



HM Government

# **Equality analysis of social distancing measures, including restrictions on movement and restrictions on gatherings, in response to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in England**

6 May 2020



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# Summary

This document records the analysis undertaken by Departments to enable Ministers to fulfil the requirements placed on them by the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010. This section provides a summary of the analysis as to the impacts of social distancing measures on groups with protected characteristics. Ministers should consider the equality impact outlined in this PSED when making future decisions concerning social distancing.

Government will continue to keep these policies and their impact under review to ensure that disadvantages are minimised wherever possible. Measures will only continue for as long as the level of risk is assessed to be sufficient to justify these negative impacts and will be prepared to edit the guidance or policy to address any undue discrimination that arises.

## **Social Distancing measures**

The measures considered include the government's instructions to the public to:

- self-isolate for 7 days if experiencing symptoms
- self-isolate for 14 days if a household member is experiencing symptoms
- shield the vulnerable (self-isolation for the 1.5m most vulnerable)
- no gatherings of more than two people (not in the same household)
- closure of schools (except for key workers)
- closing certain retail and indoor public spaces
- closing outdoor public spaces
- prohibition on mass gatherings
- stay at home

A detailed annex accompanies this summary which covers the impacts of these measures, as grouped by the effects of the regulation. This summary presents the impacts on the specific groups for the policy as a whole.

## Analysis

### Age

**Older groups:** There are particular impacts on age, including both older and younger people. Of NHS reported COVID-19 hospital deaths, 91% of these were of 60+ year olds, as of 3 May 2020.<sup>1</sup> Older people have been advised to shield themselves and are experiencing a heightened level of social distancing. The government has taken further steps to mitigate the impacts on those shielding, for example, by encouraging them to register for support packages.

Social distancing could disproportionately affect older groups whose only social contact occurs outside of the household, for example at places of worship or community centres. However, there is evidence that older people on the whole report lower levels of loneliness (see below).

**Young people:** In a survey by [Britain Thinks](#), younger respondents were more likely to report that they are not coping as well as usual (42% among 18-24 year olds), with this decreasing gradually by age bracket (among 65+ year olds only 20% reported the same). 1.1m workers under 25 work in sectors impacted by the restrictions - making them about twice as likely to be working in an impacted sector compared to older workers, aged 45-64<sup>2</sup>. However, this does not necessarily translate into the actual impact of the crisis, for which there is very little real-time data. On this question, [Britain Thinks](#) further reported that respondents aged 18-24 were the age group most likely to report being furloughed, on reduced hours or taking obligatory temporary leave (35%).

**Children** and young people at **school and university** will be affected by closures and the cancellation of exams. Young people with special educational needs, those from lower-income families and vulnerable children are particularly negatively impacted by school closures. Regional action teams are working to increase school attendance by vulnerable children, and according to DfE internal data, overall rates have increased from around 6% to 11% since Easter. There are mitigations in place to support learning at home, and schools are accessible to vulnerable children, but there is inequality of access to such resources. [Ofcom](#) (2019) report that both schools and children in deprived areas are considerably less likely to have ICT access than affluent areas.

### Disability

**Shielding policy:** Similar to older age groups, the shielding policy may impact some disabled people more than the general public due to its restrictive nature. [The ONS Opinions and Lifestyle Survey](#) (OPN) (2020) reported that a larger proportion (53%) of disabled adults are more likely to report having self-isolated because of coronavirus, compared with non-disabled adults (32%).

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<sup>1</sup> NHS England and NHS Improvement (2020) COVID-19 all announced deaths 4 May 2020

<sup>2</sup> Living costs and food survey, ONS

**Societal and health impacts:** The ONS OPN (2020) further found that almost half (45%) of disabled adults reported being very worried about the effects of the pandemic on their lives, compared to 30% for non-disabled adults. Nearly two-thirds (65%) of disabled adults said coronavirus related concerns were affecting their well-being, with around a third (35%) reporting they are spending too much time alone (compared to a fifth of non-disabled). The closure of indoor public services such as sports centres, swimming pools, community centres and libraries could have a particular negative impact on disabled people's mental and physical well-being. The government has acknowledged the particular exercise needs of some disabled groups and clarified in guidance that they are permitted to leave the house to exercise more than once a day.

**Economic impacts:** Some people with a disability will be less able to work from home and may be more economically vulnerable - for example there is [evidence of higher use of foodbanks](#) among people with a disability. The government has sought to address these impacts by adapting welfare policies, though disabled people may continue to access food banks in higher numbers than non-disabled adults and with Access to Work, which offers advice and discretionary grants to disabled people, has taken steps to help them work more flexibly during the pandemic, for example, by advising on the transfer of specialist equipment to the disabled person's home.

**Engagement:** The Cabinet Office Disability Unit is closely engaging with a wide range of charities and disabled peoples' organisations representing disabled people, to hear their concerns and understand the impact of Covid-19 on disabled people, including for example ensuring the social distancing guidance and any other government messaging is inclusive and appropriate for all audiences. All Government Departments have been reminded of their duty under the Equality Act, with specific reference to accessibility of COVID -19 related communications.

## Gender reassignment

**Isolation in a hostile environment:** There are concerns around young trans people who are isolated in homes with families who are not supportive of their trans status or gender identity, with implications for physical and mental health. The National LGBT Survey 2017 found that 48% of transgender respondents had experienced a negative incident due to being LGBT or being thought to be LGBT involving someone that they lived with in the 12 months leading up to the survey.<sup>3</sup> Government is in close contact with the LGBT third sector and key frontline organisations which have been adapting their services during the lockdown.

**Mental health:** There is some limited evidence indicating that incidence of mental health problems is high for transgender people.<sup>4</sup> There is also some limited evidence to suggest that trans youth may have a higher prevalence rate of autism spectrum disorder (ASD)

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<sup>3</sup> Government Equalities Office (2018) The National LGBT Survey Research Report, July 2018.

<sup>4</sup> Hudson-Sharp, N and Metcalf, H (2016) Inequalities among lesbian, gay, bisexual and transgender groups in the UK: an evidence review. National Institute of Economic and Social Research

than the general population.<sup>5</sup> The current disruption to usual routines may be of particular challenge to these groups.

**Access to healthcare:** Trans people may have gender affirming surgery and treatment new cancelled or delayed as Trusts that host a Gender Identity Clinic are complying with national advice to prevent face-to-face contact unless urgent. This could have negative consequences for mental health. NHS England has advised GPs on measures to ensure continued access to treatment and prescriptions wherever possible, such as via electronic repeat dispensing. [Comprehensive advice](#) has also been issued.

**Employment:** There is some evidence to suggest that transgender people experience discrimination in the labour market, particularly at the interview stage<sup>6</sup>. This may mean this group is disproportionately impacted by Covid-19 associated labour market disruption.

Limited data is collected by gender identity or trans status which may affect our understanding of the impact of these measures on trans people.

## Pregnancy and maternity

**Societal/health impacts:** Isolation requirements and reduced availability and accessibility of health and other specific services, [for example](#), antenatal groups, will have a disproportionate impact on pregnant women. Mitigations are in place including encouraging these centres to offer support online. New mothers are likely to be vulnerable, given changes in access to support from health visitors, as well as family and friends.

**Economic impacts:** Pregnant women may have particular concerns that maternity leave or returning from maternity leave could lead to higher risk of employment disruption associated with business closures. Pregnant women and new mothers may suffer economically from business closures. The Government has now taken steps to prevent furloughing impacting on maternity pay and allowance calculations, but some women will have started maternity leave before 25 April 2020 when these adjustments were made and so may be disadvantaged.

## Race

**Health risks:** As of 21 April 2020, 16% of those who died in hospitals (whose ethnicity was known) from COVID-19 in England were from minority ethnic backgrounds (excluding white minorities). Ethnic minorities *may* have a heightened risk of exposure to COVID 19: they are thought to be over-represented in key worker roles e.g. 1 in 5 NHS staff are estimated to be from ethnic minorities. People from ethnic minority backgrounds are also more likely to live in urban areas with higher population density and potentially higher Covid-19 transmission. They are more likely to live in deprived areas and/or be affected by pre-existing health conditions (such as diabetes, heart disease, sickle cell anaemia and

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<sup>5</sup> Glidden et al (2016) Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature

<sup>6</sup> Totaljobs (2016) Totaljobs trans employee survey report 2016

cancer). Taken together, these factors increase the risks associated with exposure to Covid-19 infection, severity of illness once caught, and consequently a risk of higher mortality rate. PHE is further assessing this risk and has asked NHS employers to risk-assess all staff at potentially greater risk including those from BAME backgrounds, as a precautionary step.

**Economic impacts:** people from ethnic minority backgrounds make up large numbers of the hospitality, catering, voluntary and care sectors where there is less ability to work from home. Furlough may provide temporary relief to some, but not all those affected. Those who are self-employed, and who run small or medium sized businesses and enterprises are also at greater risk of business closures, although the government has already introduced support to minimise these risks.

**Online abuse:** Right wing extremists (RWEs) appear to be exploiting Covid-19 to target ethnic minority communities and those who would normally attend places of worship to practice their faiths. Recent data shows an increase in hate crime reporting from Muslims, the Chinese and Jewish communities in particular. Anti-hate crime services are developing guidance on how minorities can protect themselves from some forms of abuse.

## Religion or belief

**Access to places of worship:** there is an adverse impact on many people of faith if their place of worship is closed, particularly those with religious festivals at this time, though no religious groups are more significantly impacted than others. In addition to the personal impacts associated with these closures, faith organisations report a general reliance on donations from their congregations to sustain their places of worship. This impact of closures could be further exacerbated where faith organisations are providing frontline support to vulnerable members of their community during the pandemic, for which there is anecdotal evidence. The [government has announced](#) £370m funding available to small and medium charities delivering essential frontline services during Covid-19.

**Funerals and last rites:** As a result of PPE prioritisation, not all the deceased have been able to receive their preferred faith or belief rituals within hospital or care home settings, and some funeral restrictions will have a specific impact on those of faith in a way that is indirectly discriminating. However, we have sought to mitigate some of these adverse impacts by consulting with faith leaders on rules for funerals at this time.

## Sex

**Health impacts:** [Data](#) on death rates suggests that men are more susceptible to the disease, accounting for 60% of deaths so far. However, women may have a heightened risk of exposure to COVID 19 as they are over-represented in key worker roles such as in healthcare; for example, as of September 2019 women represented approximately 78% of frontline staff<sup>7</sup>. Guidance for workplaces has been put in place by the government to

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<sup>7</sup> ONS ASHE 2019

mitigate health risks, and efforts are being made to source PPE materials for health sector roles. However, there is [evidence](#) of shortages of properly fitted PPE for women.

**Economic impacts:** The economic impacts across sex are mixed. There is some indication of marginally higher rates of being furloughed or working fewer hours for men than for women ([24% of men vs 21% of women](#)); however, [IFS analysis](#) of the Labour Force Survey data suggests that one in six (17%) female employees work in closed sectors compared to one in seven (13%) of male employees. There is also [evidence](#) that women are more likely to take on caring responsibilities, and that, of those with children who are working from home, women are spending more time on childcare and home schooling than men in the UK, and therefore may be less able to access opportunities in the workplace.

Lone parent families, who are predominantly female, are also most financial vulnerable to an economic shock.<sup>8</sup>

**Domestic abuse:** restrictions on movement and business closures present significant physical and mental risks to victims of domestic abuse, who are more likely to be women. A package of mitigations has been put in place, including government funding to domestic abuse charities. As of 27 April 2020, calls to the National Domestic Abuse Helpline, run by [Refuge](#), had spiked significantly during the lockdown – seeing an on average increase of around 50% in calls since lockdown measures began.

**Wellbeing:** In a survey by [Britain Thinks](#), female respondents were more likely to indicate that they are not coping as well as usual due to the impact of coronavirus, at 34%, compared to 24% of male respondents.

## Sexual orientation

**Isolation in a hostile environment:** some young LGB people are likely to suffer negative impacts as a result of having to isolate in a hostile environment. They are also likely to find the absence of their support networks from school closures challenging. The National LGBT Survey (2017) found that younger respondents were more likely than other age groups to report not being open about being LGBT with any of the family they lived with (excluding partners) in the last year (42% of cisgender 16-17 year olds and 28% of 18-24 year olds - in comparison, only 16% of cisgender 35-44 year olds stated the same).<sup>9</sup>

**Mental health:** Research has suggested that adults who identify as LGB are twice as likely as heterosexual adults to experience symptoms of common mental health problems, such as symptoms of depression or anxiety.<sup>10</sup> Social distancing may exacerbate these

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<sup>8</sup> Living costs and food survey, ONS

<sup>9</sup> Government Equalities Office (2018) The National LGBT Survey Research Report, July 2018.

<sup>10</sup> Institute for Social and Economic Research (2017) Understanding Society Insights 2017, University of Essex.

problems. The LGBT Foundation has reported that calls to their LGBT+ helpline have doubled during the lockdown.<sup>11</sup>

**Access to healthcare:** A review of evidence, commissioned by the GEO, suggests that LGBT people's dissatisfaction with health services are largely driven by experiences of discrimination, heteronormativity, and a lack of information and/or staff knowledge on LGBT people's health needs. This might mean LGBT people are less likely to try to access healthcare for coronavirus<sup>12</sup>.

Limited data is collected by sexual orientation which may affect our understanding of the impact of these measures on people with a minority sexual orientation.

## Conclusions

The policy to advise older and vulnerable people to take more considerable social distancing measures to shield themselves from the impact of Covid-19 is the only example of direct discrimination we have identified. Based on the current evidence - that this group is far more vulnerable to the disease, these measures continue to be justified.

The assessment has identified that groups with all protected characteristics are disadvantaged by social distancing measures and there are examples of indirect discrimination of the policy. Young people, women, religious groups, disabled people who are not more vulnerable to Covid-19, and people in lower socio-economic groups are particularly disadvantaged by these measures, and will feel these disadvantages more acutely as they continue.

The government's social distancing strategy appears to have been effective in reducing the transmission of Covid-19 and the Prime Minister has announced that we have passed the peak of infections. It is difficult to weigh up the positive health impacts of the social distancing policy against the inequalities it has inevitably exacerbated until more data is available. This would also require a more thorough assessment of the wider health implications of the policy. At this stage we do not find evidence in this assessment that the government's response has been disproportionate in terms of the impacts on inequalities.

This assessment of impacts on groups with protected characteristics needs to form part of a central decision that seeks to balance the disadvantages these groups are experiencing with the health benefits of the continuation of social distancing measures, and the more detailed economic implications of their continuation which, it should be noted, may further disadvantage groups with protected characteristics.

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<sup>11</sup> Pink News, (2020) LGBT+ helpline sees calls double as queer people fear being left with abusive families during coronavirus lockdown March 2020

<sup>12</sup> Hudson-Sharp, N and Metcalf, H (2016) Inequalities among lesbian, gay, bisexual and transgender groups in the UK: an evidence review. National Institute of Economic and Social Research

## Monitoring and evaluation summary

The government is obliged to review the necessity of the measures underpinned in law at least every 21 days, taking into account their effectiveness and impacts of these policies on people with protected characteristics. We will continue to review measures on a rolling basis and ensure that they are not maintained beyond the point at which they can be justified.

# Full Equality Analysis

Equality analysis of social distancing measures, including restrictions on movement and restrictions on gatherings, in response to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in England.

