

Caring & COVID-19

Bennett, Matthew; Zhang, Yanan; Yeandle, Sue

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CARING and COVID-19

Hunger and mental wellbeing



Centre for International Research on Care, Labour and Equalities (CIRCLE)
Interdisciplinary Centre of the Social Sciences
University of Sheffield
219 Portobello
Sheffield S1 4DP

<http://circle.group.shef.ac.uk/>
circle@sheffield.ac.uk

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CARING and COVID-19

Hunger and mental wellbeing

Matthew R. Bennett, Yanan Zhang & Sue Yeandle
University of Birmingham & University of Sheffield

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Dr Matthew R. Bennett is Senior Lecturer in Social Policy in the Department of Social Policy, Sociology and Criminology at the University of Birmingham, and leads the [Modelling Care System Costs and Contributions](#) team within the Sustainable Care Programme.

Dr Yanan Zhang is a postdoctoral researcher in the Department of Social Policy, Sociology and Criminology at the University of Birmingham, working in the [Modelling Care System Costs and Contributions](#) team within the Sustainable Care Programme.

Professor Sue Yeandle is Professor of Sociology in the Department of Sociological Studies at the University of Sheffield, Director of the Centre for International Research on Care, Labour & Equalities (CIRCLE) and the [Sustainable Care programme's](#) Principal Investigator.

FOREWORD

PROFESSOR SUE YEANDLE

Principal Investigator, Sustainable Care Programme



Unpaid carers support people who need help to manage everyday activities, usually because of illness, disability or advanced age. Research shows their contribution often has negative effects on their finances, health and everyday activities.¹

In spring 2020, as the COVID-19 pandemic reached the UK, Government introduced sweeping restrictions intended to protect the population. Numerous people, including those 'shielding' due to pre-existing conditions, became more reliant on others, and millions responded to others' needs, some facing difficult pressures in doing so.

This report looks at **carers' use of foodbanks and experience of hunger** in April 2020, and at **changes in their mental wellbeing**. It uses latest data, based on the responses of a large representative sample of the UK's population collected in the *Understanding Society* panel study. Our estimates based on *Understanding Society's* COVID-19 survey (April 2020) indicate that **799,583** carers supporting someone outside their own home had reported COVID-19 symptoms and **60,180** had been tested for the virus.²

The association between socio-economic deprivation and caring, and between caring and poorer mental and physical health, has long been evident in research on carers.³ In [Will I Care?](#) (2019), we showed that caring is a common experience. Greater responsiveness to the needs of families, neighbours and friends is one of the few positive outcomes of the COVID-19 pandemic. In April 2020, **2 in 3 people aged 70+** – and 1 in 3 of all people – received help from family, friends or neighbours.⁴

The **findings in our new study should worry us all**. During the pandemic, carers - especially women and those in some age groups - are reporting more **hunger in their households**, and are **twice as likely to use food banks**, compared with other people. Their **mental wellbeing has deteriorated** since before the pandemic and is lower than that of others.

We shared our findings with our programme partner Carers UK, whose 2020 Carers' Week campaign stresses the importance of [Making Caring Visible](#). Carers UK comments on our findings and makes recommendations at the end of this report.

COVID-19 has brought huge changes that underscore the **need for a step-change in support for carers**. It **cannot be right** for carers to be hidden from view with **declining mental wellbeing** or to face **hunger and food poverty** as they care for those among us who need support in these challenging times. At a time when the Covid-19 pandemic compounds the well-documented pressures they already face, we hope this report will increase awareness of carers and their circumstances.



Helen Walker, Chief Executive, Carers UK

This new research from the Universities of Birmingham and Sheffield could not come at a more important time. Carers UK is pleased to work with Sustainable Care to ensure this work has the impact it needs to improve support provided to carers and their families.

KEY FINDINGS

This report looks at use of foodbanks and experience of hunger in the households of unpaid carers providing care to someone living *outside* their own household in April 2020, during the full '[lockdown](#)' stage of the official UK Government response to the COVID-19 pandemic. It also reports evidence of changes in their mental wellbeing, analysing these by sex, age and employment status.

