



HM Government

Equality Impact Assessment of The Health Protection (Coronavirus, Restrictions) (Steps etc.) (England) (Revocation and Amendment) Regulations 2021

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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) when considering national de-escalation through the Steps in the COVID-19 Spring Roadmap plan. The PSED is made up of three elements; it requires a public authority (in the exercise of its functions) to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and those who do not; and
- foster good relations between people who share a protected characteristic and those who do not.

The protected characteristics are:

Age: The Equality Act 2010 categorises 'age' as a protected characteristic and defines a person who has or shares the protected characteristic as a 'person of a particular age group' or 'persons of the same age group'. An 'age group' is 'defined by reference to age, whether by reference to a particular age or to a range of ages'.¹

Disability: Under the Equality Act 2010, a person has a disability as a protected characteristic if the person has 'a physical or mental impairment', which 'has a substantial and long-term adverse effect on [his/her] ability to carry out normal day-to-day activities'.²

Marriage/civil partnership: The Equality Act 2010 defines someone as having the protected characteristic of marriage or civil partnership if 'the person is married or is a civil partner'.³ The first aim of the public sector equality duty applies to this characteristic but the other aims (advancing equality and fostering good relations) do not apply.

¹ See 'Equality Key Concepts' *Equality Act (c. 15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 4: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

² See 'Equality Key Concepts' *Equality Act (c. 15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 4: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

³ See 'Equality Key Concepts' *Equality Act (c. 15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 5: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Pregnancy and maternity: Pregnancy and maternity is a protected characteristic under the Equality Act 2010. A woman is protected against discrimination on the grounds of pregnancy and maternity during her pregnancy and any statutory maternity leave to which she is entitled.

Sex: 'Sex' as a protected characteristic under the Equality Act 2010 refers 'to a man or to a woman'.⁴

Sexual orientation: The Equality Act 2010 explains that the protected characteristic of sexual orientation means a person's sexual orientation towards persons of the same sex, persons of the opposite sex or persons of either sex.⁵

Gender reassignment: Under the Equality Act 2010, transsexual people share the protected characteristic of gender reassignment. A person has this characteristic if that 'person is proposing to undergo, is undergoing, or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex'.⁶

Race: Race, as a protected characteristic in the Equality Act 2010, includes 'colour', 'nationality' and 'ethnic or national origins'.⁷ A racial group can include two or more different racial groups.

Religion or belief: In the Equality Act 2010, 'Religion' is defined as 'any religion [including] a lack of religion'. 'Belief' is defined in the Equality Act 2010 as 'any religious or philosophical belief [including] lack of belief'.⁸

The Secretary of State must review the need for the restrictions imposed by the Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 (the Steps Regulations) at least once every 35 days to ensure they remain proportionate. In carrying out this review and considering moving England to Step 4 of the Roadmap, the Secretary of State must in particular consider whether the restrictions no longer remain proportionate for the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection in England with coronavirus.

This equalities analysis also takes into consideration the other regulations that will either be, revoked or extended as part of the legislative vehicle for Step 4, which is set out below.

⁴ See 'Equality Key Concepts' *Equality Act (c.15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 6: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

⁵ <https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>

⁶ See 'Equality Key Concepts' *Equality Act (c.15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 5: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

⁷ See 'Equality Key Concepts' *Equality Act (c.15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 5: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

⁸ See 'Equality Key Concepts' *Equality Act (c.15), Part 1 – Socio-economic inequalities*, Part 2, Chapter 1, 2010, p. 6: https://www.legislation.gov.uk/ukpga/2010/15/pdfs/ukpga_20100015_en.pdf

Background to the Steps Regulations

On 22 February 2021, the Prime Minister announced the ‘COVID-19 Response - Spring 2021’ roadmap (herein, referred to as [the roadmap](#)), which set out how restrictions would be eased cautiously at the same time across the whole of England, rather than by region, based on data and not dates. On the 8 March 2021 Step 1A of the roadmap was implemented by amendment to the Health Protection (Coronavirus, Restrictions) (All Tiers) (England) Regulations 2020 (“the All Tiers Regulations”). Step 1A included permitting childcare and children’s supervised activities to resume where necessary to enable parents to work or engage in similar activities and allowing people to leave home for recreation and exercise outdoors with one person from outside their household.