## Introduction

This document records the analysis undertaken by the Department to enable Ministers to fulfil the requirements placed on them by the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010. The PSED is made up of three limbs; it requires the Minister to pay due regard to the need to:

- Limb 1: eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Limb 2: advance equality of opportunity between people who share a protected characteristic and those who do not
- Limb 3: foster good relations between people who share a protected characteristic and those who do not

Ministers should therefore consider the equality impact outlined in this PSED when making future decisions concerning social distancing.

## Brief outline of policy or service

The government introduced emergency legislation and accompanying guidance in response to the serious and imminent threat to public health posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in England. Central to the response is a set of social distancing measures designed to protect public health. The government's social distancing measures have been set out in 10 broad measures.

### **(1) Self-isolation 12/03**

Individuals stay at home (“self isolation”) for 7 days from point of experiencing symptoms, or until better if still unwell after 7 days.

**(2) Household isolation 16/03**

Household stay at home for 14 days if someone else in the house is symptomatic. Individuals continue to stay at home for 7 days from when symptomatic, or until better if still unwell after 7 days.

**(3) Shielding the vulnerable 22/03**

Shielding (effectively stay at home/ “self isolation”) of the 1.5m most clinically vulnerable for 12 weeks - each individual contacted by the NHS.

**(4) No gatherings of more than 2 people 23/03**

No gatherings of more than 2 people in public, excluding from the same household. No social events, including weddings, baptisms and other ceremonies, but excluding funerals.

**(5) Schools 18/03**

Closure of schools from Monday 23 March, apart from children of critical workers and vulnerable children. Guidance in Scotland is higher level with more discretion for local authorities about how they implement this, compared to the rest of the UK.

**(6) Bars and restaurants 20/03**

Closure of entertainment, hospitality (e.g. pubs, restaurants) and indoor leisure premises

**(7) All retail and indoor public spaces, notable exceptions 23/03**

Closure of all retail with some exceptions, with closures including clothing and electronic stores, and closure of other venues such as libraries and places of worship.

**(8) Outdoor public spaces: playgrounds 23/03**

Closure of playgrounds and outdoor gyms.

**(9) Mass gatherings 16/03**

Prohibiting mass gatherings.

**(10) Stay at home guidance 23/03**

All individuals to stay at home (initially for 3 weeks, and subject to review) apart from: shopping for basic necessities (advised to be done as infrequently as possible); exercising alone or with members of household (advised to be one form of exercise a day); any medical need, to provide care or to help a vulnerable person; and travelling to and from work, but only where it is not reasonably possible to be done from home; and other limited permitted reasons.

Measures 4, 6, 7, 8, 9 and 10 in the table above are provided for in the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (“The Regulations”), which came into force on 26 March 2020. The Regulations require the closure of businesses selling

food or drink for consumption on the premises, and other businesses, to protect against the risks to public health arising from Covid-19, except for limited permitted uses. They impose restrictions on businesses which are permitted to remain open. The Regulations prohibit anyone leaving the place where they live without reasonable excuse, and ban public gatherings of more than two people. The Regulations also set out how these restrictions will be enforced, and identify the relevant persons capable of enforcing these restrictions. The Regulations are supplemented by guidance.

This assessment considers the package of social distancing measures in two parts. First, measures in the Regulations which are due for review (impact of closure on business, restrictions on movement and restrictions on gathering), and second, those measures not covered in the Regulations.

Regulations 4 and 5 provide that businesses and other venues across the UK must close at the end of trading on Monday 23 March 2020, and must not open for trade from Tuesday 24 March with exceptions set out in guidance. They require the closure of certain retail and public premises, although these businesses may continue to operate in order to respond to online and telephone orders etc. Similarly, hotels and similar accommodation must close except for where people are living in them as interim abodes whilst their primary residence is unavailable to them, including key workers, permanent residents and non-UK residents, those unable to move into a new home, for homeless and vulnerable people, and to host blood donations. The regulations also provide for places of worship to close except for funerals (provided social distancing is observed) and for support of the vulnerable. There are also restrictions on crematoriums. The closures last until a direction is given by the Secretary of State.

Regulations 6 and 7 set out restrictions on movement and restrictions on gatherings. Specifically, they give effect to the following:

- that no person should leave their home without a reasonable excuse. A non-exhaustive list of specified examples of “reasonable excuse” are given, such as to obtain essential goods e.g. food and medical supplies; to take exercise; to seek medical assistance; to provide care to a vulnerable person or emergency assistance; to donate blood; to travel for work or to volunteer; to attend funerals of household or close family members, or if no-one else is attending, friends; to meet legal obligations e.g. attending court; to access critical public services e.g. social services; to continue existing arrangements for contact between parents and children; for religious leaders to go to their place of worship; to move house; avoid harm e.g. injury or illness. These amount to restrictions on movement
- they impose a prohibition on public gatherings of 2 or more persons, other than those who live in a household or in specified instances such as to assist a house move, provide emergency assistance or for essential work purposes.

The regulations require that the Secretary of State must review these restrictions at least once every 21 days, with the first review taking place on 15 April 2020, and the next review due on 7 May 2020.

School closures were not included in the Regulations, but the limitations on schools (measure 5) were set out in guidance. This is similarly the case for self-isolation measures (measures 1 and 2 from the table) and shielding the vulnerable (measure 3). The impact of these measures on people of protected characteristics are assessed in the final section of this document.

An equality impact assessment was undertaken during the development of the regulations and social distancing measures to determine what impacts they would have on people with different protected characteristics. This original assessment was completed urgently and at pace in order to proceed with emergency legislation to protect public health. The 21-day review period for the Regulations provided further opportunity to gather and assess relevant data and information on potential impacts of the policy. This updated equality impact assessment drew on new evidence of the impact of the social distancing policies on people with protected characteristics, to coincide with the review of the Regulations. This document is the third iteration of the equalities impact assessment and provides an updated review of evidence as well as a consideration of the impact of the measures, having been in place for a more sustained period. The duty under s.149 Equality Act is an ongoing duty and as such this assessment will continue to be developed as evidence of the impact of these measures emerges.

This document also acknowledges some of the impacts of the listed measures that do not form part of the regulations under review. It is of particular relevance to note the positive benefits of shielding the vulnerable, set out below, which help to protect the most vulnerable in our society. To an extent the purpose of these measures frames the context for considering this package as a whole, as the ultimate goal of all of these interventions is the protection of life, in particular for people who are vulnerable because of their age, health, pregnancy, or other factors. As set out in the ‘Decision Making’ section, at this time it is judged that the need to protect lives by continuing this set of policies justifies the negative impacts identified. However, the Government will continue to keep these policies and their impact under review to ensure that disadvantages are minimised wherever possible, and that measures only continue for as long as the level of risk is assessed to be sufficient to justify these negative impacts.

## Analysis

As the social distancing measures implemented by the regulations apply equally to everyone, including the “reasonable excuses”, we consider that there is no direct discrimination as the result of these policies. We assess below where policies may result in indirect discrimination on the basis of particular protected characteristics. Further consideration of shielding measures, which are not laid down in the regulations and are specific to individual groups, is considered in the following section.

Overall, it is clear that the measures will have adverse effects on groups with protected characteristics as a result of indirect discrimination. However, these impacts are, at the time of this review, justified by the aim pursued.

The PSED only requires that due regard be given to the impact of policies on people with the protected characteristic of marriage or civil partnership in limited circumstances. These are the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act in the context of employment. We have not identified any impact on people with this protected characteristic, so it has not been addressed in detail in the below analysis.

## Closure of business

### Age

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

There may be differential impacts on different age groups from the closure of businesses. We recognise the particular benefit visiting business premises and other public places offers the over 70s. These include reducing social isolation and could also include offering care and support services e.g. from community centre, sports and leisure facilities. Reducing access to these premises by enforced closures could have a negative impact. We recognise there may be increased risk to physical and mental health to these groups as a result. The Regulations provide some in-built mitigation to this, such as setting out in Regulation 6(2) that a “reasonable excuse” to leave home would include accessing the support services listed there. Further mitigations have been put in place to address these including a nationwide and localised efforts to mobilise volunteers to support these groups.

Limited access to IT resources, or lack of confidence in using them, may limit the ability of older groups to offset the effect of business closures through taking advantage of online business services such as online shopping.

Additionally, we recognise that there could be a disproportionate negative impact from business closure provisions on younger people and children, including closing of sports facilities and leisure centres; soft play centres, arcades, bowling alleys; ice rinks; funfairs; youth centres; and libraries. The services these offer are disproportionately used by younger people and their parents. These sites offer mental and physical health benefits that we can reasonably expect to be reduced during the duration of business and premises closures. Mitigations include encouraging online provision of services, although we recognise not all of the benefits of these services can be replicated virtually.

The closure of businesses will also have a differential impact on different age groups, due to the different age compositions of the workforce. 1.1m workers under 25 work in sectors impacted by the restrictions - making them about twice as likely to be working in an impacted sector compared to older workers, aged 45-64<sup>13</sup>. However, this does not necessarily translate into the actual impact of the crisis, for which there is limited real-time data. In a survey by [Britain Thinks](#), respondents aged 18-24 were the age group most

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<sup>13</sup> Living costs and food survey, ONS

likely to report being furloughed, on reduced hours or taking obligatory temporary leave (35%).

Employment impacts will vary by age. Based on [data from 2017](#), the majority of self-employed workers are between the ages of 35 and 64 years old (71%). Older workers are likely to take longer than younger workers to get back to work once they become unemployed.

### ***Disability***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

Based on the data available, we believe the fatality rate of novel Coronavirus is higher in those with pre-existing medical conditions, which could include some forms of disability.

There may be increased risk to physical and mental health to people with disabilities as a result of business closures, from increased social isolation and reduced care and support e.g. from community centre, sports and leisure facilities closures.

Since our original analysis, the specific health and well-being impacts of the closure of sports facilities on those with mental health conditions and/or particular disabilities such as autism have been further considered. We recognise that there is a particular negative impact on these groups from the closure of sports facilities including fitness studios, gyms, swimming pools or other indoor leisure centres and other leisure facilities for support to improve mental and physical health. The provisions in Regulations and associated guidance concerning taking exercise and leaving the house for medical assistance and/or to avoid injury and illness go some way to mitigating this impact. The Government is also publicising free ways to improve mental and physical health, through using on-line resources.

We recognise that some people who have a disability or health condition could be at a disadvantage compared to those who do not have a disability and are required to work from home as part of the government response to Covid-19.

The Access to Work scheme offers advice and a discretionary grant of up to £60,700 per year to people with a disability or health condition, for support above the level individual can contact an Access to Work Adviser to see if they can average the cost over the whole period of the award that an employer would be required to provide as a reasonable adjustment under the Equality Act 2010. The Scheme can be applied to online, by phone, by NGT text relay, British Sign Language video relay service, and through a range of other alternative formats.

During the pandemic, Access to Work has taken steps to put in place easements to enable disabled people to work more flexibly including:

- prioritising applications from disabled people who are key workers or have a job to start within 4 weeks ensuring that grant funding is available for the support from day one of their job
- extending the timeframe to submit claim forms to 9 months
- working with disabled people and their employers to enable the transfer of specialist equipment from the workplace to the disabled persons home where there are difficulties with the employer doing this
- accepting employer and support worker signatures via email
- accepting workplace assessment and Mental Health Support Services delivered via telephony or accessible alternate service
- accepting claim forms from customers via email who request this as a reasonable adjustment
- enabling disabled people to adapt their support to meet their requirements in the new environments and barriers they face, for example: changing from British Sign Language face-to-face support to Video Remote Interpreting in order to follow government advice
- enabling flexibility to the upper limit of Access to Work support during the pandemic by averaging the total package of support over the 3-year award
- where an employer provides standard equipment, but additional specialist software is required, Access to Work will look to provide funding as appropriate
- where support worker support is coming to an end, we are extending customers' awards by 6 months to ensure the disabled person can continue to receive the in-work support they need during the pandemic.

Access to Work service delivery are recording those applications where Covid-19 easements have been applied and we will review these in line with the Cabinet Office guidance as part of the government's response to Covid-19.

### ***Gender reassignment***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

It should be noted however that data on gender reassignment, or more broadly, gender identity or trans status is not collected in major employment or labour market surveys. This limits our assessment of the impact of measures on transgender people in the workplace and from the closure of businesses.

The Business Impact of COVID-19 Survey (BICS) published by ONS found that across all industries, the highest proportion of short term staff lay-offs to cope with the impact of COVID-19 on their workforce, were reported by the 'Arts, entertainment, and recreation' industry and the 'Administrative and Support Service Activities' industry (39% reported this

in each industry).<sup>14</sup> <sup>15</sup> A comparison of data from the Labour Force Survey and the National LGBT Survey 2017 suggests that LGBT people are overrepresented in these particular industries, which could suggest that LGBT people are disproportionately impacted by these short term lay-offs.

There is also some evidence to suggest that transgender people experience discrimination in the labour market, particularly at the interview stage<sup>16</sup>. This may mean this group is disproportionately impacted by Covid-19 associated labour market disruption.

### ***Pregnancy and Maternity***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

We recognise the benefits that visiting particular businesses and premises may offer to pregnant women and new mothers, and the risks to physical and mental health that may arise from reduced access to care and support e.g. from any antenatal or other support groups. Mitigations are in place including encouraging these centres to offer support without social contact e.g. online.

A [study](#) in Canada found evidence of elevated depression and anxiety among pregnant individuals during the pandemic. Pregnant women may also be concerned that maternity leave or returning from maternity leave could lead to higher risk of employment disruption associated with business closures. There is also a risk of increased pregnancy discrimination if businesses have to make difficult decisions about which staff to keep on; the Equality Advisory and Support Service has received a significant number of calls regarding workplace pregnancy and maternity discrimination since lockdown started<sup>17</sup>. Mitigations include clear guidance on expectations of employers, and the continuation of discrimination and redundancy protections.

Pregnant women and new mothers may suffer economically from business closures. Although the Government has now taken steps to prevent furloughing impacting on maternity pay and allowance calculations, some women will have started maternity leave before 25 April 2020 when these adjustments were made and so may be disadvantaged.

### ***Race***

We have identified impacts under limbs 1 and 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 3. The section below considers the impact of the closure of businesses on employees of businesses that have closed, and the impact on consumers. We know that people from ethnic minority

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<sup>14</sup> ONS (2020) Business Impact of COVID-19 Survey, 9th April 2020

<sup>15</sup> BICS is a qualitative fortnightly survey by ONS covering business turnover, workforce, prices and trade. They are not official statistics, but have been developed to deliver timely indicators to help understand the impact of COVID-19

<sup>16</sup> Totaljobs (2016) Totaljobs trans employee survey report 2016

<sup>17</sup> EASS internal records

backgrounds are more likely to be in persistent low income, therefore we've also considered the impact on low income groups.

With regards to the impact on business owners, there may be impacts from some business closures that disproportionately affect people from different ethnic groups. However, we do not yet have reliable evidence on the representation of certain ethnic groups by business, in terms of ownership. We are considering appropriate steps to take on this ahead of the next review.

COVID-19 will likely disproportionately affect the self-employed, as they may struggle to meet their required outgoings between now and June when government support (lump sum payments) come online. We know that 20.4% of workers in the combined Pakistani and Bangladeshi ethnic group were self-employed, the highest percentage out of all ethnic groups. The government has introduced small business grants and business loans, support for the self-employed and business interruption loans to support businesses during this time to mitigate the impact of these closures.