There were an estimated 6,048,286 adults providing care to someone living outside their own household in the UK in 2020. These carers are an important '**subset**' of all **adult unpaid carers**, estimated to number 10,991,440 people.

HUNGER IN THE HOUSEHOLD

Our analysis shows shocking evidence of the difficulties some carers face:

- **228,625 carers** said someone in their household had gone hungry in the previous week
- Among carers, **women (4.35%) were twice as likely as men (2.45%)** to report this
- Figures were especially high for younger carers, reaching **12.24%** for those aged **17-30**.

FOODBANK USE

106,450 carers (1.76%) said their household had used a foodbank in the past month:

- The figure for **foodbank use by female carers was twice as high** as that for male carers
- Foodbank use in the household was **especially high (8%) for carers aged 17-30**.

MENTAL WELLBEING

We looked at **carers' mental wellbeing in April 2020** and compared it with the same carers' reported wellbeing in the 2017-19 wave of the survey:

- **Carers' mental wellbeing was lower** than that of non-carers in both surveys
- Mental wellbeing was **much lower among female carers** than male carers
- Mental wellbeing was **lower for working age carers**, especially those **aged 17-45**.

Between 2017-19 and April 2020, during the COVID-19 pandemic:

- **Female carers** experienced a decline in mental wellbeing
- The mental wellbeing of **older carers** also declined
- Mental wellbeing declined for carers **in employment** and those **without a paid job**.

About the study

We used data from *Understanding Society*, the UK Household Longitudinal Study [UKHLS], the largest longitudinal household panel study of its kind. In April 2020, *Understanding Society* began a monthly [COVID-19 survey](#) of the socio-economic and health consequences of the COVID-19 pandemic, and a total of 17,450 people participated in the April 2020 wave. We used data from this survey and from the 2017-2019 wave of the regular *Understanding Society* survey. '**Co-resident**' carers (people who care for a member of their own household with long-term illness or disability) **could not be included** in the analyses presented in this report, as they were not identifiable in the April 2020 survey.

CARING and COVID-19

Hunger and mental wellbeing

New analysis of the COVID-19 April 2020 survey and 2017-2019 survey of *Understanding Society* [the UKHLS] shows that:

HUNGER IN THE HOUSEHOLD



3.8%

Carers were more likely than others to report that their households experienced hunger.



2.8%



4.6%

Female carers reported hunger more often than non-carers and male carers.



2.5%



11.2%

Carers aged 17-45 were much more likely to be affected by hunger than other age groups.



FOODBANK USE BY HOUSEHOLDS



1.8%

Carers were twice as likely to report that their households used a foodbank than others.



0.9%



2.0%

Female carers were more likely to use foodbanks than male carers.



1.2%



8.0%

Carers aged 17-30 were especially likely to live in households that use foodbanks.



MENTAL WELLBEING



Carers' mental wellbeing is 4% lower than that of non-carers.



Among carers, women have mental wellbeing 20.5% lower than men.



For carers who are women, mental wellbeing had declined by 12.3% since before the pandemic.



Mental wellbeing is lower among young adult carers than among older carers.



The mental wellbeing of older carers had also declined since before the pandemic.

In this document, all references to 'carers' are to people in the UK who are **unpaid carers for people who live outside their home**.

Hunger and care during the COVID-19 pandemic

Unpaid carers are more likely to have experienced hunger.

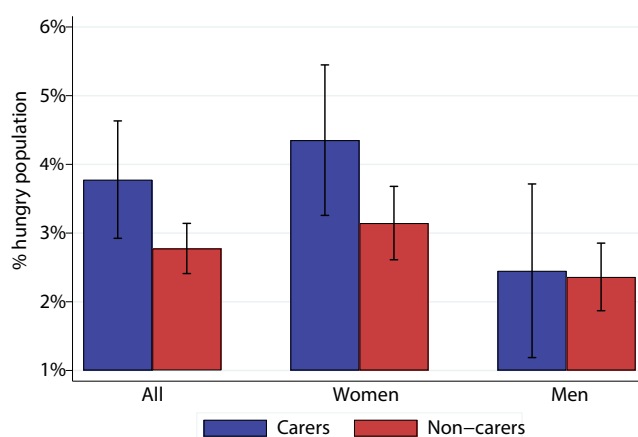
Data from the April 2020 COVID-19 *Understanding Society* survey show that, compared to other adults, adults who provided unpaid care to someone outside the household who was sick, disabled, or required support in old age were **more likely to live in a household where someone had gone hungry** in the previous week.