The legislative framework for implementing the rest of the roadmap is set out in the Health Protection (Coronavirus, Restrictions) (Steps) (England) Regulations 2021 (the Steps Regulations), which revoked and replaced the All Tiers Regulations. The Steps Regulations came into force on 29 March, at the same time as a further de-escalation in restrictions (Step 1B). As the Regulations came into force at the same time as Step 1B, it is referred to simply as Step 1 within the Regulations.

On 12 April 2021 the Health Protection (Coronavirus, Restrictions) (Steps and Local Authority Enforcement Powers) (England) (Amendment) Regulations 2021 (the Regulations) implemented Step 2 of the roadmap. The Health Protection (Coronavirus, Restrictions) (Steps and Other Provisions) (England) (Amendment) Regulations 2021 amended the Steps Regulations and implemented Step 3 of the roadmap on 17 May. On 15 June, the Health Protection (Coronavirus, Restrictions) (Steps and Other Provisions) (England) (Amendment) (No. 2) Regulations 2021 were laid extending the expiry date of the Steps Regulations to the end of 18 July 2021 and adjusting some of the restrictions within Step 3, including lifting the capacity limit on wedding ceremonies and receptions and commemorative events, as well as allowing these events and funerals to take place in private gardens. An amendment was also made to the Secretary of State’s power to disapply restrictions for research purposes.

The Health Protection (Coronavirus, Restrictions) (Steps etc.) (England) (Revocation and Amendment) Regulations 2021 revoke the Health Protection (Coronavirus, Collection of Contact Details etc. and Related Requirements) Regulations 2020, the Health Protection (Coronavirus, Wearing of Face Coverings in a Relevant Place), the Health Protection (Coronavirus, Wearing of Face Coverings on Public Transport) (England) Regulations

2020 (England) Regulations 2020, the Health Protection (Coronavirus, Restrictions) (Obligations of Undertakings) (England) Regulations 2020, and the Local Authority Enforcement Powers Regulations. The SI will also extend the application of the Health Protection (Coronavirus, Restrictions) (England) (No. 3) Regulations 2020 until the end of 27 September 2021.

Revoking the steps regulations initiates step 4. Hence, The Health Protection (Coronavirus, Restrictions) (Steps etc.) (England) (Revocation and Amendment) Regulations 2021 and decision not to extend the regulations due to expire at the end of 18 July, implements the following policy changes:

Revoking the Steps Regulations:

- removes restrictions on general social contact: The rule of six/two households indoors, and up to 30 individuals outdoors. There will no longer be any restrictions on the number of people you can meet indoors or outdoors
- removes gathering limits for life events: up to 30 people for significant/standalone life events, commemorative events/wakes. This means that the number of people who can attend these events will not be dependent on the capacity of the venue with social distancing
- removes gathering limits for support groups and parent and child groups: up to 30 people (not including children under 5 years old)
- removes gatherings offences: these apply where a person breaches the national gatherings limits (Rule of six/two household indoors; 30 outdoors). There are also specific offences for participating in an indoor gathering of more than 15 people or organising a gathering of more than 50 people outdoors, or 30 people indoors
- permits the reopening of all businesses that remained closed under the Steps Regulations: nightclubs, dance halls, discotheques, dance floors/spaces for dancing, sexual entertainment venues/hostess bars, and shisha bars
- removes the Secretary of State's power to disapply those regulations in relation to the Event Research Programme

Revoking the Face Coverings (Public Transport) Regulations

- removes the requirement for people to wear face coverings when using public transport services unless they have a reasonable excuse. We are moving to an approach that enables personal risk-based judgments. Government guidance will advise that: *'wearing a face covering will reduce your risk and the risk to others, where you come into contact with people you don't normally meet in enclosed and crowded spaces'*. Individual operators may decide to require face coverings as a condition of carriage

Revoking the Local Authority Enforcement Powers Regulations

- removes the provisions which allow Local Authority officers to issue a Coronavirus Improvement Notice, Coronavirus restriction Notice and a coronavirus Immediate Restriction Notice to premises that do not meet Covid secure requirements. And as we reach Step 4 of the roadmap, local authorities and the Health and Safety