A high proportion of the Black, Pakistani, and Bangladeshi groups are employed in sectors where businesses have been required to close, and are therefore more likely to be negatively impacted. For example, the combined Pakistani and Bangladeshi ethnic group had a higher percentage of workers in the distribution, hotels and restaurants sector (30.7%) which are currently closed.

In addition, the hardship for significantly impacted industries may go on beyond the 3-month furlough period currently being offered by the Government. This may impact their ability to financially sustain interruptions to income and livelihoods and lead to a reduced equality of opportunity, for example, less opportunity to develop new skills.

People from ethnic minority groups tend to work in occupations that make it harder to work from home, so may be less able to take up future new working methods. For those who are in low income groups, the ability to work from home may be more difficult due to more limited access to IT resources, less space in the home and more caring responsibilities for children or the vulnerable within the home and this could lead to reduced income or loss of work. [For example](#), we know that 18.9% of Black households were made up of a single parent with dependent children, the highest percentage out of all ethnic groups for this type of household.

Conversely a positive economic impact is expected for lower income groups that work in those businesses that remain open, such as supermarkets.

The closure of sports and other leisure facilities may impact the mental and physical health of the majority of ethnic minority groups who live in urban areas with fewer open spaces. The government is publicising free ways to improve mental and physical health through using online resources.

Due to the speed with which Regulations and associated guidance were brought in, some official sources of information remain in English only which may affect groups who do not

have English as a first language, which is likely to be associated with race. Where these are reported, we are seeking to provide alternative information in other languages.

Other factors associated with race include immigration status. The vast majority of temporary migrants, including those on work and study route, and those on the family/Article 8 leave to remain, will have no recourse to public funds (NRPF). However, the Government's package of measures for supporting employment, statutory sick pay and the eviction protections are not considered public funds and so can be accessed by those with NRPF. In addition, migrants on the family/private life route can apply to have the NRPF condition lifted if they would otherwise be destitute.

### ***Religion or belief***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

The closure of places of worship (POW) is a highly sensitive issue. It is clear that there is an adverse impact on people of faith if their place of worship is closed (an impact on all those who follow a faith that practices communal prayer).

Restrictions on gatherings and the closure of places of worship will have an adverse impact on many people of faith, particularly those with religious festivals during the period. These restrictions apply across all faiths. There has been some challenge that the closure of places of worship is an unjustifiable infringement against Article 9 of the European Convention on Human Rights, which provides a right to freedom of thought, conscience and religion. This includes the right to manifest in public or in private, one's religion or belief. This is however a qualified right. It is subject to necessary limitations in the interest of public safety, such as for the protection of health in order to protect the fundamental Article 2 right to life of the population. Article 2 remains the overriding concern for the protection of the Nation's health as a whole. The restriction on places of worship being closed does not stop people manifesting their religious beliefs or celebrating religious festivals at home with members of the same household. Therefore, we consider this current approach necessary and proportionate to address the risk to life posed by Covid-19. We will continue to regularly engage with Faith stakeholders and Faith leaders to ensure that everyone can continue to properly manifest their religious beliefs in the current exceptional circumstances.

Places of worship which are forced to remain closed during religious festivals, when donations are at their highest, risk a heavy financial impact. Faith organisations report a general reliance on donations from their congregations to sustain their places of worship and/or income generation from their venue, with the places of worship being closed, this too has meant a loss in income (raised through stakeholder engagement). As not all POW have charity status, some POWs may not be able to receive the financial support for charities on offer by DCMS. Registered POWs may also still be unsuccessful if they apply to this fund in which eligibility is only for organisations currently delivering essential Covid-19 response services.

Other schemes open to POW include the Coronavirus Business Interruption Loan Scheme and the Coronavirus Large Business Interruption Scheme, which are both available to registered charities. Registered charities have also been exempted from the requirement that the applicant derives at least 50% of its income from its trading activity. Finally, HMRC has put in place extra support to agree payment plans with organisations unable to pay relevant HMRC bills, and VAT registered charities can use the VAT deferral scheme.

There are further concerns regarding those with dietary restrictions as a result of their faith, who may face increased difficulty obtaining food that adheres to religious dietary restrictions, due to business closures. At a recent Covid-19 Faith roundtable, a religious organisation provided anecdotal evidence that some specialist food had increased in price - whether this is due to scarcity, and/or cost for the business to obtain, or businesses capitalising on the pandemic, it is not known. We will continue to engage stakeholders to understand any impacts this might have.

## Sex

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

ONS data on death rates in England and Wales suggests that men represent 58% of deaths involving COVID-19 so far<sup>18</sup>. It is unclear whether this has any correlation with occupation or other risks related with sectors that remain open. However, women may have a heightened risk of exposure to COVID 19 as they are over-represented in key worker roles such as in healthcare; for example, as of September 2019 women represented approximately 78% of frontline staff<sup>19</sup>. General guidance for workplaces has been put in place by the government to mitigate health risk, and efforts are being made to source PPE materials for health sector roles. However, in the health sector, a BMA council member has [stated](#) that 7 out of 10 women don't have appropriately fitting PPE and are therefore at increased risk in [frontline roles](#).

There could be particular impacts from some business closures disproportionately affecting people based on their sex, for example, women tend to dominate employment within caring and leisure industries occupations, so may be disproportionately affected by, for example, hair salon closures. The government has support in place via the Coronavirus Job Retention Scheme, which prevents employees from being made redundant in affected sectors.

Overall, the impacts on employment are mixed. There is some indication of [marginally higher rates](#) of being furloughed or working fewer hours for men than for women (24% of men reporting vs 21% of women reporting), however the IFS analysis of the Labour Force Survey data suggests that one in six (17%) of female employees work in closed sectors compared to one in seven (13%) of male employees.

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<sup>18</sup> ONS Coronavirus (COVID-19) roundup 5 May 2020

<sup>19</sup> ONS ASHE 2019

Women are disproportionately represented in lower income occupations such as caring, leisure and other services (80%), sales and customer service (63%) and administrative and secretarial roles (76%), while men comprise more elementary and trades related occupations (74% male) and dominate process, plant and machine operatives (87% male).<sup>20</sup> Despite this, women are less represented in higher paid positions than men such as manager, director and senior official roles, professional occupations and associate professional and technical occupations.<sup>21</sup> Other analysis indicates women have been 5 percentage points more likely to lose their jobs during the COVID-19 pandemic (compared to men) and suggests this could be explained by women taking on more caring responsibilities.<sup>22</sup>

Further impacts relating to children and to those from lower income groups may also impact women who constitute 86% of single-parent families<sup>23</sup>, carry out an average of 60% more unpaid work in the home than men,<sup>24</sup> and form a higher proportion of lower income groups relative to men<sup>25</sup>. As stated previously, HM Treasury has introduced a number of mitigating measures to offset economic impacts.

Business closures may disproportionately impact victims of domestic abuse, who are predominantly women, through having less recourse to go out to visit businesses or leisure premises and therefore having to remain at home with their abuser. As of 27 April 2020, calls to the National Domestic Abuse Helpline, run by Refuge, had spiked significantly during the lockdown – seeing an on average increase of around 50% in calls since lockdown measures began.<sup>26</sup> A concern has been raised via MPs that the exemption for off-licences to remain open is exacerbating the impact on this group. Mitigations have been in place including government funding to domestic abuse charities.

### **Sexual orientation**

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

It should be noted that as sexual orientation monitoring is not generally collected by major employment surveys, that there may be issues that LGB groups are adversely affected by that we are currently unable to capture.

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<sup>20</sup> ASHE ONS 2019

<sup>21</sup> <https://researchbriefings.files.parliament.uk/documents/SN06838/SN06838.pdf>

<sup>22</sup> <https://www.inet.econ.cam.ac.uk/working-paper-pdfs/wp2018.pdf>

<sup>23</sup> [ONS Families and households in the UK: 2019](#)

<sup>24</sup> <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/earningsandworkinghours/articles/womenshouldertheresponsibilityofunpaidwork/2016-11-10>

<sup>25</sup> <https://researchbriefings.files.parliament.uk/documents/SN06838/SN06838.pdf>

<sup>26</sup> <https://www.refuge.org.uk/refuge-response-to-home-affairs-select-committee-report-on-domestic-abuse-during-covid-19/>

The Business Impact of COVID-19 Survey (BICS)<sup>27</sup> published by ONS<sup>28</sup> found that across all industries, the highest proportion of short term staff lay-offs to cope with the impact of COVID-19 on their workforce, were reported by the 'Arts, entertainment, and recreation' industry and the 'Administrative and Support Service Activities' industry (39% reported this in each industry). A comparison of data from the Labour Force Survey and the National LGBT Survey 2017 suggests that LGBT people are overrepresented in these particular industries, which could suggest that LGBT people are disproportionately impacted by these short term lay-offs.

Further, LGB people may be particularly reliant on access to safe spaces, and therefore disproportionately negatively impacted as a result of some types of business closures, for example, community centre closures.

## **Restrictions on movement and restrictions on gatherings**

### **Age**

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

In a survey by [Britain Thinks](#), younger respondents were more likely to report that they are not coping as well as usual (42% among 18-24 year olds), with this decreasing gradually by age bracket (among 65+ year olds only 20% reported the same).

Of NHS reported COVID-19 hospital deaths, 91% of these were of 60+ year olds, as of 3 May 2020.<sup>29</sup> Older people have been advised to shield themselves and are experiencing a heightened level of social distancing. They are more likely to be isolated, or less able to mitigate the social isolation arising from lockdown with technological solutions however, movement data from O2 suggests that people in the age range of 65+ saw the greatest increase in mobility (29<sup>th</sup> April). The NHS Volunteer Responders are providing telephone support to individuals at risk of loneliness as a consequence of isolation. Vulnerable individuals are now able to self-refer into the programme. Older people or those with dementia might see negative impacts on their wellbeing by changes to their routine or contacts (see disability section). However, the health impact on people over 70, compared with not making the Regulations, is said to be positive because of the higher fatality rate among older people. Further, 95% of all local councils already have helplines for vulnerable residents. This is for both reactive and proactive support and would benefit older people.

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<sup>27</sup> ONS (2020) Business Impact of COVID-19 Survey, 9th April 2020

<sup>28</sup> BICS is a qualitative fortnightly survey by ONS covering business turnover, workforce, prices and trade. They are not official statistics, but have been developed to deliver timely indicators to help understand the impact of COVID-19

<sup>29</sup> NHS England and NHS Improvement (2020) COVID-19 all announced deaths 4 May 2020

## **Disability**

We have identified impacts under limb 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 1 and 3.

The health impact for people with some forms of disability compared with not making the Regulations, is said to be positive because of the higher fatality rate. Groups who are [clinically extremely vulnerable](#) are those with certain types of cancer or undergoing certain cancer treatments, people with severe respiratory conditions, people with diseases and errors of metabolism that increase the risk of infections, solid organ transplant recipients, and those on immunosuppressive therapies.

Nonetheless, Covid-19 is presenting this vulnerable group of individuals, who rely on a range of services and often specialist support in the community, with a unique set of challenges as staffing and services are impacted by Covid-19 and are insufficient. We would expect social distancing to exacerbate mental health issues for people with learning disabilities and autistic people (LD&A) as they do not have access to the same community services. Managing challenging behaviours at home is important to prevent escalation and possible admission to hospital. There is also a risk of existing health inequalities being compounded as a result of COVID 19, which may have longer term implications including costs for health and care services.

For example, we know that 70-80% of autistic people will have a mental health problem at some point in their lives. We have emerging evidence that social distancing is exacerbating this as people who relied on community services no longer have access to these to support their mental health and wellbeing. We are hearing from stakeholders that autistic people and those with learning disabilities are becoming distressed as a result of changes to routine, loss of care team through illness / self-isolation or just not being able to do usual activities. Managing behaviours that are seen to challenge at home to prevent escalation of need, breakdown of community placements and admission to a mental health hospital is a very real issue. Such breakdowns of community placements would place greater stress on NHS services and Local Authority commissioners at a time when we are trying to alleviate pressure on these services.

Some People with a learning disability may be more vulnerable to becoming seriously ill if they contract covid-19 because of higher prevalence of some health conditions that put them at risk amongst people with a learning disability. Respiratory disease is one of the most common causes of death of people with a learning disability. The third annual report of the Learning Disabilities Mortality Review Programme found that in people with learning disabilities, the most frequent causes of death by ICD-10 chapter were diseases of the respiratory system (19% of reviewed deaths). Pneumonia, or aspiration pneumonia, were identified as causes of death in 41% of reviews - conditions which are potentially treatable, if caught in time.

Pneumonia and aspiration have a higher prevalence within the learning disability population than in the general population and people with profound and multiple learning disabilities (PMLD) are particularly susceptible to respiratory problems, with respiratory disease and especially pneumonia, the leading cause of death for people with PMLD.

Learning disability in and of itself is not listed as a reason for shielding but social distancing measures will help mitigate risk for those people with other underlying health conditions.

DHSC is closely engaging with charities that are representing disabled people to discuss the impact of social distancing guidance. We know anecdotally that the guidance is impacting on people's routines which are essential to keeping autistic people and those with a learning disability well. There are also issues about autistic people and those with learning disabilities not always understanding the social distancing rules necessitating police involvement, which could be avoided with the right preventative support in place. We know that it is crucial for individuals to go outside and exercise in order to manage their behaviour and keep well.

The disturbance of people's routine can lead to an increase in challenging behaviour that puts people at risk of being admitted into hospital for care and treatment. We also know that people with learning disabilities and autism who are admitted into hospital under the Mental Health Act are in places far away from their homes and experience significant delays in discharge which is distressing for the individuals and their families. For individuals who are already in placements, an increase in the presentation of challenging behaviour could result in a placement breakdown and needing to be cared for in a different location.

People with addictions amounting to a disability may struggle to access their usual support networks during lockdown, for example face-to-face meetings are not running, but mutual aid groups such as [Alcoholics Anonymous](#) and [Narcotics Anonymous](#) have moved their offering online. These meetings are reported to be running well and engaging different types of users, for example more women are attending alcoholics anonymous online meetings. Drug and alcohol treatment services continue to operate a limited service in line with [national guidance](#), focusing on harm reduction initiatives, Opioid Substitution Therapy (OST) and remote treatment provision. The government is also introducing emergency legislation to enable pharmacists to dispense longer prescriptions for essential services (such as methadone), to reduce the risk of face-to-face transmission and support drug users to self-isolate as effectively as possible.

People with disabilities [in live-in institutions](#) will be particularly affected by the inability to receive visits from immediate family (particularly as they may have additional difficulties using technology to communicate). As a result of this NHS England has recently changed their clinical guidance to ensure that individuals, such as autistic people and those with a learning disability, are able to still have visits with their relatives, either in person or through digital technology where appropriate.

We have heard, anecdotally, that people with physical and learning disabilities are struggling to access food delivery slots or visit the supermarkets and this is impacting on their physical and mental health.

To address needs arising directly from COVID 19 and to mitigate against the negative impacts of COVID 19, DHSC has taken steps which include:

- along with NHS England and NHS Improvement (NHSEI) are jointly hosting a weekly webinar with learning disability and autism stakeholders to discuss emerging issues and how these can be resolved
- working closely with learning disability and autism charities to develop bids for government funding that will boost their online and telephone service capacity to upscale their support offer and prevent the deterioration of the physical and mental health
- engaging with the Disability Unit, Public Health England and NHS England to improve the accessibility of government guidance for disabled people. This includes producing easy read, audio and BSL versions
- working with Defra and the Disability Unit to ensure disabled people are considered to be a non-shielding vulnerable group for the purposes of essential food and medication
- working to provide clarity to disabled people on their need to take exercise
- publication of a strategy to support the medical and caring workforce and to highlight the needs of people with physical and learning disabilities, complex needs and autism, which recognises the concerns of the adult social care sector.