Among carers, 3.5% said someone in their household **had gone hungry** in the previous week (*Figure 1*). We estimate that this affected **228,625 carers in the UK** (see Appendix for estimates).

This varied by sex: **4.35% of female carers lived in a household affected by hunger**, compared with **2.45% of male carers** (*Figure 1*).

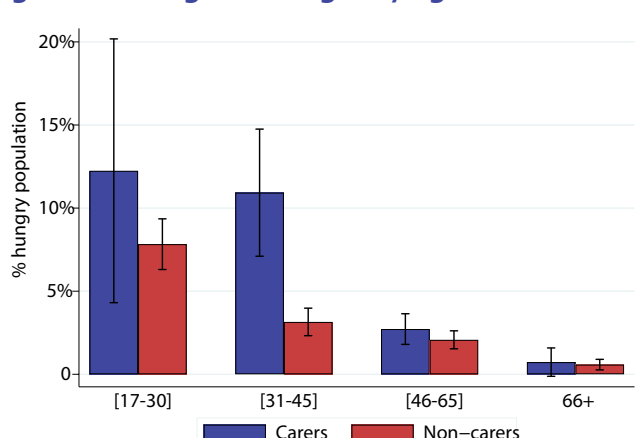
Younger carers were **more likely to live in a household with someone who experienced hunger**; 12.24% of those aged 17-30, compared with 0.73% of those aged 66 or older (*Figure 2*).

Figure 1. Caring and hunger by sex



Source: Understanding Society: Waves 9, 2017–2019, COVID-19 survey: Waves 1, April 2020

Figure 2. Caring and hunger by age



Source: Understanding Society: Waves 9, 2017–2019, COVID-19 survey: Waves 1, April 2020.

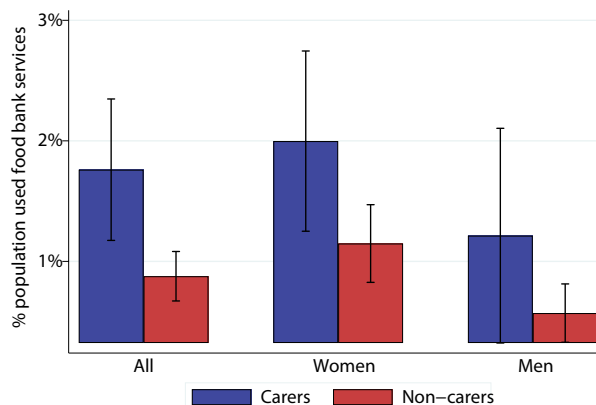
Foodbank use among carers during the COVID-19 pandemic

Carers are twice as likely to use foodbanks.

In April 2020, during the COVID-19 crisis, **1.76%** of carers (approximately **106,450 people**) said their household had used a food bank in the past 4 weeks (Figure 3).

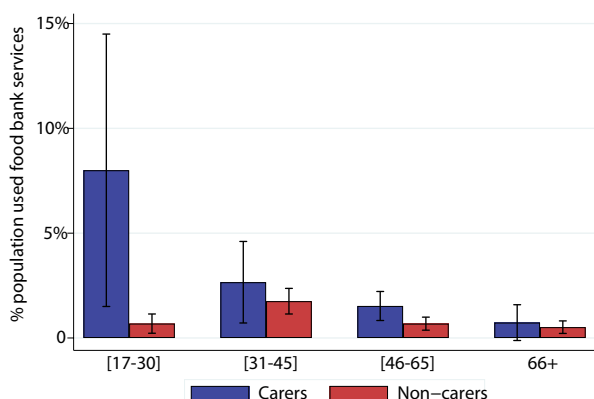
Use of foodbanks varied by sex and caring status: **carers who are women were more likely to live in a household which had used a foodbank** than women and men without caring responsibilities (Figure 3).