Executive will continue to support businesses to understand the guidance and take enforcement action where there are breaches of the rules that are in place which could pose a significant risk to public health

Revoking the Collection of Contact Details Regulations

- removes the requirement that businesses collect contact details from customers, and that customers who refuse to provide those details can be refused entry. However, businesses will be strongly encouraged to continue to display QR codes and collect customer contact details

Revoking the Face Coverings (Relevant Places) Regulations

- removes the requirement to wear a face covering in relevant indoor settings without a reasonable excuse. Government guidance will advise that: *'wearing a face covering will reduce your risk and the risk to others, where you come into contact with people you don't normally meet in enclosed and crowded spaces'*

Revoking the Obligations of Undertakings Regulations

- removes the requirement for certain businesses and venues serving food or drinks to take reasonable precautions to manage the risk of COVID-19 which requires the implementation of an appropriate distance between tables
- removes the limits on the size of groups in hospitality settings including a prohibition to mingle from one group to another, linked to the Steps Regulations
- removes the requirement for signage and information linked to the Face Coverings (relevant area) Regulations
- removes the prohibition on undertakings to prevent an individual from wearing a face covering in a relevant area, linked to the Face Coverings (relevant area) Regulations
- 'Working Safely' guidance will be updated to provide examples of sensible precautions that employers can take to reduce risk in their workplaces. Employers should take account of this guidance in preparing the risk assessments they are already required to make under pre-pandemic health and safety rules

The No. 3 Regulations will be extended until the end of 27 September 2021. These Regulations confer powers on local authorities to close individual premises, outdoor public places, and events in response to serious and imminent threats to public health. A separate PSED has been conducted for extending the No.3 Regulations and should be considered alongside this analysis.

The Four Tests

The design of the roadmap was informed by the latest scientific evidence and seeks a balance between our key social and economic priorities, whilst preserving the health and safety of the country. The successful rollout of the COVID-19 vaccination programme, alongside falling infections, hospitalisations and deaths has paved the way for a gradual lifting of restrictions. In order to inform the pace and sequencing of the roadmap, the Government has taken scientific advice from the Scientific Advisory Group for Emergencies (SAGE).

The Government considers whether it is safe to relax particular restrictions across England (assuming no significant regional disparities) on an assessment of progress against the following four tests which were set out by the Prime Minister:

- the COVID-19 vaccine deployment programme continues successfully
 - since announcing a four week pause at Step 3 on 14 June and as of 10 July, 3,529,521 first and 3,557,363 second doses have been administered in England
 - we met our target of offering all adults a first dose early and remain on target to have two thirds of adults double jabbed by 19 July
 - up until 12 July, 87.3% of the UK adult population received one dose (45,978,017) and 66.4% (34,997,491) had received two doses
- evidence shows vaccines are sufficiently effective in reducing hospitalisations and deaths in those vaccinated
 - confidence in vaccine effectiveness against the Delta variant has increased significantly
 - 88.1% of the adult population have COVID-19 antibodies from either infection or vaccination, compared to 16.1% from infection alone. More than 95% of those over 40 have antibodies
 - for the Delta variant, PHE estimates that vaccine effectiveness against symptomatic disease is 35% after one dose of Pfizer or AstraZeneca. After two doses, this increases to 79%
 - further, one dose of either vaccine reduces hospitalisations by ~80%. A second dose boosts protection to 96%. Protection against hospitalisation is similar for the Alpha and Delta variants

- for the Alpha variant, transmission by a vaccinated individual to household members is reduced by 35-50% (for symptomatic cases)
- infection rates do not risk a surge in hospitalisations which would put unsustainable pressure on the NHS
 - nationally, infections have increased sharply, and admissions are steadily increasing following slows in the rate of increase last week
 - the ratio of cases to hospitalisations has continued to decrease in recent weeks and is at the lowest level since the beginning of the pandemic and significantly lower than previous peaks
 - SPI-M modelling suggests that the scale of the next wave in hospital admissions is highly uncertain and extremely sensitive to behaviour change, but most modelled scenarios have peaks lower than in previous waves
- our assessment of the risks is not fundamentally changed by new Variants of Concern (VoC)
 - Delta accounts for c.99% of cases in England. Variants of Concern (VoC) and Variants Under Investigation (VUI) excluding Delta remain at a very low level
 - the Delta AY.1 mutation (provisionally assigned a VoC), has the potential for increased transmissibility and immune escape when compared to Delta. Investigation is underway
 - the risks Delta poses has not changed significantly since the last review point but has been mitigated by delaying step 4 for 4 weeks and delivering an additional c.7m vaccine dose as of 10 July