Individuals with severe mental illnesses may be more affected by the social distancing measures due to increased barriers to access face-to-face support and reduced access to food and medication. Furthermore, withdrawal from psychotropic medication such as antidepressants can have severe clinical side effects.

We know that 850,000 in the UK have dementia and 675,000 in England. DHSC is bringing forward research to support the response to COVID-19, including a project on the best ways to mitigate the psychological and social impact of COVID-19 on people with dementia living in the community and their family carers. This research builds on the IDEAL research funded by Alzheimer's Society (and previously by the joint NIHR/ESRC initiative on dementia care), and is funded via the NIHR Older People and Frailty PRU. Work has already started with phased outputs to August 2020. The research and outputs will focus on how people with dementia and their carers should stay safe through the crisis, and public health risk reduction messages which should continue to apply as people isolate. We have also gathered some anecdotal evidence about how people with dementia are being impacted. For example, they are more likely to face further isolation and confusion, as well as practical problems such as shopping.

There is also anecdotal evidence that social distancing rules were causing anxiety because people with dementia may have difficulties with understanding it and forgetful of the rules e.g. understanding how much 2m distance is. Working age people with dementia may now have heightened concerns about their financial situation and prospect of job loss - already a concern prior to Covid-19. Exercises, such as walking, are important for living well with the condition but we have anecdotal evidence that confusion about rules on social distancing is having an impact on daily activities.

### ***Gender reassignment***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

DHSC undertook a survey of LGBT organisations in the first two weeks of lockdown to ask about the challenges their service users were facing. Issues raised included: worsening isolation, especially amongst older LGBT people living alone; hostile home environments, which is a particular issue for young people living in households which are LGBT-phobic; risk of domestic abuse, family breakdown and homelessness; financial difficulties through loss of earnings; concerns about gender identity service waiting times and cancellation of surgery or treatments; concerns about sexual health, substance misuse; the lack of information and support for young people and LGBT individuals with other medical conditions e.g. cancer, and the impact on LGBT refugees and asylum seekers.

There are concerns around young trans people who are isolated in homes with families who are not supportive of their trans status or gender identity too, with implications for physical and mental health. The National LGBT Survey 2017 found that 48% of transgender respondents had experienced a negative incident due to being LGBT or being thought to be LGBT involving someone that they lived with in the 12 months leading up to the survey.<sup>30</sup> Government is in close contact with the LGBT third sector and key frontline organisations which have been adapting their services during the lockdown.

There is some limited evidence indicating that incidence of mental health problems is high for transgender people.<sup>31</sup> There is also some limited evidence to suggest that trans youth may have a higher prevalence rate of autism spectrum disorder (ASD) than the general population.<sup>32</sup> The current disruption to usual routines may be of particular challenge to these groups.

Those undergoing gender reassignment may be unable to access hormones from the GP, have gender affirming surgery cancelled or face increased waiting times to see trained counsellors or professionals, which would impact their mental health. Provisional results from [survey by the LGBT Foundation](#) found that as of 23 April, 45% of trans respondents reported that there was medication that they are unable to access or that they were worried that they might not be able to access (although this may not only affect those undergoing gender reassignment.) 16% of respondents said they had been unable to access healthcare for non-COVID-19 related issues.<sup>33</sup>

As a response to the COVID-19 situation and the Government's social distancing measures, NHS England has advised GPs on a number of measures to ensure that patients continue to access appropriate treatments and prescriptions, such as advice that practices should consider putting all suitable patients on electronic repeat dispensing.

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<sup>30</sup> Government Equalities Office (2018) The National LGBT Survey Research Report, July 2018.

<sup>31</sup> Hudson-Sharp, N and Metcalf, H (2016) Inequalities among lesbian, gay, bisexual and transgender groups in the UK: an evidence review. National Institute of Economic and Social Research

<sup>32</sup> Glidden et al (2016) Gender Dysphoria and Autism Spectrum Disorder: A Systematic Review of the Literature

<sup>33</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.

NHS Trusts that host a Gender Identity Clinic are complying with national advice to prevent face-to-face contact unless urgent. Outpatient mental health services and sexual health services should be accessed by phone or video-link, where possible. The British Association of Gender Identity Specialists has issued a [statement](#) on managing hormone treatments during the pandemic. They also provide [information](#) for patients on hormone therapy during the pandemic.

Provisional results from an ongoing survey by the [LGBT Foundation](#) found that as of 23 April, 10% of LGBT respondents reported that they do not feel safe where they are currently staying and 18% were concerned that their situation would lead to substance or alcohol misuse, or that it would trigger a relapse.<sup>34</sup> The Albert Kennedy Trust, working with young people at risk of homelessness, has reported a 30% increase in referrals from young people living in hostile or abusive environments or finding themselves homeless since the pandemic began, with a significant increase in self-referrals from 16-17 year olds. These already vulnerable young people are reporting worsening mental health and wellbeing, increased abuse at home, risk taking sexual behaviours and financial difficulties and job losses.

[Opening Doors London](#), who provide information and support for older LGBT+ individuals have reported an increased demand of their services. The National Domestic Abuse Helpline, and other specialist services continue to support trans people. And, as part of a UK-wide package of support, £360 million will be directly allocated by government departments to charities providing key services and supporting vulnerable people during the crisis.

### ***Pregnancy and maternity***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

Based on the data available, we believe there could be particular health implications of Covid-19 for those who are pregnant. There are therefore health benefits to social distancing, which counterbalance the negative impacts.

[Postnatal Depression](#) is a depressive illness which affects more than 1 in every 10 women within a year of giving birth.. Social support from friends and family members as well as home visits from health professionals can be significant protective factors against postnatal depression. However, shielding measures may reduce access to social support for many new mothers and therefore increase their likelihood of developing postnatal depression.

Maternity services are facing significant staff shortages due to Covid-19 with many midwifery staff either ill, shielded or self-isolating. This is likely to impact on the availability and quality of services including choice of place of birth and continuity of carer models during the pandemic. NHS England and Improvement are supporting maternity services to coordinate staff to ensure safe care is provided, including consolidating staff and services

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<sup>34</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.

in a smaller number of locations. This means temporarily suspending some home birth services and birthing centres and consolidating intrapartum care in obstetric units.

Women may find it harder to access antenatal and postnatal community health services during the pandemic due to the prioritisation of families who are more vulnerable. Women are more likely to access services using digital or remote technologies. This could potentially exacerbate feelings of isolation and depression in some women.

To ensure that appropriate care is available for pregnant women, and a proportionate approach is taken to meet their needs and balance risks, a number of steps have been taken:

- the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives (RCM) and the Royal College of Anaesthetists (RCA) are working closely with NHSE, the four UK health departments, system regulators, academics, etc. to produce guidance and information for women which is kept under constant review to ensure the advice to women and clinicians is proportionate and reflective of the various stages of the course of the pandemic and emerging evidence
- following passage of the Coronavirus Act, the Nursing and Midwifery Council (NMC) set up the Covid-19 emergency temporary register on 27 March and invited nursing and midwifery professionals who left the register up to three years ago to join. In addition, varied emergency education standards have been introduced to enable the last six months in the final year of undergraduate midwifery degrees to be spent in supervised clinical placements. Students in England who have student loans will be offered a salary at pay band 4 for this period as an incentive
  - as of 14 April, 684 Midwives have joined the NMC Emergency Register. This figure is made up of 581 registered midwives and 103 dual registered Midwives
  - as of 13 April, we have 516 midwife students (Y3, last 6 months) and an additional 109 (Y2 and Y3 first 6 months) opting to be deployed in service
- maternity services are using remote means to provide additional antenatal and postnatal consultations. Remote consulting enables greater compliance with social distancing measures recommended for pregnant women and maternity staff
- other practical support, such as the procurement of 16,000 blood pressure monitors for distribution free of charge to ensure all can offer blood pressure self-monitoring for the 10% of pregnancies with chronic hypertension, gestational hypertension or pre-eclampsia

## **Race**

We have identified impacts under limbs 1, 2 and 3 of the PSED, as set out below.

The new COVID-19 legislation may result in a higher proportion of individuals from ethnic minority communities having restricted access to mental health, learning disability, and autism services. In both the [Black broad ethnic group and the Black Caribbean](#) specific ethnic group, over 4,800 adults per 100,000 of the population used mental health, learning disabilities and autism services, out of all ethnic groups for which ethnicity was reliably recorded. Under the new COVID-19 legislation there is a question as to whether this variance will increase or decrease during this period. Less accountability by reducing the

number of doctors required to 'section' an individual from 2 to 1 could see an increase - Black people are already 4 times more likely than white people to be detained under the Mental Health Act (England, 2017/18).

The current 'stay at home' restrictions give rise to particular concerns on domestic violence. Between April 2018 and March 2019, 5.7% of people aged 16 to 74 in England and Wales reported having been a victim of domestic abuse in the last 12 months. People of Mixed ethnicity (12.9%) were more likely to have experienced domestic abuse than White (5.6%) or Asian people (3.8%). In the Mixed and White ethnic groups, women were more likely than men to have experienced domestic abuse in the past year.

There may be differential impacts of the restriction on movement depending on race resulting from overcrowding or housing quality. Poor housing conditions and overcrowded households could lead to a quicker transmission of COVID-19 if a member of their household is infected. In 2014 to 2017, around 2% of White British households experienced overcrowding, compared with 30% of Bangladeshi households (the highest percentage).

Geography is just one of a number of key factors that determine how vulnerable people are to COVID-19. In the UK, people in urban areas are more likely to spread the virus because of the higher population density, ample leisure amenities, a generally younger population, and a lot of people using crowded public transport. DHSC have noted that there has been a significantly higher rate of infection, and a higher number of overall cases in urban areas and cities, specifically London and the West Midlands, where ethnic minority groups are significantly more likely to live. People from Pakistani (99.1%), Bangladeshi (98.7%), and Black African (98.2%) backgrounds were most likely to live in an urban location. This would suggest that as BAME populations are more at risk, and that the effective enforcement of these measures would be to the benefit of this group.

Areas with high levels of public transport use, such as London, might see the virus spread quicker. A higher percentage of trips are made by public transport (in particular by bus) by people in ethnic minority groups. This would suggest that ethnic minority groups are more at risk, and that the effective enforcement of these measures would be to the benefit of this group.

We are working with the police to understand whether restrictions on movement has increased the risk or incidence of online abuse for minority groups. We do not hold data on whether the overall scale of such abuse has increased.

Right wing extremists (RWEs) are almost certainly exploiting COVID-19 to target minority groups:

- high profile extremists have accused Muslims and other minorities of breaching lockdown measures, for example, by attending mosques, and criticised authorities for allowing them to do so
- extremists taking advantage of anonymity on message-boards are using racist language, conspiracy theories and incitement to target Chinese people, Jews and people of non-white origin.

There is evidence that Islamist extremists are almost certainly exploiting COVID-19, using online platforms to undermine secular western governments in order to promote Islamic systems of rule as viable alternatives.

Anti-hate crime services such as CST and Tell Mama have reported hate groups disrupting online community events through 'Zoombombing'. These groups are developing guidance on how minorities can protect themselves from such incidents.

Initial data suggests that overall hate crime has decreased due to social distancing measures compared to the equivalent period last year. However, the general social discourse around COVID 19 may contribute to an elevated number of hate crimes against specific groups with protected characteristics, most notably people of Chinese heritage and East / South East Asian communities. It is not clear whether social distancing policy itself is specifically contributing to the prevalence of such hate crimes. Extremists taking advantage of anonymity on message boards are also using racist language, conspiracy theories and incitement to target Chinese people, Jews, Muslims and people of non-white origin.

Police recorded hate crime towards people of Chinese, Japanese and South East Asian heritage rose to a level approximately double that of the weekly average in 2019 by the middle of February. This increased number of reports was sustained in subsequent weeks but spiked noticeably in the week prior to the lockdown coming into effect. Police have begun to see a more recent increase in hate crime in mid-April compared to when social distancing measures were first implemented. They speculate this may be partly attributable to growing public frustration with the measures and attempts by the public to enforce such measures, with such incidents then escalating into abuse. However, the exact causes of such a rise cannot be determined with confidence.

Continued hate crime towards Gypsy, Roma & Traveller communities has continued throughout the pandemic, with a number of cases being reported to police directly. The increase could be attributed to the fact that local authorities have provided temporary stopping places during the pandemic, which has increased tensions amongst the settled communities and online abuse.

Consideration should be given to the effects of reopening sectors staffed by a higher proportion of people with protected characteristics. In such cases, greater visibility of those staff, combined with extremist narratives blaming minorities for contributing to the spread of the disease, may lead to increases in hate crime.

### ***Religion or belief***

We have identified impacts under limbs 1, 2 and 3 of the PSED, as set out below.

**Funerals:** Restrictions relating to funeral rites have significant impacts on some faith groups. However, the government has sought to mitigate this by discussing the guidance with faith and community leaders. We worked closely with faith and belief groups throughout the passage of the Coronavirus Act to ensure that the religious practices of the

deceased are taken into account by Local Authorities as far as possible. Local Authorities are under an obligation to have regard to the deceased's wishes, religion and belief, as to their final committal, where known, in accordance with Section 58 and Schedule 28 to the Coronavirus Act 2020. It should be noted that non-religious people may likewise be unable to have funerals in line with their wishes. Despite the mitigations put in place, as a result of current social distancing and PPE prioritisation not all the deceased have been able to receive their preferred faith or belief rituals within hospital or care home settings, which can also negatively impact those grieving. However, this continues to be outweighed by the public health benefits that the measures provide.

Islamophobia: we have observed some instances of non-Muslim public articulating a fear of/speculating that Muslim communities will not comply with social distancing regulations (particularly during Ramadan, and social distancing for funerals), for example through correspondence. Some stakeholders such as the Interfaith Network, Tell MAMA and the Community Security Trust have also raised concerns about far-right groups propagating fear and disinformation, predominantly targeting Muslim, but also Jewish, communities. We have been clear in challenging this narrative; Covid-19 is no excuse for targeting or discriminating against people from any background in the UK. We continue to communicate that, if anyone has any concerns about discrimination or hate incidents, they should not hesitate to report this to the police. We stand ready to support local authorities as and when needed to engage with and support their communities, and we are working with the police to ensure we're aware of the latest issues being raised by forces.

## Sex

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

The health impact on men, compared with not having the social distancing measures in place, is positive because of the higher fatality rate among men. Men represent 58% of deaths involving COVID-19 in England and Wales up to 24th April 2020 as [reported by ONS](#).

In a survey by [Britain Thinks](#), female respondents were more likely to indicate that they are not coping as well as usual due to the impact of coronavirus, at 34%, compared to 24% of male respondents.

There are disproportionate impacts on victims of domestic violence, who are predominantly women, of having to remain at home with their domestic abuser. As of 27 April 2020 calls to the National Domestic Abuse Helpline, run by [Refuge](#), have spiked significantly during the lockdown – seeing an on average increase of around 50% in calls since lockdown measures began.