Figure 3. Caring and foodbank use by sex



Source: Understanding Society: Waves 9, 2017–2019, COVID–19 survey: Waves 1, April 2020

Figure 4: Caring and food bank use by age

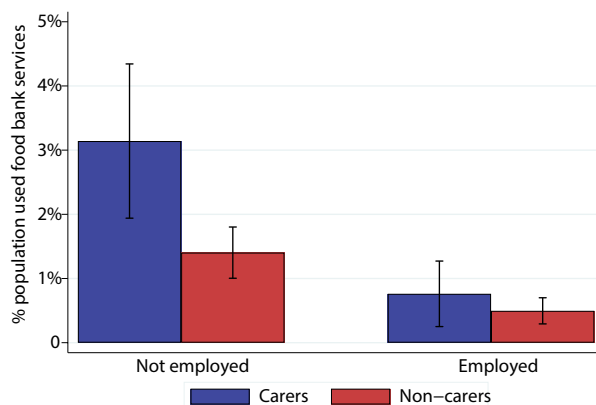


Source: Understanding Society: Waves 9, 2017–2019, COVID–19 survey: Waves 1, April 2020.

Foodbank use also varied by age and caring status: approximately **8% of carers aged 17-30 lived in households that had used a foodbank**, compared with 0.7% of carers aged 66 or older (Figure 4).

Use of foodbanks varied by caring and employment status too: **among carers without a paid job, 3.1% lived in a household that had used a foodbank**, compared with 0.8% of carers who were in employment (Figure 5).

Figure 5: Caring and foodbank use by employment status



Source: Understanding Society: Waves 9, 2017–2019, COVID–19 survey: Waves 1, April 2020.

Carers and mental wellbeing during the COVID-19 pandemic

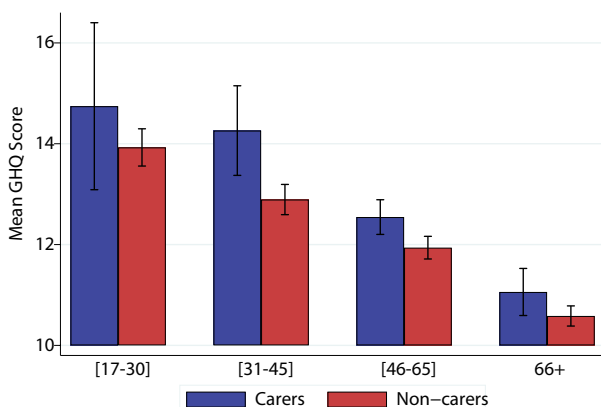
Carers have lower mental wellbeing.

Mental wellbeing was measured using the General Happiness Questionnaire (GHQ) in the 2017-2019 wave and in the April 2020 COVID-19 survey. This uses a 0-36 scale, where **higher values indicate a greater likelihood of experiencing psychiatric conditions**.

Carers had lower mental wellbeing than other people (Figure 6).

This varied by sex: **among carers, women had lower mental wellbeing** than men (Figure 6).

Figure 7: Caring and mental wellbeing by age

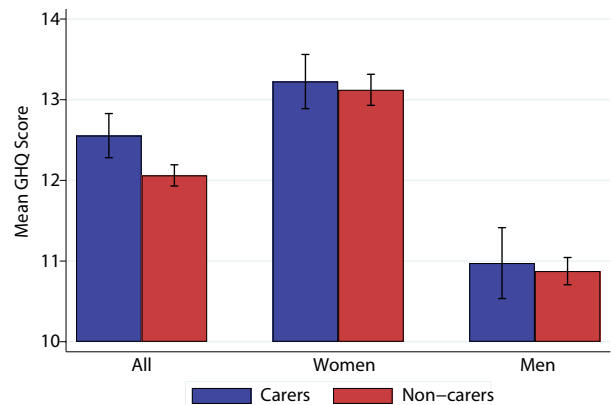


Source: Understanding Society: Waves 9, 2017–2019, COVID–19 survey: Waves 1, April 2020.

Mental wellbeing varied by employment status too: **employed carers had lower mental wellbeing** than other employed people.

Carers who were not employed also had lower mental wellbeing than non-carers who were not employed (Figure 8).