The Four-Test Summary

Although there are some unintended consequences of lifting the measures to those with protected characteristics, particularly in relation to the increased risk of transmission, our assessment is that the impacts the removal of the restrictions might have on those with protected characteristics are justified on the basis that the vaccine rollout continues to be successful and will help to protect against the incidence or spread of coronavirus infection in England, without the need for continued social and economic restrictions, and which restrictions themselves have impacts on those with protected characteristics. It can be concluded that based on analysis against the four tests, it is proportionate to move to Step 4 of the roadmap, allowing for the necessary reopening of the economy.

The success of the vaccination rollout has paved the way for the safe and gradual lifting of restrictions. Over 94.6% of those aged 40 and over have received at least one dose and we are very likely to achieve the vaccination targets as reflected in the Roadmap. Although there is decreased vaccine effectiveness against symptomatic disease for Delta compared to Alpha, the reduction is modest, particularly after two doses. The relationship between cases and hospitalisation has changed; hospitalisation is at a low level currently and only starting to increase. Variants will continue to arise, and we will remain vigilant to this

threat. At Step 4 while many of the legal restrictions that the Government has imposed through the pandemic will be lifted, cautious guidance will remain making it clear this is not yet a return to normal. While cases are high and rising, everybody needs to continue to act carefully and remain cautious. The government will continue to manage the virus and provide guidance over the coming months. While there is no perfect time to relax remaining restrictions, moving to step 4 on 19 July means relaxations coincide with the end of the school term, take place over the summer when more activities can take place outdoors and pressures on the NHS are less than in the autumn and winter months.

The Five-Point Plan to Manage the Virus in the Next Phase

This five point-plan set out in the Covid-19 summer response will help us to manage the risks of living with the virus on our careful and cautious pathway back to normality.

- 1. Reinforce the country's vaccine wall of defence through booster jabs and driving take up.** The Government will encourage vaccine take up among young adults and those yet to be vaccinated, ensure all adults have had the opportunity to receive two doses of the vaccine by mid-September and offer booster jabs to the most vulnerable subject to final advice from the JCVI.
- 2. Enable the public to make informed decisions through guidance, rather than laws.** The Government will reopen the remaining closed settings and remove restrictions from the end of 18 July, provide guidance for individuals, businesses and those who are Clinically Extremely Vulnerable on the behaviours that can help to protect everyone, and look to operate public services in a way that support everyone feeling safe to access them and work with business to the same effect.
- 3. Retain proportionate test, trace and isolate plans.** The Government will keep our testing system in place, continue to offer free lateral flow tests to help people manage their personal risk, maintain current domestic isolation requirements until 16 August before introducing an exemption for fully vaccinated contacts and under 18s and maintain support for self-isolation, with practical and financial support available until the end of September.
- 4. Manage risks at the border and support a global response to reduce the risk of variants emerging globally and entering the UK.** Government will continue to operate a traffic-light system for international travel, reassessing the red, amber and green lists on 15 July and every three weeks through the summer, remove quarantine requirements for fully vaccinated UK travellers returning from amber countries from 19 July, while retaining PCR testing crucial for identifying new variants, and accelerate global vaccination by prioritising access to vaccines in developing countries.
- 5. Retain contingency measures to respond to unexpected events, while accepting that further cases, hospitalisations, and deaths will occur as the country learns to live with COVID-19.** Government will continue to monitor the data on a regular basis to ensure there is no danger of the NHS facing unsustainable pressure, work with local authorities and provide national support to local areas that need an enhanced response to Covid 19 and maintain contingency plans for reimposing economic and social restrictions at a local, regional or national level if evidence suggests they are necessary to suppress or manage a dangerous variant. Such

measures would only be re-introduced as a last resort to prevent unsustainable pressure on the NHS.