Regulation 6(2) does contain provision that is relevant to this group by specifying that leaving home to prevent illness or injury or to escape a risk of harm constitutes a “reasonable excuse” (regulation 6(2)(m)), as does accessing critical public services (such as social services or services provided to victims of crime: regulation 6(2)(i)(ii) and (iv)).

However, there are mitigations which are being considered in relation to the particular circumstances of domestic violence, and the police response.

In response to evidence and concerns that domestic abuse may be increasing as a result of the restrictions under the Regulations, the government has taken the following steps to mitigate this impact:

- the Home Secretary launched a new public awareness raising campaign highlighting that if anyone is at risk of, or experiencing domestic abuse, help is still available
- a £750 million of HMT funding for the voluntary sector to support charities including those working on domestic abuse
- additionally, the Home Secretary announced an additional £2 million to immediately bolster domestic abuse helplines and online support
- putting into the regulation the clear provision individuals can leave home to avoid injury or the risk of harm
- clarifying legal guidance for police that Domestic Violence Protection Orders that require perpetrators to leave the family home override the law on social distancing
- working with domestic abuse charities and police to ensure that victims understand they should leave their home if they are under threat and that police and victims services are still there to assist them.

### ***Sexual orientation***

We have identified impacts under limbs 1, 2 and 3 of the PSED, as set out below.

Some gay men were worried about access to pre-exposure prophylaxis (PrEP) during quarantine. Provisional results from an [ongoing survey by the LGBT Foundation](#) found that 24% of LGBT respondents said that there was medication that they are unable to access or that they were worried that they might not be able to access.

There are concerns about young people who are isolated in homes with families who are not supportive of their sexual orientation. In the National LGBT Survey 2017, 29% of respondents had experienced a negative incident involving someone that they lived with due to being LGBT, or being thought to be LGBT, in the 12 months leading up to the survey. Of these respondents, 38% identified a parent or guardian as a perpetrator of the most serious incident. Around a quarter (24%) of respondents to the National LGBT Survey 2017 reported that they were not open about being LGBT with any family members that they lived with (excluding partners) in the 12 months preceding the survey. A similar proportion (25%) reported that they were not open about being LGBT with other people (excluding partners) that they lived with. The National Domestic Abuse Helpline, which includes services for LGB people, has [reported](#) an average increase of around 50% increase in call volume during the lockdown. Sources of advice and support will continue to be available to victims – including for example through the Galop LGBT+ helpline as well as the National Domestic Abuse Helpline.

Provisional results from an ongoing survey by the [LGBT Foundation](#) found that as of 23 April, 30% of LGBT respondents reported that they are living alone during this period,

including 46% of respondents aged 50+.<sup>35</sup> This suggests that older members of the LGB population may be particularly isolated.

There is [evidence](#) that LGB people's general and mental health is worse than that of heterosexual people. Individuals from groups who already experience poorer outcomes in healthcare may be disproportionately affected by the wider healthcare implications of the current situation. Analysis has found that adults who identified as LGB were twice as likely as heterosexual adults to experience symptoms of common mental disorder (e.g. symptoms of anxiety or depression)<sup>36</sup>. An online survey commissioned by Stonewall in 2017 found that 52% of LGBT respondents in Britain reported experiencing depression in the previous year.<sup>37</sup> Social distancing may make it harder to look after your mental health. The LGBT Foundation, a national charity which delivers advice, support, and information services to LGBT communities, has stated that calls to their LGBT+ helpline have doubled from the same period in 2019.<sup>38</sup>

LGBT people may not be accessing support when they need to due to fears of discrimination or poor treatment thus being more likely to reach an acute problem with their health:

- the National LGBT Survey 2017 found that 16% of respondents with a minority sexual orientation who accessed or tried to access health services had a negative experience because of their sexual orientation in the 12 months preceding the survey; and
- research commissioned by GEO found that LGBT people's dissatisfaction with health services are largely driven by experiences of discrimination and a lack of staff knowledge on LGBT people's health needs. This could mean that LGBT people may be less likely to try to access healthcare for COVID-19 than non-LGBT people.

We have been working with DHSC and the LGBT National Health Adviser to identify and support the health needs of LGBT people during the COVID-19 outbreak. DHSC is aware of the potential risks of this beyond Covid-19 and it forms part of the ongoing work from the LGBT Action Plan. Communications campaigns are targeting the whole population, including LGB people.

LGBT Charity Galop has noted anecdotal evidence of an increase in online hate. The government is in close contact with the LGBT third sector and key frontline organisations which have been adapting their services to support LGB people during the lockdown. We have announced that charities across the UK will receive a £750 million package of support to ensure they can continue their vital work during the Covid-19 outbreak. As part of a UK-wide package of support, £360 million will be directly allocated by government

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<sup>35</sup> Please note that these findings are provisional and subject to change once the fieldwork is completed.

<sup>36</sup> Institute for Social and Economic Research (2017) Understanding Society Insights 2017, University of Essex.

<sup>37</sup> Stonewall (2018) LGBT in Britain Health Report

<sup>38</sup> Pink News, (2020) LGBT+ helpline sees calls double as queer people fear being left with abusive families during coronavirus lockdown March 2020

departments to charities providing key services and supporting vulnerable people during the crisis.

There is no view on whether Covid-19 may foster good relations, either on a micro- or macro-level. Possibly, through current, moderate (social) media attention about the impact of Covid-19 on LGB people, society's understanding of LGBT positions is growing, as well as existing solidarity.

## **Enforcement**

### ***Age***

We have identified potential impacts under limbs 1 and 3 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 2.

The data states that around two-thirds of those issued with Fixed Penalty Notices were under 35 (36% were 18 to 24, 17% were aged 25-29 and 14% 30-34). We do not at this stage believe data on the issuing of fixed-penalty notices (FPN) showing a skew towards younger groups is due to discriminatory practices. Initial polling work suggests likely higher levels of non-compliance among younger people, and enforcement disparities in age are broadly in line with offending patterns more generally. As such, we believe disparities are likely to reflect behaviours among younger people.

The government has been clear that police enforcement of these Regulations must be proportionate and fair. Enforcement that is perceived to be unfair or heavy handed could damage relationships with people with those protected characteristics. This has the potential to undermine the social distancing measures more broadly. Therefore, police guidance has been clear that enforcement should be the last resort. The police are expected to follow the principles under policing by consent, to work to engage, explain, encourage and then enforce. We will continue to work closely with the police to track community impacts and associated risks.

### ***Disability***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

The Disabled Police Association has reported that the hearing impaired community have complained that there have been a number of instances where hearing impairment has been mistaken for civil disobedience. Similar concerns have been raised by those representing people with neuro diverse conditions and sight impairment. Guidance to officers has been updated, and FAQs clarified. We do not therefore believe that there are systemic disparities against disabled people in relation to enforcement.

### ***Gender reassignment***

We have not identified any impacts for this group regarding enforcement of the regulations, under any of the PSED limbs.

***Pregnancy and maternity***

We have not identified any impacts for this group regarding enforcement of the regulations, under any of the PSED limbs.

***Race***

We have identified impacts under limbs 1 and 3 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 2.

Due to the significant force to force variation in enforcement it is difficult to say whether the national racial disparities in the data are accurate however it is likely that some racial disparities do exist. For example, in the 2011 census Black people constituted 3.5% of the population, but account for 6% of the Fixed Penalty Notices (FPNs) issued (after excluding 'not stated' data). The age of the 2011 census data makes it difficult to assess how accurate these disparity figures may be as since 2011 there have been changes to the number and proportion of BAME people in the UK. In addition, Asian people account for 13% of FPNs and 7% of the population.

We cannot conclude based on these disparities alone that they are due to unlawful discrimination. This may, for instance, reflect the overrepresentation of BAME groups among younger demographics.

As we see in the data, people from some ethnic minority groups may be more likely to be issued with Fixed Penalty Notices (FPNs) under these Regulations. The government has been clear that police enforcement of these Regulations must be proportionate and fair. Enforcement that is perceived to be unfair or heavy handed could damage relationships with people who have those protected characteristics. This has the potential to undermine the social distancing measures more broadly. This is why police guidance has been clear that enforcement should be the last resort. The police are expected to follow the principles under policing by consent to work, engage, explain, encourage and then enforce. We will continue to work closely with the police to track community impacts and associated risks.

The Home Office will continue to regularly liaise with police forces, who will report back on community reactions.

***Religion or belief***

We have not identified any impacts for this group regarding enforcement of the regulations, under any of the PSED limbs.

***Sex***

We have identified impacts under limbs 1 and 3 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 2.

As with offending in general, the large majority (around 8 in 10) of Fixed Penalty Notices (FPNs) were issued to men.

As we see in the data, men are more likely to be issued with Fixed Penalty Notices (FPNs) under these Regulations. Although this broadly reflects wider patterns of offending, the government has been clear that police enforcement of these Regulations must be proportionate and fair. Enforcement that is perceived to be unfair or heavy handed could damage relationships with people with those protected characteristics. This has the potential to undermine the social distancing measures more broadly. Therefore, police guidance has been clear that enforcement should be the last resort. The police are expected to follow the principles under policing by consent, to work to engage, explain, encourage and then enforce. We will continue to work closely with the police to track community impacts and associated risks.

### ***Sexual orientation***

We have not identified any impacts for this group regarding enforcement of the regulations, under any of the PSED limbs.

### **Closing Schools**

#### **Age**

We have identified impacts under limb 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 1 and 3.

It should be noted that the protected characteristic of age is not applicable with regard to children's services and education, but we have included analysis of how this policy impacts on different groups of young people for completeness.

All schools and other educational settings have been closed except for children of critical workers or vulnerable children and young people. Regional action teams are working to increase school attendance by vulnerable children, and according to DfE internal data, overall rates have increased from around 6% to 11% of those eligible since Easter. However, this still suggests a large number of vulnerable children are not currently at school.

Primary school pupils may find independent learning more difficult compared to secondary school pupils. Schools and other educational settings are being encouraged to provide educational support for pupils at home and where possible for parents/carers to assist with that to minimise impacts. However, there is likely to be an impact on the education of pupils. Strategies to minimise and recover from this issue are being implemented such as:

- Schools and educational settings adapting to new ways of working by moving resources online, working remotely and changing the way they support their students and each other
- DfE publishing [guidance](#) for parents on how to support their child's education and development at home
- DfE publishing [sources of high quality online educational resources](#), including the [Oak National Academy](#) which will provide 180 video lessons each week.

The characteristics of the vulnerable children and young people (who can still attend) may help to mitigate some of that as there is a higher proportion of late primary and secondary school age (e.g. 6.4% of 14-year olds are vulnerable compared to 4.5% of 6-year olds).

Older pupils in year 11 and year 13 were preparing to sit KS4 and KS5 examinations and other vocational assessments. These assessments have been cancelled, which could disadvantage this age cohort in their educational or career progression. However, there is work underway to ensure that those pupils can be given appropriate grades that were expected through a clear and robust process – with an appeals process if needed. Further details of that methodology and the possible impacts on protected characteristics is not considered within this assessment.

Consideration of parents and carers rather than pupils also leads to further potential knock on effects for pupils. Parents and carers are more likely to fall into the 20 – 50 years age bracket and as a result people in this age range will be more impacted by the school closure policy as they will need to make arrangements for the care of their children, which could impact on their ability to work. The impact of this is partially mitigated against by the policy allowing for children of critical workers to continue to attend schools and other educational settings.

### ***Disability***

We have identified impacts under limbs 1 and 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 3.

Special educational needs (SEN) and disability are not synonymous, but there is an overlap between them – [around half of pupils with SEN also have a disability](#). Across England, the percentage of all school pupils that have special educational needs has risen to 14.9% in 2019, up from 14.6% in 2018. Likewise, the number of school pupils with an Education Health and Care Plan (EHCP) has risen to 3.1% in 2019, up from 2.9% in 2018.<sup>39</sup>

We have heard anecdotally that an increasing number of special and residential schools are closing due to staffing issues, meaning that the needs of children with Special Educational Needs and Disabilities (SEND) can't be met within the school setting resulting in more children with complex needs being looked after at home. This is without any additional practical support being provided.

Children and young people with SEN would be likely to suffer a negative effect of any support being temporarily suspended. For example, some children on the autistic spectrum will often find such change/disruption difficult to cope with and could suffer longer-term negative effects.

Children and young people with an education, health and care plan (EHCP) are included in the vulnerable cohort definition but we are asking local authorities to work with educational

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<sup>39</sup> Department for Education (2019) 'Special educational needs in England January 2019'

providers, families and the child or young person to carry out a risk assessment to judge whether the child or young person's needs cannot be met safely at home. Where the risk assessment determines a child or young person with an EHC plan will be as safe or safer at an educational setting, we recommend that they attend the educational setting.

Some pupils with EHCPs have medical conditions that make them high-risk, with regards to the virus, so are shielding rather than attending school. In addition, internal data suggests currently only a small proportion of children and young people with EHCPs are attending school.

Therefore this definition of vulnerable pupils should help partially mitigate the impact on pupils with SEND (as those with the most complex needs are more likely to have an EHCP) but the majority of children and young people with SEND are not included in this definition.

However given these vulnerable pupils can still attend their school or educational setting there is the increased risk of exposure to the infection (although the settings will not have far fewer children and young people so the risk is lessened), to help mitigate that risk the government have published guidance on social distancing to help educational settings support safe provision for these children and young people.

Children and young people with special educational needs and disabilities (SEND) are disproportionately likely to be economically disadvantaged. 2019 data shows that pupils with special educational needs remain more likely to be eligible for free school meals – 28% compared to 13% of pupils without special educational needs. Pupils with an EHCP are more likely to be eligible for free school meals than pupils on SEN support (33% compared to 27%).<sup>40</sup>

Pupils who are eligible for free school meals would also be missing out on that free school meal – but to mitigate this issue support is being provided through their existing schools food suppliers or through the national voucher scheme the government has put in place.

In addition, pupils who are eligible for free school meals may have more [challenging home working environments](#) which are less conducive to home learning and therefore may be more impacted by this 'school closure policy'. Therefore, to help mitigate this issue:

- DfE have ordered laptops to help disadvantaged young people who would otherwise not have access and are preparing for exams (in year 10)
- if disadvantaged children in year 10, care leavers and children with a social worker at secondary school cannot access the internet, DfE will provide free 4G mobile Wi-Fi devices to get them connected while schools are closed
- DfE is also working with some of the major telecommunications providers to exempt certain educational resource sites from data charges
- for 16 to 19 year olds, colleges, schools or other providers can support those without access to devices or connections through their flexible bursary funding.

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<sup>40</sup> Department for Education (2019) 'Special educational needs in England January 2019'

Where additional funding is needed to provide this support, providers can apply to have their bursary funds topped up to ensure those who need it have access.

### ***Gender reassignment***

We have identified impacts under limbs 1 and 3 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 2.

Transgender children and young people may experience specific difficulties in the home environment relating to their gender identity, without the 'escape' of going to educational settings. The National LGBT Survey 2017 (which does not include those aged under 16-years) found that younger respondents were less likely to be open with any of the family they lived with about being LGBT than older respondents (42% of cisgender 16-17 year olds and 28% of 18-24 year olds - in comparison, only 16% of cisgender 35-44 year olds stated the same) and that 48% of transgender respondents had experienced a negative incident due to being LGBT or being thought to be LGBT involving someone that they lived with in the 12 months leading up to the survey;. The [most frequently identified perpetrator\(s\)](#) of the most serious incident were parents and guardians (51%).