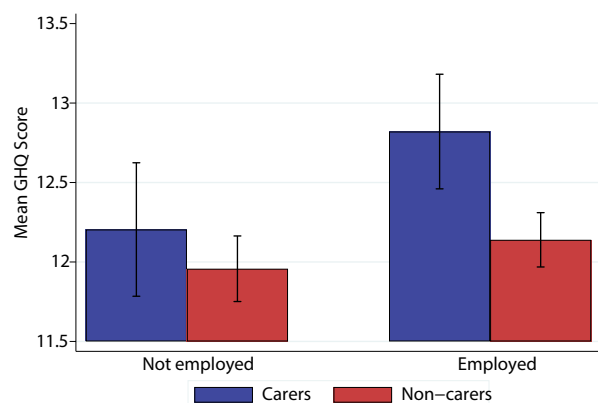
Figure 6: Caring and mental wellbeing by sex



Source: Understanding Society: Waves 9, 2017–2019, COVID–19 survey: Waves 1, April 2020.

It also varied by age: **younger carers had lower mental wellbeing** than older carers (Figure 7).

Figure 8: Caring and mental wellbeing by employment status



Source: Understanding Society: Waves 9, 2017–2019, COVID–19 survey: Waves 1, April 2020.

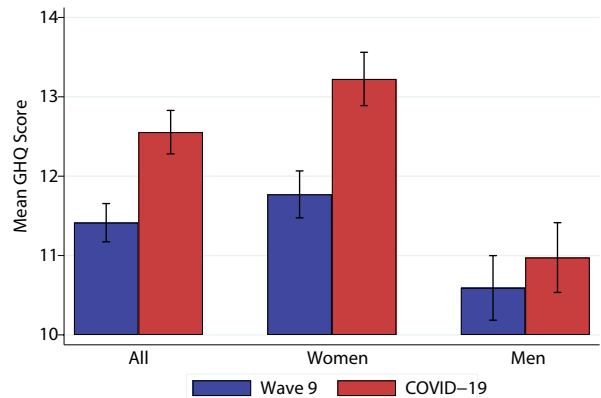
The COVID-19 pandemic and change in carers' mental wellbeing

Carers' mental wellbeing has declined.

The mental wellbeing of carers' had declined at the start of the COVID-19 pandemic compared to before the crisis (Figure 9).

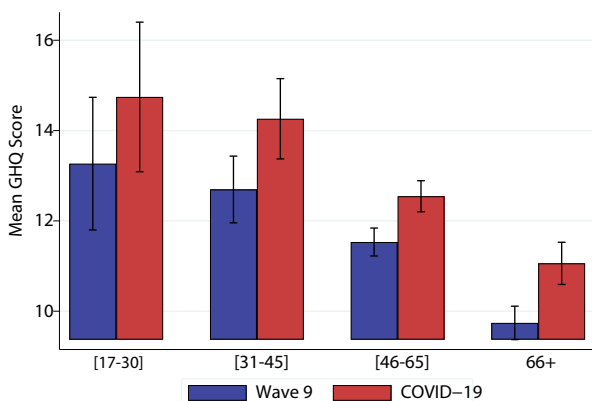
This varied by sex: compared with before the COVID-19 crisis, there was a decline in female carers' mental wellbeing. Carers who are men did not experience a similar decline in their mental wellbeing.

Figure 9: Changes in carers' mental wellbeing by sex



Source: Understanding Society: Waves 9, 2017–2019, COVID-19 survey: Waves 1, April 2020.

Figure 10: Changes in carers' mental wellbeing by age

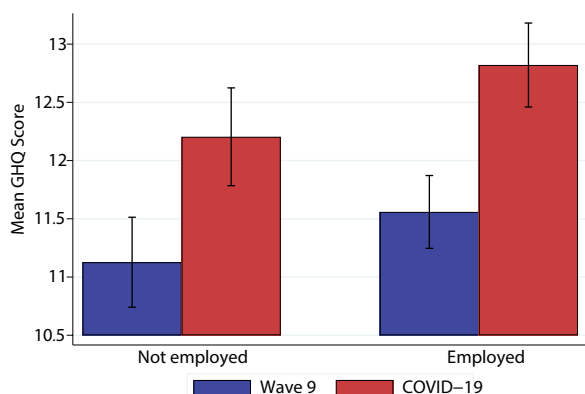


Source: Understanding Society: Waves 9, 2017–2019, COVID-19 survey: Waves 1, April 2020.

