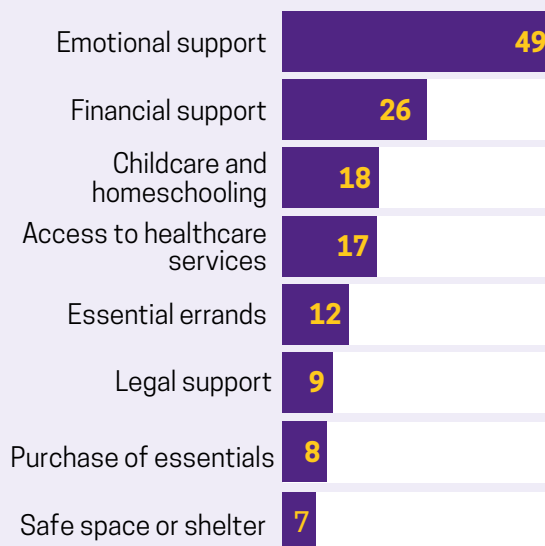
The importance of mental health support for key workers, who had little-to-no opportunity for rest throughout the pandemic, was also emphasised. Christina, a single mother and care home worker, stressed that key workers needed to “recharge their batteries, or risk being worn out”. She added that the mental wellbeing of health staff at her workplace often came as a ‘secondary priority’, and that they were rarely shown empathy or provided with necessary emotional support. (Christina, age 45-54).

A further urgent need, mentioned by a quarter (26%) of survey participants, was financial support. Many families had been hit financially by the pandemic, and, several of the women interviewed considered job opportunities to be an urgent need for their households. Above all, they wished to regain the financial stability that they had enjoyed prior to the pandemic: “The support I need is for my husband to be able to get back to work as before, and be stable financially like before.” (Amira, age 25-34). Among those participants who had lost their jobs during the pandemic, some expressed a desire for further training, to help them regain confidence and find new employment.

A need for further support when accessing healthcare services was also felt by a significant number of participants, with nearly one in five (17%) describing it as ‘urgent’. Moreover, the importance of resuming face-to-face healthcare services and GP consultations

Figure 6

Percentage of participants who consider the following to be an 'urgent need'. (N=99)



featured strongly in our peer interviews. This was especially the case among women who had health issues that required regular care but were struggling with telephone consultations, due to the language barrier. That being said, several other participants were also keen to switch back to physical healthcare services because they had found them to be more effective than telephone-based services.

Similarly, critical support with childcare and home-schooling was described as an urgent need by one in five participants (18%). In particular, some suggested that the provision of basic training in online schooling would benefit mothers who had struggled to access it for their children. Related to this, some participants noted that ‘catch-up classes’ could be needed by the children whose learning progress may have been affected by home-schooling.

Finally, a smaller number of participants listed further needs, such as help with their essential errands like food shopping and medicine collection (12%), and legal support (9%). A small but significant minority (7%) expressed an urgent need to access a safe space or shelter.

Reflections and recommendations

The results of our research show how multi-faceted the impact of the pandemic has been on many women of African background and other ethnic minority communities. Mental health, financial struggles, strained family relationships and cases of domestic abuse are all among the key areas that evince a need for urgent action and further investigation. We put forward recommendations on how these issues could be addressed. Some of these recommendations were expressed directly by the women who took part in the study.

Financial and employment support

Black and minority ethnic households have suffered disproportionately from job losses and financial difficulties during the pandemic, and were already twice as likely to be living in poverty compared to white families²⁴. Indeed, a significant proportion of the women participating in our research had been hit hard financially by the pandemic.

Many stated that they had suffered a substantial reduction in their household incomes, in some cases to the extent that they were no longer able to pay their bills or their mortgages. Those who were already in precarious and insecure employment generally lost their jobs. Women who had been put on furlough - while they expressed some relief at not losing their job entirely - were still 'short of money', living on just eighty percent of their former income. For some, these financial difficulties were further complicated by delays in processing Jobseekers' Allowance or Universal Credit applications. In such desperate times, community members turned to each other for financial support, where they could, in order to stay afloat.