In addition, any support, advice and guidance given by school welfare officers to any transgender pupils and young people will not be easily accessible during the school closures. There are other resources that children and young people can access (online or by phone from home) to help mitigate some of this issue, including extra government support to the NSPCC.

### ***Pregnancy and maternity***

We have identified impacts under limbs 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

We do not anticipate any substantial disproportionate impact of school closures on individuals who are pregnant. However, there may be some additional stress on pregnant or new mothers in juggling the education/care of older school age children during the day whilst still needing to deal with their new-born / any pregnancy related issues.

In addition, any support, advice and guidance given by school welfare officers to pregnant teenagers or teenage mothers will not be easily accessible during the school closures. There are other resources that children and young people can access from home to help mitigate some of this issue such as the NSPCC helpline. The government is continuing to support NSPCC's Childline and is working with them to expand the adult helpline by providing them with £1.6 million. This means children have someone to call, and more adults will be able to raise concerns and seek advice about the safety and wellbeing of any child they are worried about.

### ***Race***

We have identified impacts under limbs 1 and 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 3.

As the school closure is national policy all ethnicities will be impacted in line with the national ethnicity profile. However certain minority ethnic groups are more likely to be included in the vulnerable children and young people cohort: around 6% of black or mixed race pupils are classed as vulnerable compared to 5.2% of white pupils, 3.9% of Asian pupils, 3.1% of Chinese pupils and 4.1% of pupils of other ethnic origins.

Given these vulnerable pupils can still attend their school or educational settings there is an increased risk of exposure to the infection, though these settings will now have far fewer children and young people attending so the risk is reduced. To help mitigate the remaining risk, the [DfE has published guidance](#) on social distancing to help educational settings support safe provision for these children and young people.

The [Education Endowment Foundation \(EEF\)](#) has suggested that “the attainment gap will almost certainly widen when children are not in school”. There is a connection between ethnicity, disadvantage and attainment - almost 50% of children from ethnic minority backgrounds grow up in low-income households, compared to just over 20% of young white people.<sup>41</sup> This may mean these ethnic minority groups are more impacted by the school closures policy. As noted above, DfE has introduced policies to help support these children and young people.

Families of South Asian, Black African or Caribbean backgrounds are more likely to live in multigenerational households<sup>42</sup> and therefore some of these children and young people may be more likely to live with grandparents over 70 who are being ‘shielded’ so may not attend school even if eligible.

Exploration of the home learning environment for different ethnic groups using internal findings from the LSYPE<sup>43</sup> also suggest that pupils from particular ethnic backgrounds may be more impacted by this school closure policy. These survey findings suggest that:

- young people of mixed ethnic origin (90% had access), Caribbean (91%) and White British (92%) ethnicities were least likely to have access to an internet enabled desktop or laptop. In comparison, 99% young people of Indian ethnicity and 97% of Bangladeshi ethnicity had access to a desktop/laptop
- young people from Indian, Pakistani and Caribbean ethnic groups were more likely to report that someone at home checked they did their homework ‘every time’ (51%, 51% and 46% respectively) compared to White British young people (38%). White ‘other’ (37%) and young people of mixed ethnic origin (38%) were least likely to report that someone at home checked they did their homework ‘every time’.

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<sup>41</sup> Kenway, P. and Palmer, G. (2007) ‘Poverty among ethnic groups: How and why does it differ?’, New Policy Institute

<sup>42</sup> Data from the Resolution Foundation suggests 70% of white 70+ households do not have younger people living with them, compared to just 20% of South Asian and 50% of Black African or Caribbean households: <https://metro.co.uk/2020/03/23/government-wants-70s-self-isolate-asians-live-families-12406886/>

<sup>43</sup> Longitudinal survey of young people in England - The analysis is based on a representative sample of around 11,000 young people in year 10 from the LSYPE2 cohort study in 2014 (wave 2 of the study).

This means that the children and young people for the ethnic groups identified above may be less able to do online learning or have encouragement from people at home to ensure they complete work given to them.

In addition White British households are less likely to be overcrowded than households from all other ethnic groups combined - around 2% of White British households experienced overcrowding, compared with 30% of Bangladeshi households ([the highest percentage](#)). This implies that children and young people from Bangladeshi households may not have the physical and distraction free space leading to a less conducive learning environment.

Gypsy, Roma & Traveller (GRT) pupils have the lowest average scores in GCSEs of any ethnic group and the highest overall absence rates and persistence rates of any ethnic group. GRT parents are likely to be very cautious about sending their children back to school when restrictions are lifted. Many will not have had access to online lessons / IT equipment and with parents with low literacy and English will not have had parental support for education at home.

Pupils who are [eligible for free school meals](#) may have more challenging home working environments which are less conducive to home learning and therefore may be more impacted by this 'school closure policy'. Therefore to help mitigate this issue:

- DfE has ordered laptops to help disadvantaged young people who would otherwise not have access and are preparing for exams (in year 10)
- if disadvantaged children in year 10, care leavers and children with a social worker at secondary school cannot access the internet, DfE will provide free 4G mobile Wi-Fi devices to get them connected while schools are closed
- DfE is also working with some of the major telecommunications providers to exempt certain educational resource sites from data charges.

For 16 to 19 year olds, colleges, schools or other providers can support those without access to devices or connections through their flexible bursary funding. Where additional funding is needed to provide this support, providers can apply to have their bursary funds topped up to ensure those who need it have access.

Parents of children [from particular ethnic backgrounds](#) are less likely to use formal early years provision – 'White British', 'White and Black' and 'White and Asian' groups were more likely to use formal childcare (68%, 67% and 69% respectively) compared to 'Asian Bangladeshi' and 'Asian other' ethnic groups (43% and 44% respectively) who were least likely. So those ethnic groups that are more likely to use formal childcare may be more affected by this temporary closure of the EY provision.

### ***Religion or belief***

We have identified impacts under limb 1 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limbs 2 and 3.

School closures include faith schools, meaning that some groups may be missing out more than just educational provision. However, all pupils are subject to impacts on their

social, moral and cultural development, for which schools play an important role so we do not have any evidence to suggest that any particular faith groups will be disproportionately impacted by this.

## **Sex**

We have identified impacts under limbs 1 and 2 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 3.

As all schools and other educational settings have been closed except for children of critical workers or vulnerable children and young people the direct impact is not expected to differ much by sex. There is a fairly balanced distribution of pupils by gender – we would not expect children of critical workers to differ from this profile. However, boys are more likely to fall into the vulnerable cohort than girls (6.4% compared to 3.8%). This means that girls may be more negatively impacted as they are less likely to be in the cohort who can still attend their school/educational setting. However, as noted previously, strategies are being implemented to support pupils' learning outside of school.

Given the slightly higher proportion of vulnerable pupils, who may be attending schools, are boys, they might be at an increased risk of exposure to the infection. However, far fewer children are in attendance and as set out previously, the government has [published guidance on social distancing](#) to help educational settings support safe provision for these children and young people.

A further consequence on parents and carers may be due to the uneven split in [unpaid work at home](#). According to [initial analysis](#), of those with children who are working from home, women are spending more time on childcare and home schooling than men in the UK. It is therefore likely that, overall, women may look to reduce their work more than men to care for children not in school. This is in part mitigated by critical workers being able to still send their children to school, but [current data suggests](#) only a small proportion of critical workers' children are currently attending school.

## **Sexual orientation**

We have identified impacts under limbs 1 and 3 of the PSED, as set out below. We have not identified any impacts for this protected characteristic under limb 2.

LGB children and young people may have specific difficulties owing to their sexual orientation in the home environment without the 'escape' of going to educational settings. Evidence suggests that many younger LGB people are not open about their sexual orientation with people, including family members, that they live with: [the National LGBT Survey 2017](#), for example, found that among cisgender LGB respondents, over a 12-month period, 42% of those aged 16-17 years and 28% of those aged 18-24 years were not open about being LGBT with any family members they lived with; while 65% of those aged 16-17 years and 24% of those aged 18-24 years reported that they were not open about being LGBT with any other people they lived. Many respondents to the National LGBT Survey had experienced a negative incident due to being LGBT or thought to be

LGBT involving someone they lived with. Of those who did, the most frequently identified perpetrators were parents and guardians (38%).

In addition, any support, advice and guidance given by school welfare officers to any lesbian, gay, or bisexual pupils and young people will not be easily accessible during the school closures. As noted above, there are other resources including NSPCC that children and young people can access (from home) to help mitigate some of this issue.

### **Self-isolation**

The requirements to self-isolate for 7 days if presenting symptoms of coronavirus, and to self-isolate for 14 days if a member of the household has presented with symptoms (social distancing measures 1 and 2 from the table in the introduction) were set out in government guidance.

Broadly, this will have similar impacts as those described under the restrictions on movement section above. However, self-isolation goes further in that it requires people to stop making use of the reasonable exceptions, for example, exercising and visiting the shops for essential items. In addition to the broad impacts on each of the characteristics outlined above, it is noteworthy that self-isolation will have particular impacts on:

- older people, who need access to essential supplies but are more likely to be isolated and unable to call upon others to support them, for example, by delivering essential shopping
- disabled people who have particular needs such as exercising (as noted above). The clarification that disabled people can exercise more than once a day has not explicitly been extended to cover periods of self-isolation. The requirement to self-isolate for 14 days if a household member has symptoms, even if not displaying symptoms themselves, will be particularly difficult for some disabled individuals
- pregnant women may be particularly impacted if they are unable to access maternity services during their isolation.

Overall, these restrictions are time-limited and the benefits of containing the disease are particularly important in these instances, which relate to people displaying symptoms. Therefore, the overall impact on these groups is expected to be positive.

### **Shielding**

The [government published guidance](#) on the shielding of clinically extremely vulnerable individuals on 21 March 2020 and updated on 17 April 2020. There is no obligation on individuals to follow this guidance, but it is strongly recommended that people categorised as clinically extremely vulnerable stay at home at all times and avoid any face-to-face contact for an initial period of 12 weeks, with potential for extension. Visits for essential support are allowed.

Of NHS reported COVID-19 hospital deaths, 91% of these were of 60+ year olds, as of May 3rd.<sup>44</sup> This is in line with the [latest ONS weekly release](#), where 88% of deaths involving COVID-19 were of those aged 65 years and over in the week ending 17 April in England and Wales. Older people have been advised to shield themselves and are experiencing a heightened level of social distancing. The government has taken further steps to mitigate the impacts on those shielding, for example, by encouraging them to register for support packages.

The government has also implemented mitigation measures, including a registration service for the clinically extremely vulnerable. This allows the government to organise support for access to essential supplies and to specific care needs.

Overall, the health impact on these groups, compared with not issuing this guidance, is positive because of the higher fatality rates associated with those categorised as vulnerable. Nonetheless it is important to recognise that there are likely to be significant negative additional impacts that are likely to result from these measures that are not being mitigated. In particular, there will likely be negative impacts to physical and mental wellbeing as a result of being limited to the home, and losing access to care and support services accessed elsewhere.

## High level options for changing restrictions

This section considers some of the changes to social distancing policy that could be made as part of the early stages of the easing of the policy, and their potential impacts on groups with protected characteristics, based on evidence in this document.

### Increasing access to outdoor spaces

This equalities assessment determined that anecdotally, all groups could benefit from increased access to outdoor space as a way to improve variety and enhance variety under lock-down. Notably, families living in cramped conditions with limited outdoor space will benefit. This will disproportionately impact people from ethnic minority backgrounds who are more likely to live in urban areas – for example around 2% of White British households experienced overcrowding, compared with 30% of Bangladeshi households (the highest percentage). Disability groups such as autistic people and those with learning disabilities, may also gain particular benefits from access to outside space; the government already recognised this by updating its guideline to clarify that people with a specific health condition such as autism may need to routinely leave the home to maintain health. Lifting the restrictions more broadly would ensure that others – e.g. those with a mental health condition – can also benefit from more time outside.

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<sup>44</sup> NHS England and NHS Improvement (2020) COVID-19 all announced deaths 4 May 2020

## **Enabling return to work for more people (within the scope of the current law)**

Encouraging people to go back to work will have economic benefits for many, but some groups will benefit less than others. Low earners more generally are seven times as likely as high earners to work in a sector that is now shut down. Similarly, [the IFS](#) has estimated that employees aged under 25 were about 2 and a half times as likely to work in a shutdown sector as other employees. Women are also likely to be impacted differently to men; [emerging evidence suggests](#) women are being more impacted by job loss – partly due to the types of jobs/sectors they work in and partly due to greater caring responsibilities; without the reopening of pre-schools and childcare, women will be less able to benefit from businesses reopening. Interventions to encourage people back to work might need to be combined with the re-opening of childcare facilities for women to benefit and the already disproportionate impacts to be mitigated. Single parents in particular, who are more likely to be women and are more economically vulnerable, will be unable to benefit without additional childcare measures and/or increased social contact, if they have access to family support.

The [data](#) for ethnic minority communities highlights that Black people are more likely to be employed in public administration, health and education (at 43.6%) i.e. key worker roles. The combined Pakistani and Bangladeshi ethnic group had a higher percentage of workers in the distribution, hotels and restaurants sector (30.7%) which are currently closed.

Finally, easing NPIs for manufacturing, construction, and retail would positively impact parts of the SW, East, Midlands, North, Wales, and NI the most.

## **Increasing social contact**

Expanding household bubbles to allow more social contact would have significant positive impacts on many individuals and disproportionately so within vulnerable groups, where the need for support is highest. Young people, who report high levels of loneliness and concerns about coping during the lock-down would strongly benefit. Similarly, individuals at the highest risk of isolation within their households (e.g. vulnerable children, victims of domestic abuse, LGBT groups and disabled people who are more at risk of anxiety) could be expected to benefit substantially from this measure. Domestic abuse charities have drawn attention to the fact that it is contact with other people that provokes victims to seek help. Single parents would also experience particular benefits in expanding their support beyond the household. It could assist informal childcare arrangements and would help new mothers, who are at a heightened risk of mental health complications such as postnatal depression, to access support from friends and family. Clarifying that midwives and health visitors can visit the home would also contribute to improved support for these women.

## **Reopening pre-school and primary childcare**

Loosening education restrictions would have substantial benefits from an equalities perspective. It would benefit vulnerable children who are not attending school in great

numbers (11% of those eligible). There are significant economic benefits for parents of children, who are enabled to work, and there is particularly strong evidence of benefits for women, where there is [evidence](#) that women are more likely to take on caring responsibilities, and that, of those with children who are working from home, women are spending more time on childcare and home schooling than men in the UK. Opening schools will also help limit educational inequalities between rich and poor pupils as there is evidence that pupils from deprived schools are completing less work than those in more affluent schools ([Sutton Trust, 2020](#)); keeping schools closed until September could increase the attainment gap by 25-75%.<sup>45</sup> Some ethnic groups are over-represented in disadvantaged populations and there is strong evidence to show that disadvantaged children gain the most benefit from early education. There is good evidence to show the particular benefits of early education to children with Special Educational Needs and Disability (SEND). Such pupils already qualify for continued access, although uptake is unclear. LGBT groups may also benefit from the reopening of schools, especially for those whose families are not accepting of them, as this may give them greater access to their social support groups. As noted above, there are currently higher levels of anxiety within these groups.

## Conclusions

It is clear that certain groups benefit more from having social distancing measures in place, due to their increased vulnerability to Covid-19, and may therefore be more disadvantaged by a reduction of any of the current measures. However, this should be somewhat mitigated by continued shielding measures for the most vulnerable. The groups in this category include the elderly, some people with disabilities, and those members of ethnic minority communities who are currently at greater risk of exposure - either due to their key worker roles, or underlying health conditions - or both.