Decline in mental wellbeing also varied by age: carers aged 46 and older experienced a notable decline in their mental wellbeing not seen among younger carers (Figure 10).

The decline in carers' mental wellbeing between the earlier period and the COVID-19 crisis is seen both among carers who are employed and those who do not have a paid job. (Figure 11).

Figure 11: Changes in carers' mental wellbeing by employment status



Source: Understanding Society: Waves 9, 2017–2019, COVID-19 survey: Waves 1, April 2020.

Carers UK comments...

Carers UK welcomes these findings, which capture the immense pressures unpaid carers face at this difficult time and the need for urgent action to support them. Even before the crisis, 72% of carers had reported that they suffered [mental ill health as a result of caring](#); 39% were [struggling to make ends meet financially](#). **This new research shows carers are under more pressure than ever.** It covers a particular subset of the carer population (those caring for someone outside their household); its findings resonate with what carers tell us, and our own research on carers in a wide variety of circumstances.

In our [Caring Behind Closed Doors](#) report (April 2020), 70% of carers said they were **providing more care** following the Covid-19 pandemic; 55% were **worried about 'burning out'** in coming months. Many carers tell us the responsibility of keeping those they care for safe causes them **huge worry**, especially given reductions in local services. It comes on top of the increased difficulties millions of people who are juggling paid work with their unpaid care are dealing with, many facing being furloughed or made redundant due to the impact of the crisis on the economy.

Given the huge contribution unpaid carers make to the health and social care system, as well as to society more broadly, **it is completely unacceptable that so many are going hungry or having to resort to using foodbanks.** Food insecurity must be addressed to ensure carers can access basic necessities, and to **prevent further negative impact on their physical or mental health.**

Carers UK's own research shows the **vast majority of carers are spending more during the pandemic** due to reduced availability of low-cost food options, paying for equipment to support those they care for and the greater cost of 'staying at home'. Increases above inflation have been made to other benefits, but **there has been no rise in Carer's Allowance** - the main benefit for those caring for 35 hours a week or more. It is still the lowest benefit of its kind at just £67.25 per week (2020/21 rates).

These new findings capture the experiences of carers at the end of April this year; although restrictions on everyday life are starting to be eased for the general public, we continue to hear from carers that they are **facing huge pressures. Urgent action is needed** to provide them with the financial, emotional and practical support they need.

Carers UK

Across the UK today 6.5 million people are carers – supporting a loved one who is older, disabled or seriously ill. Caring will touch each and every one of us in our lifetime, whether we become a carer or need care ourselves. Whilst caring can be a rewarding experience, it can also impact on a person's health, finances and relationships. We champion the rights of carers and support them in finding new ways to manage at home, at work, or in their community.

Carers UK is here to make sure that no matter how complicated your query or your experience, you don't have to care alone. We provide information and guidance to unpaid carers on a range of subjects. You can contact our helpline on 0808 808 7777 or by email advice@carersuk.org, or visit our website at www.carersuk.org

Carers UK's recommendations

In the short term, Carers UK recommends that Governments across the UK:

- ***End carers' financial hardship***

The UK Government should immediately increase the basic level of Carer's Allowance, and provide a one-off Coronavirus Supplement [£20 pw], matching the rise in Universal Credit.⁵ Governments across the UK should also consider establishing support funds to help carers facing greatest hardship.

- ***Ensure systems are in place so all carers can access food***

Governments across the UK should continue to work with supermarkets, voluntary organisations and local government to help identify those most at risk and prioritise them for home deliveries and support. Each government in the UK should also bring forward schemes, if they have not done so already, to identify carers and help them to access food more easily.

- ***Increase investment in mental health and wellbeing support for carers***

Increased funding for mental health and wellbeing services should explicitly include carers, who are more likely to experience anxiety and mental health conditions.

- ***Reinstate services that support carers and the people they care for***

The impact of reduced services as a result of the coronavirus outbreak should be closely monitored and reported on, in terms of carers' health, wellbeing and ability to care. Where possible, local services should be reinstated / reopened, to ensure carers can take a break from their caring role, and look after their own health and wellbeing.