The government's recent termination of the COVID-19 support measures, including the furlough scheme²⁵ and the £20-per-week temporary increase in Universal Credit²⁶, has threatened to put almost 1 million people who are already vulnerable into even more financial uncertainty. It is expected that women, and Black and minority ethnic households in particular will suffer from the termination of these measures²⁷.

Urgent action is required from the government to ensure that there is an adequate plan to help these groups to recover from their financial hardships. For instance, those who have been made redundant following the end of the furlough scheme should be supported in finding new work. Furthermore, lifting, or at least suspending, the two-child limit in social security benefits²⁸, as well as benefit caps²⁹, which significantly affect low-income families³⁰, should be considered in order to help the most financially vulnerable families. Scrapping 'No Recourse to Public Funds' during the crisis, regardless of UK residency status, will also be essential in order to support migrant families, the majority of which are headed by single mothers. Concurrently, investment in signposting and referrals for existing financial support services must be stepped up, in order to mitigate the structural and language barriers that currently exist. This will ensure that all the UK's communities are aware of and able to easily access the available support.

More broadly, and as we move closer to the tail end of the pandemic, addressing existing economic inequalities must be at the core of the UK's post-pandemic recovery plans. Black and minority ethnic communities, especially women, are already over-represented in the lowest-paid and most insecure occupations¹⁰. They are often forced to take jobs below their qualification level and face discrimination that prevents them from enjoying the same career

progression as other groups³¹. As a result, they are experiencing an unparalleled socio-economic crisis during the COVID-19 pandemic. Immediate and effective action must therefore be taken to protect against further disproportionate unemployment, and to mitigate the long-term economic impact that the pandemic could have on them.

Accessible healthcare services

The pandemic has changed the nature of healthcare provision in the UK, with face-to-face services rapidly being replaced by online and telephone-based healthcare provision. Our study suggests that this fast adoption of the telehealth model has deeply affected the quality of care received by some African diaspora and other minority ethnic women. Restrictions on in-person interactions has, in particular, profoundly impacted those for whom English is not a first language. Communicating their health concerns has been far more challenging online and over the phone, in turn making it harder for them to receive adequate care. This has also been true for women who do not have the digital skills needed to access online resources or platforms.

When digital inclusion is itself an important determinant of health³², such a fast shift to telemedicine will have worsened the existing health disparities between women who are technology- and language-savvy and those who are not. As health services continue to adopt digitisation in the months and possibly years following the pandemic, healthcare providers must ensure that their services continue to cater to the diverse needs and requirements of their patients. To ensure that the quality of their care is not jeopardised, providers must be in a position to guarantee that their patients enjoy the access to internet and digital devices required to use the new services. They must also support their patients in the adoption and use of these technologies, and provide essential language support to those who need it.

Digital access for home-schooling

Our study suggests that the COVID-19 pandemic has negatively affected many school students from Black and minority ethnic families, likely with a profound impact on their learning. We spoke to mothers who struggled with a lack of digital devices, as well as internet instability and inaccessibility. In several instances, their children had been forced to share a device or even borrow their parents' mobile phones in order to access educational resources and to attend their classes. Furthermore, a lack of digital skills, sometimes combined with language barriers, often prevented parents from being able to adequately support their children in their remote learning. Mothers had often been left to navigate these challenges with little-to-no support from their children's schools, leaving them fearing that their children would be lagging behind other students as a result.

Indeed, other recent research supports our findings in showing that Black and minority ethnic students, especially those with Black African and Black Caribbean background, are far more likely than white students to face difficulties with online learning. Reasons identified include limited access to digital devices, adequate internet connections, online platforms, and safe or private space to work³³. Furthermore, limited language proficiency among refugee students and recent immigrants has also been shown to hinder these children's learning progress online³³.

These barriers will inevitably have a compounding effect on existing inequalities in educational attainment, students' ability to succeed, and their needs for intensive catch-up support³⁴. Urgent, short-term efforts are consequently needed to prevent prolonged home-schooling and digital poverty from deepening educational inequality. A major push in the provision of additional catch-up support, such as after-school schemes and summer schools, could help to save some students from falling behind their peers. Access to private and online tuition could also be widened. This could potentially include a review and improvement of the new National Tutoring Programme, which has so far been met with a largely negative response^{35,36,37}. Additionally, as schools

are ideally placed to provide disadvantaged families with additional digital support, they must be better supported and funded to do so.