This PSED assesses the impact of moving from Step 3 to Step 4 of the roadmap. The analysis does not re-consider the past impacts of restrictions under the earlier Steps of the roadmap, as these have already been considered as part of the analysis carried out for the parent Steps Regulations. Instead, this PSED only considers the introduction of changes in policy associated with the Regulations, that is the revocation of the Steps Regulations. It should be read in conjunction with earlier Equality Impact Assessments or Public Sector Equality Duty analyses for the Steps Regulations as a whole, and for moving to Step 2 and Step 3.

Broadly, the initiation of Step 4 is expected to be positive for people with protected characteristics by inflicting fewer restrictions on their social and economic livelihoods. However, there is a risk that revocation of the Steps Regulations could lead to an exponential increase in infections⁹, and such rises may have a differential impact across the different groups of the population – including those with protected characteristics. The impact of rising infection rates will be mitigated though, by the continued vaccination programme. In relaxing social and economic restrictions, the Regulations will seek to balance health, including mental health, economic and social factors and will consider how any change in policy may disproportionately impact certain groups. However, the evidence set out for the four tests indicates that the balance of interests lies in continuing to implement the planned roadmap and proceeding to Step 4¹⁰.

We consider for this review that the Steps Regulations are no longer necessary for the purposes of preventing, protecting against, controlling or providing a public health response to the incidence or spread of coronavirus infection in England and therefore can be revoked. However, in line with the Act, we will continue to keep this advice under review based on any changes in the data and the impacts on the protected characteristics which may arise.

⁹ SPI-M-O: Consensus Statement on COVID-19 9.6.21: Evidence indicated that the incidence of infection was increasing and widespread across the country, with exponential growth already in some areas.

¹⁰ Cabinet Office Analysis and Data Directorate, C19 Taskforce Test 4 Evidence Summary: Variants of concern

The Public Sector Equality Duty (PSED)

Step 4: Equality Impact Assessment

Age

The reopening of nightclubs, dance halls, discotheques, dance floors/spaces for dancing, sexual entertainment venues/hostess bars, and shisha bars and the enabling of indoor gatherings of any size, are likely to have a positive impact on the mental health and wellbeing of the population in general, through providing increased opportunities to socialise. Reopening dance halls and relaxing gatherings restrictions for larger groups for older adults, such as larger outdoor walking groups and indoor walking tours and amateur activity, will have a positive impact on the mental health and wellbeing of older age groups, as they will facilitate communication and social interaction with a greater number of people. Opportunities to socialise have been restricted since March 2020 and young people have been particularly impacted by the restrictions these Regulations revoke as they are most likely to socialise in nightlife venues than other age groups.

Venues that require certification to participate/attend events, though not mandatory, may negatively impact on young peoples' participation as they are less likely to be fully vaccinated and would need to be tested as a suitable alternative which may add friction to their consumer journey.

Young adults are also most likely to work in the nightlife settings that will be opened at Step 4 and therefore benefit from the increased opportunity to find employment. There are 6,120 licensed clubs in England, all of which have been required to close since 23 March, with limited ability to provide a restricted form of service. Workers aged 16-24 comprised 37% of the hospitality workforce, compared to 11% across the UK economy. Conversely, the share of older workers is lower in hospitality with 14% between 50-64 years old (29% across the UK economy). This is especially true for beverage serving activities, where 46% of employees are 16-24 years old, representing more than four times as many "young" workers than across the UK economy as a whole (11%). In addition, England's events sector directly employed 416,000 people in 2019. The workforce was typically younger than other sectors, with 20% aged 16-24 compared with an all-sector average of 11%. Step 4 will also see the removal of capacity limits in hotels, hostels and B&Bs, giving those in the hospitality sector who have lost their job or are currently furloughed, a better opportunity to return to work. The reopening of night life venues and large events, and removal of capacity limits in accommodation will therefore have a positive impact on younger age groups, by increasing pay, job security and the average equality of opportunity.