In the longer term, as we move beyond the current crisis, Governments across the UK must:

- Increase recognition of unpaid carers' role and the financial and other support they get
- Make social care a priority for funding, ensuring it delivers vital support to people who need it and that the NHS systematically identifies and supports carers
- Improve carers' rights to take time off to juggle work and care
- Ensure the needs of carers and those they support are fully considered in recovery plans.

Appendix

- Unpaid carers were identified by combining data in the COVID-19 April 2020 wave with data in wave 9 (2017-19) of *Understanding Society*. Wave 9 asked people if they provided care to anyone outside the household who was elderly or had a long-term illness or disability. The COVID-19 April 2020 wave asked respondents about care for persons outside the household (data on their age, long-term illness or disability status were not collected). **People who answered 'Yes' to both questions are the (unpaid) carers providing care outside the household referred to in this report.** Care provided to someone within the respondent's own household was not reported, so total care provided will be greater than shown here.
- Unless otherwise stated, all data are for the UK.
- The 90% confidence interval is displayed in the figures.
- All differences and changes reported between groups or over time are statistically significant (5% level).
- The use of food bank services variable is based on the question "How often has your household used a food bank, or similar service, in the last four weeks?" The options are 1 Never, 2 Less than four times, and 3 Four times or more. We combined categories 2 and 3 to analyse any use of a foodbank compared to no use.
- The hunger variable is generated based on the question "Thinking about last week, was there a time when you or others in your household were hungry but did not eat?" The options are: 1 Yes and 2 No.
- We define the respondents as employed if they reported that they were employed or self-employed.

Population estimates

- The UK's population of people aged 16+ in 2020 is estimated to be **54,440,018** people (ONS 2018-based [National Population Projections](#)).
- We estimate, based on wave 9 [2017-2019] of the UKHLS, that in the UK **6,048,286 adults** (11.11% of the population aged 16+) provide care outside the household.
- We estimate, using the UKHLS April 2020 COVID-19 survey, that **228,625 carers** aged 16+ who provided care to someone outside their household **experienced hunger in their household** (3.78%) at least once in the week before their interview.
- We estimate, using the UKHLS April 2020 COVID-19 survey, that **106,450 carers** supporting someone outside their household (1.76%) **used a food bank at least once** in the four weeks prior to interview.
- We estimate that **799,583 extra-resident carers** (13.22% of those who care for someone outside the household) had **experienced COVID-19 symptoms** and that **60,180 extra-resident carers** (0.995%) had been **tested for COVID-19** by the end of April 2020.

Table 1. Summary of population estimates

Geography	All people	Carers ⁶	Estimated number of carers experiencing			
			Hunger in household	Foodbank use ⁷	COVID-19 symptoms	COVID-19 test
UK	54,440,018	6,048,286	228,625	106,450	799,583	60,180
England	45,799,651	4,895,653	177,414	80,802	704,643	46,055
Scotland	4,546,419	607,651	24,469	8,102	55,241	7,892
Wales	2,588,937	323,332	6,599	16,167	31,090	3,109
Northern Ireland	1,505,011	180,970	13,242	-	18,939	2,104

Source: *Understanding Society*: Waves 9 (2017-2019), COVID-19 Survey Wave 1, April 2020; ONS National Population Projections (2018-based).

Appendix

Table 2. Descriptive statistics for hunger, foodbank use, GHQ, COVID-19 testing and symptoms among carers and non-carers by age, sex and employment status.