Digital exclusion reflects the profound inequalities that exist in the UK society and that were made all the more apparent by the pandemic. For the long term government and local authorities must put in place additional strategies to tackle digital exclusion and to move towards a more equitable society. This will require a true commitment to widening access to electronic devices in disadvantaged areas and communities; ensuring affordable and reliable broadband access; and expanding the support services available to improve children's and parents' digital skills.

Culturally sensitive mental health and counselling services

The mental health of many women in our study worsened over the course of the pandemic, and the majority of participants described their mental wellbeing as a source of concern. Worryingly, however, only a few of them had sought out professional mental health support. Many felt held back from accessing such help due to a lack of culturally appropriate services, or the unavailability of support in their first language. Instead, they had often relied solely on the informal support and advice of their close family and friends to manage their mental health.

The lack of nationwide, culturally sensitive mental health services in the UK is already known to be a key obstacle to accessing support among Black and minority ethnic communities^{38,39}. Now, with demand for mental health services soaring due to the pandemic⁴⁰ and members of these minority groups suffering a greater impact on their mental health than their white counterparts, the need for such reliable, specialist services has never been greater.

Third-sector women's and community-based organisations play a vital role in bridging this gap and need to be urgently and appropriately funded to continue their work during the pandemic and beyond. These organisations are trusted in their communities and are able to provide critical mental health support to the most vulnerable, and signpost them to other relevant support services.

In addition to these immediate priorities, post-pandemic recovery efforts should commit to the creation of more equitable national mental health services, to ensure equal access, experience and outcomes for patients of all ethnic backgrounds. This objective should build on new NHS initiatives, such as the Advancing Mental Health Strategy, and include but not be limited to an increase in the ethnic diversity of staff, training of all staff to provide them with better cultural understanding, and a concerted push against structural racism and discrimination in service provision. Such work should also address broader social and economic inequalities that themselves lead to poor mental health outcomes.

Culturally sensitive domestic abuse support services

An alarming seven percent of the women taking part in our research experienced some form of domestic abuse during lockdown. There is reason to fear that many women are 'suffering in silence', the majority not seeking professional help. Indeed, damning statistical evidence shows that Black and minority ethnic women are far less likely to seek professional support and typically suffer abuse for 1.5 times longer before disclosing it and seeking help, compared with white women⁴¹. This is, of course, in addition to the well-documented obstacles that all survivors of domestic violence face.

Our study participants spoke of the fear felt by many women that they would be judged negatively by relatives and their wider community, were they to speak out about domestic abuse. Some also stressed the rarity of culturally-sensitive professional support that was able to take the cultural considerations of their marriages into account. With this in mind, a number of participants expressed an openness to seeking professional help if they could feel confident that it would cater to the needs of their ethnic community. Among the few participants who had sought support, several hailed the local community organisations they had contacted for making them feel 'valued' and 'not forgotten' during the pandemic.

Urgent funding to Black and minority ethnic, community-led initiatives should be a central part

of any effort to raise awareness and combat stigma, as well as to provide culturally appropriate domestic abuse support services. Concerted investment should also be put in local programmes that equip community champions with the skills needed to improve awareness, access, and signposting in their communities. They can serve as key allies in the provision of culturally appropriate help for survivors, and to help build valuable links between communities and support professionals.

Community strength and resilience

In spite of the heavy burdens shouldered by ethnic minority women during the pandemic, they have shown resilience in the face of crisis. Against financial uncertainties, troubled relationships, and a lack of culturally and linguistically adequate support, many have found strength and support from within their communities. Friends and neighbours have stepped

in to help each other financially as best they can, and have relied on each other for information, emotional advice and support.

Community resilience will be fundamental to helping many recover from the pandemic⁴². Local, grassroots organisations are uniquely positioned to help strengthen community resilience in withstanding and recovering from crisis. They are cognisant of individuals and families who face the greatest risk and are trusted sources of advice and support. They equally have the capacity to strengthen community networks, promote access to care, and to act as bridges between communities and national services. It is imperative that the UK government and local authorities work in solidarity and partnership with these local organisations, and provide them with the necessary funding and support. There is a clear opportunity to improve service delivery in this way, and build on the inherent strength and the resilience evident in our research findings.

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