However, nightlife venues – as listed above – are associated with a high risk of transmission. According to statistics based on a US survey of different types of employment, those in the occupations prevalent within nightclubs, dancehalls and

discotheques, were found to work in very close proximity with other staff and customers. A Scientific Advisory Group for Emergencies (SAGE) paper on high-connectivity (and therefore high-risk) situations also listed clubs among the situations where outbreaks have occurred. International examples reinforce this: in Tokyo, Catalonia and Seoul, clubs have been re-opened and subsequently closed again due to rising local infections. Results from the UK Events Research Programme also demonstrate the increased risk of transmission in these settings. Activities undertaken in nightlife venues, such as dancing and sharing shisha pipes, may exacerbate this risk. Young adults are most likely to frequent these venues and therefore might be at an increased risk of transmission, particularly as they have not been prioritised for the vaccine. That said, young people are, in general, less likely to suffer with morbidity, mortality and hospitalisation relative to older people. Moreover, the vaccination programme is continuing at speed and all adults are expected to have been offered their first dose of the vaccine by the end of July and the most vulnerable of this cohort will have now most likely been offered two doses of the vaccine.

Increased transmission in the community as a result of businesses in the nightlife sector being permitted to open could have a disproportionate impact on older people because they are more susceptible to hospitalisation from severe disease. However, we consider any disproportionate impacts are justified on account of the successful rollout of the vaccine to the UK adult population, where 9 priority groups were initially prioritised including the elderly. The vaccine rollout continues to reduce the risk of hospitalisation and death. Public Health England figures on vaccine effectiveness against symptomatic disease of the Delta variant is similar after two doses compared to the alpha variant, and we expect to see even higher levels of effectiveness against hospitalisation and death. The Pfizer Biotech vaccine was 96% effective against hospitalisation from the Delta Variant after the second dose, and 94% after the first of the Astra Zeneca which was 92% effective against hospitalisation from the Delta variant after the second dose. The Government has committed to keeping the epidemiological data under review to control transmission and protect the health of individuals.

Removing Government social distancing guidelines, including capacity limits, on cruises could affect travel confidence in older people (as well as those with a disability or from a minority background). Older people may be disproportionately affected as they make up a significant proportion of cruise passengers (according to data collected from industry). However, cruise operators will continue to use the industry-developed Framework for UK Cruise Operations during COVID-19 as well as the EU Healthy Gateways guidance, which, alongside other robust mitigations, includes guidance on operating at lower capacity. As mentioned above and throughout, successful rollout of the vaccine is a key risk mitigation; Additionally, government guidance in step 4 will continue to recommend that cruise passengers are vaccinated, and that operators ensure the vaccination of crew to offer further protection and confidence. Government guidance will have a beneficial impact in relation to this group. Any negative impacts such as age should be mitigated by the exemptions to vaccination policies for those under 18 and for those who cannot receive a vaccination for medical reasons. DfT is working with other government departments and operators to ensure there are sufficient facilities to maximise access to vaccinations for crew upon arrival into the UK and operators have signalled that they do not have any concerns around take up from crew. Moreover, given the similarities between the cruise environments, and closed communities such as care homes where vaccinations will be mandatory, this guidance is in line with the policy for other similar settings and provides a

balanced approach between the risks posed, and potential impact on crew, passengers and country as a whole.

Removing the limit of the number of people able to attend a support group will have a positive effect on those wishing to access these groups. People have been able to attend support groups remotely or in smaller groups throughout the pandemic, however, young people, for example, may experience additional benefits from having more access to in-person youth support groups. There are over one million young people with known needs that have been amplified by the pandemic and two million will have emerging needs due to COVID, including poverty, missing education and unemployment. In addition, evidence from the 2020 [Young Minds survey](#) suggests that there are increased mental health issues amongst young people, and anecdotal evidence points towards there being an increased demand for support services for young people.