		Caring	N	Hunger	Foodbank	COVID-19 Symptoms	COVID-19 Testing	GHQ COVID-19 WAVE-9	
	Full sample	Yes	1,323	3.78%	1.76%	13.22%	1.00%	12.55	11.41
		No	5,369	2.78%	0.88%	11.41%	1.12%	12.06	10.94
Sex	Female	Yes	929	4.35%	2.00%	13.14%	0.81%	13.22	11.77
		No	2,834	3.15%	1.15%	11.33%	1.27%	13.12	13.15
	Male	Yes	394	2.45%	1.21%	13.41%	1.41%	10.97	10.59
		No	2,535	2.36%	0.57%	11.50%	0.95%	10.88	10.91
Employment	Employed	Yes	764	3.46%	0.76%	14.61%	1.26%	12.82	11.56
		No	3,084	2.83%	0.50%	14.76%	1.60%	12.14	12.19
	Not employed	Yes	558	4.23%	3.14%	11.32%	0.70%	12.20	11.13
		No	2,279	2.71%	1.40%	6.57%	0.55%	11.96	11.56
Age	17-30	Yes	47	12.24%	8.00%	8.77%	1.75%	14.74	13.28
		No	810	7.83%	0.68%	13.39%	0.94%	13.93	11.94
	31-45	Yes	180	10.93%	2.66%	19.50%	1.00%	14.26	12.70
		No	1,179	3.15%	1.75%	16.58%	1.59%	12.89	12.96
	46-65	Yes	827	2.72%	1.53%	13.50%	1.14%	12.55	11.53
		No	1,848	2.07%	0.68%	12.05%	1.38%	11.94	11.98
	65+	Yes	269	0.73%	0.73%	8.70%	0.36%	11.06	9.74
		No	1,532	0.58%	0.52%	5.04%	0.51%	10.58	10.58

Source: *Understanding Society*: Waves 9 (2017-2019), COVID-19 Survey Wave 1, April 2020.

Table 3. Population estimates for hunger and foodbank use

	Carers	n	(n)Hunger	(n)Foodbank
	Full	6,048,286	228,625	106,450
Sex	Female	3,947,111	171,699	78,942
	Male	2,101,175	51,479	25,424
Age	17-30	450,597	55,153	36,048
	41-45	1,051,192	114,895	27,962
	46-65	3,272,728	89,018	50,073
	65+	1,273,164	9,294	9,294

Source: *Understanding Society*: Waves 9 (2017-2019), COVID-19 Survey Wave 1, April 2020; ONS National Population Projections (2018-based).

Appendix

Endnotes

1 Carers UK (2014) [Caring and Family Finances Inquiry](#); Yeandle, S. and Buckner, L. (2007). [Carers, Employment and Services: Time for a new social contract](#).

2 Estimates are provided in Table 1.

3 Tseliou, F. *et al.*, (2019) Mental health of carers in Wales: a national population survey, *The Lancet*, Meeting Abstracts 394: S92 [https://doi.org/10.1016/S0140-6736\(19\)32889-2](https://doi.org/10.1016/S0140-6736(19)32889-2); Pinquart, M. and Sörensen, S. (2003) Differences between caregivers and noncaregivers in psychological and physical health: a meta-analysis, *Psychology and Aging*, 18: 250–67; Vitaliano, P.P., Zhang, J. and Scanlan, J.E. (2003) Is caregiving hazardous to one's physical health? A meta-analysis, *Psychological Bulletin* 129: 946–72.

4 Benzeval, M. *et al.* (2020), Understanding Society COVID-19 Survey. April Briefing Note: Health and Caring, *Understanding Society Working Paper 11/2020*, ISER, University of Essex.

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6 Carers in this study were providing care to persons outside their own household.

7 Data are not available for foodbank use in the UKHLS for Northern Ireland.

About the research

Sustainable Care

The *Sustainable Care: connecting people and systems* programme is a multi-disciplinary Economic and Social Research Council-funded research programme (2017-2021) exploring how care arrangements, currently 'in crisis' in parts of the UK, can be made sustainable and deliver wellbeing outcomes.

It aims to support policy and practice actors and scholars to conceptualise sustainability in care as an issue of rights, values, ethics and justice, as well as of resource distribution.

Sustainable Care is a collaborative research programme, bringing together academics from eight universities and Carers UK, and works with an extended network of national and international policy, practice and academic partners.

About the report

The report authors are Dr Matthew Bennett, Dr Yanan Zhang and Professor Sue Yeandle.

All data analysis was performed by Dr Yanan Zhang and Dr Matthew Bennett.

The report was designed by Dr Kelly Davidge.

T 0114 222 8369

E sustainablecare@sheffield.ac.uk

W circle.group.shef.ac.uk
[@CircleShef](https://twitter.com/CircleShef)



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