All groups are disadvantaged by social distancing measures to some degree (although this is counterbalanced by the benefits for those classified as vulnerable). Young people, women, religious groups, disabled people who are not more vulnerable to Covid-19, and people in lower socio-economic groups are particularly disadvantaged by these measures and will feel these disadvantages more acutely as they continue. With the exception of people who will continue to need to adopt shielding measures, all groups would benefit from increased access to outdoor spaces and increased social contact. These measures would particularly benefit people from ethnic minority backgrounds, disabled people and their families, young people, LGBT people, and women.

Enabling a return to work is likely to particularly benefit people under 25 and low earners generally. But this presents potential risks to parents - particularly women - if it is not coupled with childcare measures.

The reopening of preschools and primary schools would particularly benefit pupils who are vulnerable, with Special Educational Needs and Disability, from lower income households,

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<sup>45</sup> Education Endowment Foundation (2020) Policy briefing on school closures

or from certain ethnic groups. These measures would also benefit women, who are taking on the majority of childcare responsibilities.

This assessment of impacts on people with protected characteristics needs to form part of a central decision that seeks to balance the disadvantages they are experiencing with the health benefits of the continuation of social distancing measures, and the more detailed economic implications of their continuation which, it should be noted, may further disadvantage people with protected characteristics.

The government's social distancing strategy appears to have been effective in reducing the transmission of Covid-19 and the Prime Minister has announced that we have passed the peak of infections. It is difficult to weigh up the positive health impacts of the social distancing policy against the inequalities it has inevitably exacerbated until more data is available. This would also require a more thorough assessment of the wider health implications of the policy. At this stage we do not find evidence in this assessment that the government's response has been disproportionate in terms of the impacts on inequalities.

## Monitoring and evaluation

The government continues to gather data, including through interactions with stakeholders, to understand the impacts of these measures on all citizens, and in particular groups with protected characteristics. This information is being taken into account as these policies continue to be reviewed. The government's approach is therefore compliant with the public sector equality duty as set out in s.149 Equality Act 2010 as this is an ongoing duty.

Ministers are prepared to change the Regulations and accompanying guidance when needed to address unanticipated equalities impacts.

The government is obliged to review the necessity of the measures underpinned in law at least every 21 days, taking into account their effectiveness and impacts of these policies on people with protected characteristics.

# Annex: Additional background evidence

## Age

### Ability to work

Some [evidence from a recent survey](#) suggests that younger people were the most likely to be currently furloughed, working on reduced hours or having their employer impose temporary leave, while 65+ were the least likely:

- 35% aged 18 to 24
- 31% aged 25 to 34
- 26% aged 35 to 44
- 27% aged 45 to 54
- 17% aged 55 to 64
- 6% aged 65+

Workers aged 30 years and under were much less likely to work from home than older workers. Younger people may be disproportionately required to physically attend work during lockdown, or be more affected by organisations that are required to close and cannot operate home working. Sales assistant, cashiers and caring personal services are the top jobs in which 22 to 29 year olds work [as of 2017](#). This reinforces that younger workers may be impacted by an inability to work from home more so than other age groups, as these occupations typically see lower rates of home working.

Percentage of UK workforce to ever work at home by age group, [Jan-Dec 2019](#):

- 16 to 19 = 3%
- 20 to 24 = just over 10%
- 25 to 29 = 21%
- 30 to 34 = 26%
- 35 to 39 = just under 30%
- 40 to 44 = 33.5%
- 45 to 49 = 34%
- 50 to 54 = 31%
- 55 to 59 = 28.5%
- 60 to 64 = 26%
- 65 to 69 = 33%
- 70 and over = 42%

## Wellbeing

There are [differences in age groups reporting](#) that they are not coping well due to coronavirus, with younger people more likely to report this compared to older adults:

- 42% aged 18 to 24
- 37% aged 25 to 34
- 30% aged 35 to 44 and 45 to 54
- 26% aged 55 to 64
- 20% 65+

## Disability

### Wellbeing

[ONS data](#) regarding Coronavirus and the social impacts on disabled people in Great Britain, published on 24<sup>th</sup> April, indicates that:

Nearly 9 in 10 disabled adults (86.3%) said they are very worried or somewhat worried about the effect that the coronavirus (COVID-19) is having on their life. Almost half (45.1%) of disabled adults, compared with around a third (30.2%) of non-disabled adults, reported being very worried about the effect the coronavirus (COVID-19) pandemic is having on their life.

Disabled people are most worried about the effect of COVID-19 has on their ability to make plans, their well-being, and the availability of and access to groceries.

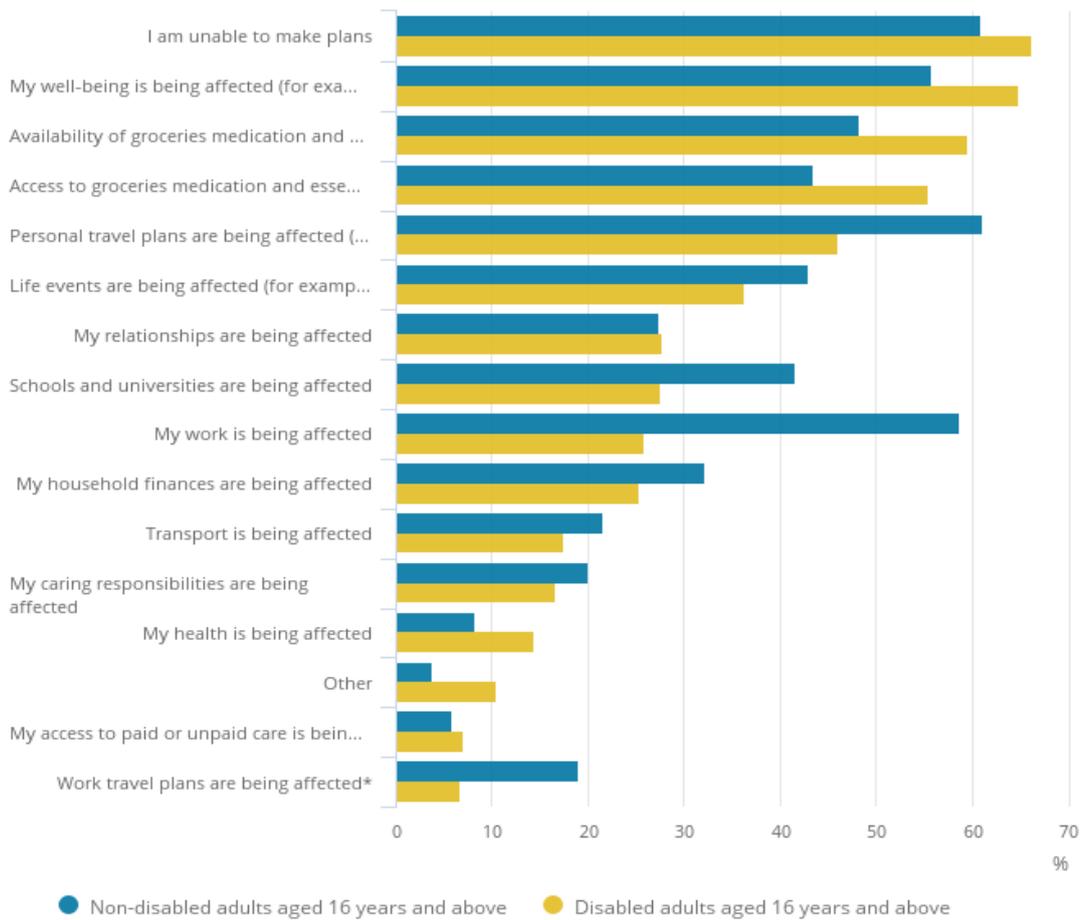
Nearly two-thirds (64.8%) of disabled adults said COVID-19-related concerns were affecting their wellbeing. The main reasons cited by disabled adults for their well-being concerns during the COVID-19 pandemic were feeling worried about the future and being stressed, anxious or bored.

Disabled adults were significantly more likely than non-disabled adults to report spending too much time alone; around a third (35.0%) of disabled adults reported this compared to a fifth (19.9%) of non-disabled adults. Disabled adults are more likely to report having self-isolated because of COVID-19 (52.7%), compared with non-disabled adults (32.3%), is likely to be contributing to these observed trends.

Finding a way to stay in touch with friends and family remotely is the most popular action that is helping people cope while staying at home; however, spending time with members of their household was a less frequent form of coping for disabled (41.9%) than non-disabled adults (63.5%).

Figure 1: Disabled people are most worried about the effect of COVID-19 on their ability to make plans, their well-being, and the availability of and access to groceries

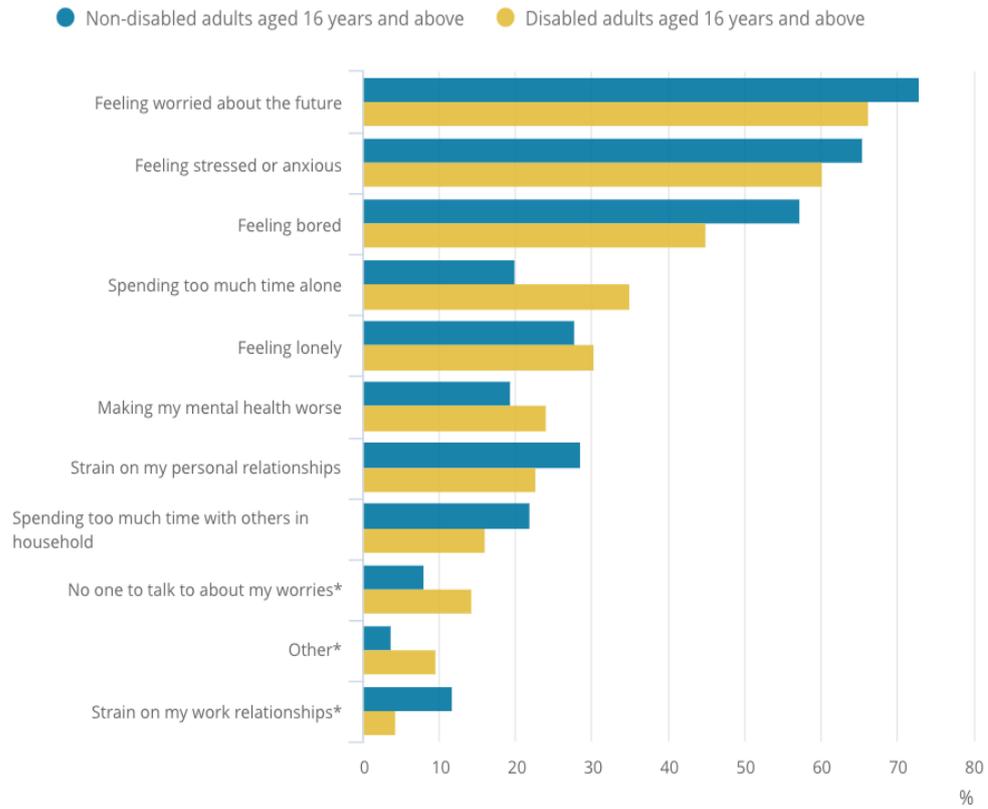
Great Britain, 3 April 2020 to 13 April 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

**Figure 2: Disabled adults were more likely to report spending too much time alone in the last seven days than non-disabled adults**

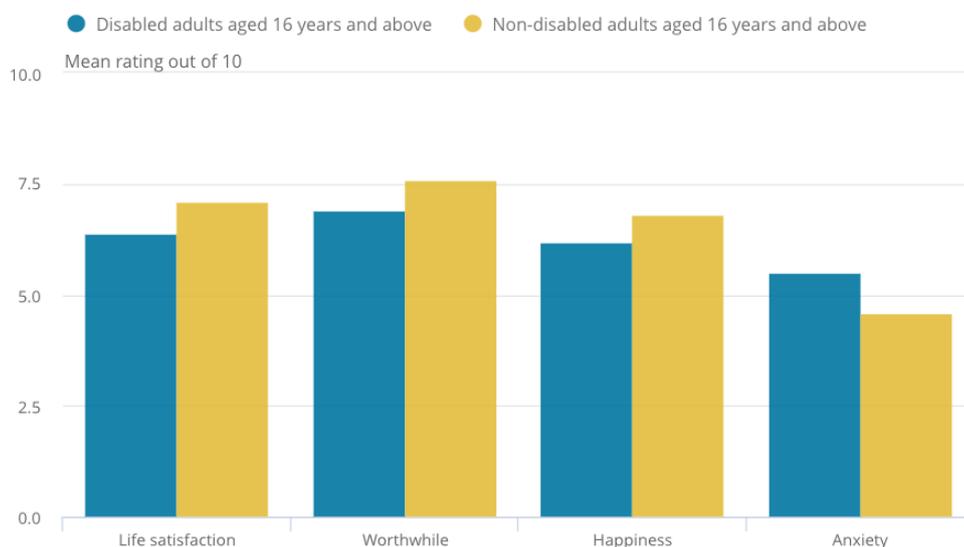
Great Britain, 3 April 2020 to 13 April 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

### Figure 3: Disabled people report poorer well-being levels than non-disabled people during the coronavirus pandemic

Average well-being ratings for disabled and non-disabled people, Great Britain, 3 April 2020 to 13 April 2020



Source: Office for National Statistics – Opinions and Lifestyle Survey

## Sex

### Health

[Data on death rates](#) suggests that men represent 58% of England and Wales deaths involving COVID-19 as of 24 April 2020, as reported by ONS.

### Domestic abuse

As of 27 April 2020 calls to the National Domestic Abuse Helpline, run by [Refuge](#), have spiked significantly during the lockdown – seeing an on average increase of around 50% in calls since lockdown measures began.

### Healthcare exposure

[Women are at the forefront of the fight against the virus](#): in 2017 they made up 77% of NHS workers, 45% of hospital and community health service doctors and 89% of nurses and health visitors.

A [BMA council member stated](#) that 7 out of 10 women don't have appropriately fitting PPE and are therefore at increased risk in frontline roles.

## Parenting and single parent families

One-third of single parents and just over one-fifth of coupled parents work in shutdown sectors. A larger proportion of coupled parents are able to work from home, whereas single parents are concentrated in the two most severely affected groups. Some of those who are able to work from home and those who work outside the home but not in key sectors might be able to deal with care and home schooling while also keeping their jobs. But with social restrictions limiting informal childcare help from friends and parents, some may have to reduce hours or give up work altogether to care for their children. This means some parents who would be able to work had they not had to take care of their children will be facing similar economic risks to those in shutdown sectors. This is especially true for [single parents](#), who will have to deal with balancing work and childcare on their own, and 86% of single parents are women. Lone parent families are also most financially vulnerable to an economic shock.<sup>46</sup>

## Unpaid childcare and care work

There is [evidence](#) that women are more likely to take on caring responsibilities, and that, of those with children who are working from home, women are spending more time on childcare and home schooling than men in the UK.

[Evidence](#) suggests that more than half (59%) of family carers were women in 2018.

[The ONS report](#) that 62% of 'sandwich carers' - those who care for both sick, disabled or older relatives and dependent children - are women. Caring for sick people may put women more at risk and the schools closure may mean that women will take on more childcare, forcing them to leave work, or disrupting their ability to work from home.

## Changes to work

[Around half of working women are in the education, health and retail sectors](#) - those working in some forms of retail are likely to feel the economic impact of closures, and those working in groceries will be put under increased pressure to support food availability.

[IFS analysis](#) of the Labour Force Survey data suggests that one in six (17%) female employees work in closed sectors compared to one in seven (13%) of male employees.

[Men were slightly more likely than women to be currently furloughed](#), working on reduced hours or having their employer impose temporary leave at 24% compared to 21% of women.

In the UK, [women on average report](#) they can do 41% of their tasks from home, compared to 46% for men.

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<sup>46</sup> Living costs and food survey, ONS

Women are disproportionately represented in lower income occupations such as caring, leisure and other services (80%), sales and customer service (63%) and administrative and secretarial roles (76%), while men comprise more elementary and trades related occupations (74% male) and dominate process, plant and machine operatives (87% male).<sup>47</sup> Despite this, [women are less represented in higher paid positions than men](#) such as manager, director and senior official roles, professional occupations and associate professional and technical occupations.

## Wellbeing and mental health

[Women are more likely to indicate that they are not coping as well as usual](#) due to the impact of coronavirus, at 34% compared to 24% of men.

The Adult Psychiatric Morbidity Survey (2014), found that women were more likely than men to have reported symptoms for common mental disorders in England (19% of women compared with 12% of men). Women were also more likely than men to report severe symptoms of common mental disorders ([10% of women compared with 6% of men](#)).

## Race

### Data relating to the closure of businesses

#### **Self employed**

- 20.4% of workers in the combined Pakistani and Bangladeshi ethnic group were self-employed, the highest percentage out of all ethnic groups.
- [People from the Bangladeshi ethnic group](#) are the least likely to work from home out of all ethnic groups, 2.3% of Bangladeshi workers mainly work from home. Also, 2.4% of Black workers mainly work from home.

#### **Income distribution and deprivation**

- Between 2008/09 and 2017/18, people from Pakistani and Bangladeshi backgrounds were the most likely out of all ethnic groups to be in low income.
- Among the broad ethnic groups, Asian people were most likely to live in the most deprived neighbourhoods, followed by Black people – 15.7% and 15.2% of these groups lived in the most deprived 10% of neighbourhoods.
- Among the specific ethnic groups, Pakistani and Bangladeshi people were most likely to live in the most deprived neighbourhoods – 31.1% of Pakistani people and 19.3% of Bangladeshi people lived in the most deprived 10% of neighbourhoods.

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<sup>47</sup> ASHE ONS 2019

[The coronavirus \(COVID-19\) has, so far, had a proportionally higher impact on the most deprived areas](#), and people from some ethnic minority groups (other than White) are more likely to live in such areas.

- as with mortality rates for all causes of death, [Covid-19's effects are worse the more deprived an area is](#). However, in the most deprived areas, Covid-19 has had a proportionally higher impact
- [looking at deaths involving the coronavirus](#), the rate for the least deprived area was 25.3 deaths per 100,000 population and the rate in the most deprived area was 55.1 deaths per 100,000 population; this is 118% higher than the least deprived area. This compares with a difference in rates of 88% for all deaths
- [in 2019](#), people from ethnic minority groups (except the Indian, Chinese, White Irish and White other groups) were more likely than White British people to live in the most deprived 10% of neighbourhoods in England
- Pakistani people were over 3 times more likely, and Bangladeshi people over twice as likely, as White British people to live in the most deprived [10% of neighbourhoods in England](#)
- [in the 3-year period from 2015/16 to 2017/18, the ethnic groups with the largest percentage of households in the two lowest quintiles](#) were Pakistani (76%), Bangladeshi (74%) and Black (62%) by comparison, 37% of White British households fell into the 2 lowest income quintiles
- in the 3-year period from 2015/16 to 2017/18, [children in Bangladeshi and Pakistani households](#) were the most likely to live in low income and material deprivation out of all ethnic groups
- during 2019, [the highest percentages of Free School Meal \(FSM\) eligibility were seen in White minority groups](#) - 56% of Traveller of Irish Heritage pupils, and 39% of Gypsy/Roma pupils were eligible for FSM. 26% of Bangladeshi and 20% of Pakistani pupils were eligible for FSM

### ***Employment by sector, age and region***

- [In 2018](#) the combined Pakistani and Bangladeshi ethnic group had a higher percentage of workers in the distribution, hotels and restaurants sector than any other ethnic group (30.7%)
- [In 2018](#), 18% of Black workers were employed in 'caring, leisure and other services' jobs, the highest percentage out of all ethnic groups in this type of occupation
- in 2018, Black workers had the highest percentage of any ethnic group working in public administration, education and health (at 43.6%)
- within the ethnic minority groups (other than White minorities), Black and other Asian ethnic groups had the highest percentage of workers aged 60 and over, 6.6%
- in 2018, London (the region that has the highest proportion of its population classified as an ethnic minority group) also had the largest pay gap between White and ethnic minority employees, of 21.7%
- in 2018, the employment gap between ethnic minorities and the general population was larger in all Northern and Midlands regions than in all Southern regions. In the North East, it was 2.5 times higher than in the South East; in Scotland, it was 2.4

times higher than in London, and in the North West and Yorkshire, it was 1.5 times higher than in the South West

- the lowest employment rate for the Black ethnic group was in Wales and Scotland (56%) and the lowest employment rate for the Asian ethnic group was in Yorkshire and the Humber (57%).

#### Percentage of workers in each ethnic group employed by different sectors

Industry †	All †	Asian †	Indian †	Pakistani, Bangladeshi †	Asian Other †	Black †	Mixed †	White †	White British †	White Other †	Other †
	%	%	%	%	%	%	%	%	%	%	%
Agriculture, forestry and fishing	1.1	0.1	?	?	?	?	?	1.2	1.3	0.8	0.3
Banking and finance	17.5	18.1	20.5	14.6	19.0	16.7	20.1	17.4	17.1	19.5	20.9
Construction	7.2	3.0	3.8	2.5	2.3	4.0	4.1	7.7	7.7	7.6	5.1
Distribution, hotels and restaurants	18.2	24.2	18.6	30.7	24.7	14.9	20.4	17.8	17.5	19.9	23.7
Energy and water	1.7	0.7	0.8	0.6	0.7	0.9	0.7	1.9	2.0	1.3	1.1
Manufacturing	9.0	6.1	8.0	4.6	4.7	4.6	7.5	9.5	9.2	11.4	6.9
Other services	6.0	4.3	3.7	4.0	5.6	5.5	8.6	6.0	6.1	5.6	7.2
Public admin, education and health	30.2	27.5	26.8	25.2	31.7	43.6	28.3	30.1	31.0	22.6	22.5
Transport and communication	9.1	16.1	17.7	17.8	11.1	9.7	10.3	8.4	8.1	11.3	12.4

† Data withheld because a small sample size makes it unreliable

Source: [Annual Population Survey 2018](#)

### Working from home

- [People from the Bangladeshi ethnic group](#) are the least likely to work from home out of all ethnic groups, 2.3% of Bangladeshi workers mainly work from home.
- 2.4% of Black workers mainly work from home.

### Single parent households

When considering ethnicity, we know that [18.9% of Black households were made up of a single parent with dependent children](#), the highest percentage out of all ethnic groups for this type of household.

### Data relating to the restrictions on movement and restrictions on gatherings

#### Mental Health

The APMS also found that psychotic disorder and bipolar disorder were more than twice as common amongst Black compared to White ethnic groups. This could be due to real

higher prevalence of serious, and in a number of cases, *undiagnosed* mental illness amongst BAME groups.

Black people are 4 times more likely than white people to be detained under the Mental Health Act (England, 2017/18).

In 2018/19, people in the Black Caribbean specific ethnic group were the most likely to use mental health learning disabilities and autism services, out of all ethnic groups for which ethnicity was reliably recorded

### **Domestic abuse**

*NB: It is important to note that domestic abuse statistics are not straightforward to interpret, so substantive conclusions about the relationship between ethnicity and domestic abuse cannot be drawn. That said, we base the assessment made in this section on the latest reliable data available.*

According to the [ONS Crime Survey](#) for England and Wales, for the year ending March 2019:

- women in the Mixed ethnic group were more than twice as likely to experience domestic abuse than White women (20.0% compared with 7.2%)
- Asian women have a low rate of reported domestic abuse - women from the Mixed ethnic group (20.0%) were more likely than Asian (5.7%) or White women (7.2%) to report being victims of domestic abuse
- the current 'stay at home' restrictions give rise to particular concerns on domestic violence. The figure below illustrates this:
  - Between April 2018 and March 2019, 5.7% of people aged 16 to 74 in England and Wales reported having been a victim of domestic abuse in the last 12 months. People of Mixed ethnicity (12.9%) were more likely to have experienced domestic abuse than White (5.6%) or Asian people (3.8%). In the Mixed and White ethnic groups, women were more likely than men to have experienced domestic abuse in the past year

### **Living conditions**

Poor housing conditions and overcrowded households could lead to a quicker transmission of COVID-19 if a member of their household is infected.

- [In 2014 to 2017](#), around 679,000 (3%) of the estimated 23 million households in England were overcrowded (that is, they had fewer bedrooms than they needed to avoid undesirable sharing); around 2% of White British households experienced overcrowding, compared with 30% of Bangladeshi households (the highest percentage)
- [In the 2 years to March 2018](#), an average of 4% of households in England had damp in at least one room of their home (871,000 homes). Bangladeshi and Black African households were more likely to have damp problems than White British households

- [In almost every region of England](#), White British households were less likely to be overcrowded than households from all other ethnic groups combined. London had the highest percentage of overcrowded households for ethnic minorities (excluding White minorities)

TABLE: Percentage of households that were overcrowded, by ethnicity

<b>Asian</b>	
Bangladeshi	30
Chinese	7
Indian	7
Pakistani	16
Asian other	10
<b>Black</b>	
Black African	15
Black Caribbean	8
Black other	13
<b>Mixed</b>	
Mixed White/Asian	3
Mixed White/Black African	8
Mixed White/Black Caribbean	6
Mixed other	3
<b>White</b>	
White British	2
White Irish	4
White Gypsy/Traveller	?
White other	7
<b>Other</b>	
Arab	15
<b>Any other</b>	7

Source: [English Housing Survey](#) 2014/15, 2015/16 and 2016/17 (combined)

[Centre for Cities research](#) shows that those now working from home in south east England as a result of covid-19, have less living space per person to do this, when compared to

those living in non-urban areas. As the table above highlights, ethnic minority groups are more likely to live in overcrowded households, and this will partly be as a result of lower incomes and larger families. As such, working from home will disproportionately impact ethnic minority groups.

TABLE: Percentage of households living in non-decent homes by ethnicity

<b>Ethnicity</b>	<b>%</b>
<b>White British</b>	18
<b>White Irish</b>	15
<b>White Gypsy or Irish Traveller</b>	?
<b>White Other</b>	20
<b>Mixed White and Black Caribbean</b>	12
<b>Mixed White and Black African</b>	27
<b>Mixed White and Asian</b>	?
<b>Mixed Other</b>	20
<b>Indian</b>	15
<b>Pakistani</b>	21
<b>Bangladeshi</b>	25
<b>Chinese</b>	4
<b>Asian Other</b>	20
<b>Black African</b>	20
<b>Black Caribbean</b>	17
<b>Black Other</b>	?
<b>Arab</b>	12
<b>Other</b>	21

Source: [English Housing Survey](#) April 2016 to March 2018 (2 years combined)

The above data shows that ethnic minority groups are more likely to live in non-decent homes that lack modern facilities, are in states of disrepair or have ineffective insulation or heating. The restrictions on movement and closure of businesses and venues as a result of Covid-19, are expected to have a disproportionate impact on ethnic minority groups. The increase in time spent in non-decent homes, particularly with larger-than-average family sizes, may have a detrimental impact on their physical and mental wellbeing. Reduced income as a result of the lockdown will make it more difficult to afford home

repairs which will reinforce and lengthen the associated impacts of non-decent homes on well-being.

### **Geography**

Geography is just one of a number of key factors that determine how vulnerable people are to COVID-19.

In the UK, people in urban areas are more likely to spread the virus because of the higher population density, ample leisure amenities, a generally younger population, and a lot of people using crowded public transport.

- people from Pakistani (99.1%), Bangladeshi (98.7%), and Black African (98.2%) backgrounds were most likely to live in an urban location
- almost 30% of the Pakistani population lives in urban areas in Birmingham (13.0%), Bradford (9.5%), Manchester (3.9%) and Kirklees (3.7%)
- more than 40% of the Bangladeshi population lives in urban areas in Tower Hamlets (18.4%), Newham (8.4%), Birmingham (7.4%), Oldham (3.7%) and Redbridge (3.6%)
- almost 30% of the Black African population lives in urban areas Southwark (4.9%), Newham (3.9%), Lambeth (3.6%), Greenwich (3.6%), Lewisham (3.3%), Birmingham (3.1%), Croydon (3.0%), Barking and Dagenham (3.0%)
- Gypsy or Irish Travellers (24.7%), and people identifying as White British (21.8%) or White Irish (10.0%) are most likely to live in a rural location; outside the White ethnic groups, people from the Mixed White and Asian group are most likely to live in a rural location, at 9.5%

### **Public transport use**

Areas with high levels of public transport use, such as London, might see the virus spread quicker. A higher percentage of trips are made by public transport (in particular by bus) by people in ethnic minority groups.

For the average of the years 2014-2018, Black people made around 19% of all their trips by local bus. The figure was 13% for people in the Other group, 10% for the Mixed group and 9% for Asian people. This compares to around 5% for White people.

There are many factors explaining the higher public transport use by people in ethnic minority groups. However, some of it is explained by the higher proportions of ethnic minority people living in urban areas with better developed public transport systems.

## **Socio Economic Info**

## Ability to work

White collar occupations (assumed to be on higher salaries) are shown as able to perform a higher share of tasks from home than more manual or blue collar roles (likely to be on lower salaries). [Approximate share of tasks](#) that can be done from home by occupation include:

- Management = 60%
- Business and finance operation = just over 60%
- Computer and mathematical = just under 70%
- Architecture and engineering = 55%
- Community and social service = 45%
- Legal = 50%
- Healthcare practitioners = 10%
- Healthcare support = 10%
- Protective services = just over 0%
- Food preparation and service = 0%
- Building and grounds cleaning = just over 0%
- Personal care services = 0%
- Sales and related occupations = 10%
- Office and administrative support = 50%
- Farming, fishing and forestry = just over 0%
- Construction and extraction = 5%
- Transportation = 0%
- Military specific operations = 25%

Private sector employees are much more likely to be currently furloughed, working on reduced hours or having their employer impose temporary leave at 46% compared to 25% of public sector employees.

[People of a C2 social grade](#) were the most likely to be currently furloughed, working on reduced hours or having their employer impose temporary leave at 29% against 23% of C1, while people of AB and DE social grade reported 19%.

## Wellbeing

There is a steady decline from DE to AB social grades in how well people are coping with the impact that COVID is having on their life. [Percentage reporting not coping well](#):

- AB - 21%
- C1 - 28%
- C2 - 34%
- DE - 36%

## **Mental Health**

[The Marmot Review into Health Inequalities in England \(2020\)](#) reported that children living in poverty in England were over three times more likely to suffer from mental health problems than children who are not poor. This inequality may be exacerbated during the pandemic because children living in poverty are less likely to have frequent access to green space or digital technology in order to engage in activities beneficial for their mental health.



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