Revoking the requirements to wear face coverings in relevant indoor premises will also have a positive impact on children over the age of 11, attending out-of-school settings – such as tuition centres, extra-curricular clubs and activities – operating within community-based premises. This assumes that face coverings can create communication complications, which can hinder learning for children, particularly in situations where visual cues or facial expressions are key (e.g. language classes). Face coverings may also hinder the experience for children and young people during these out-of-school activities, and their ability to interact socially with other children. Therefore, the removal of face coverings in these settings, where they are operating from community settings, is likely to benefit children and young people's learning, social development, as well as their mental health and wellbeing. However, given that there tends to be greater potential for children from different schools and groups to mix in these settings, there could be an increased risk of transmission in these settings by their removal. We consider any disproportionate impacts are justified on account of data analysis which has repeatedly shown that risk of death from COVID-19 is associated with age and that young people are significantly less at risk of serious disease. In addition, there are significant benefits to learning and development – as described above – from removing the requirement for face coverings to be worn in out-of-school settings operating in these premises.

Certain age groups might not understand the changes, and what activities they are now permitted to engage in or businesses they are able to visit. For example, according to a 2021 [report by Age UK](#), 42% of adults aged 75 or over do not use the internet, meaning that they might not be able to easily access guidance on what rules have changed. In addition, age-related illness such as Alzheimer's disease could inhibit an individual's ability to understand the guidance and Regulations. Both factors mean older people might be impacted more by the various Covid FPNs. The revocation of the Steps Regulations removes the majority of Covid offences for which individuals could be issued with an FPN, and therefore significantly minimises this potential impact. To mitigate these impacts, the College of Policing and National Police Chiefs Council (NPCC) has published guidance to forces stressing the importance of the four-step escalation principles. Following the approach of engaging, explaining, encouraging, and then enforcing has helped to reduce some of these concerns, especially around exemptions and misunderstandings of the rules.

For people aged 12 plus, removing the requirement to wear face coverings has some benefits, for example it will make communication easier, and people will find it more comfortable not to have to wear one for an extended period, as they had to in some

settings. The main risk of removing the requirement is that transmission rates are likely to increase, especially at enclosed or busy places. The high level of vaccination across the country, however, means that the risk of the virus spreading is significantly reduced.

Removal of restrictions and relaxation of associated guidance, such as social distancing, could disproportionately impact the elderly who may have anxiety about travelling on rail or buses if these become more crowded. Bus drivers were also identified as a disproportionately impacted group in the first wave because they are more likely to be older. Removing capacity limits on domestic ferries and cruises could affect confidence to travel, especially in older people who could be disproportionately affected. However, the Department for Transport encourage the maritime industry to use different methods of communication to ensure that all users are getting the same messages, increase capacity to match expected demand as far as possible, increase (and advertise) frequency of cleaning, and have procedures in place to assist less-mobile passengers which should help offset concerns and help mitigate such impacts.

Library workers and volunteers tend to be in the older age groups and are exposed to frontline contact with groups that may be more likely to be unvaccinated, for example those from minority ethnic communities and children, being among the biggest users of libraries. However, this is mitigated due to most older groups having received two doses of the vaccine.

Many children's activities take place in libraries. The removal of restrictions may encourage more children and families to take part in schemes such as The Summer Reading Challenge (SRC), which can be run physically in libraries. The SRC has a positive impact on maintaining children's literacy levels. Also, many young people volunteer to deliver the SRC. However, the increase in young library users – who are more likely to be unvaccinated – may deter other users.

Her Majesty's Prison and Probation Service (HMPPS) is exploring the expansion of services, including reintroducing physical contact between prisoners and visitors over the age of 11. This also applies in Probation services where HMPPS will continue to review its approach in the context of easing community restrictions. Although HMPPS is guided by the roadmap steps and relaxations enacted by these revoking regulations, actions taken in Prisons and Approved Premises are considered separately due to the nature of the settings. In line with Public Health England (PHE) advice, due to the increased risks of transmission within a closed setting, HMPPS plan to remove social distancing more gradually in line with local risk within prisons and maintain other non-pharmaceutical interventions at Step 4 across prisons and Approved Premises (APs). There will therefore be no impact for these service users; although the expansion of services to reintroduce contact between prisoners and visitors could have a beneficial impact for friends and family of prisoners who are over the age of 11. Physical contact has already been reintroduced for children under the age of 11.

Removing the requirement for designated venues in scope to request that individuals "check in" may have a negative impact upon older people. Revoking the Collection of Contact Details Regulations will mean that venues will no longer be required to provide a check in option which doesn't require a smartphone or other technological device (e.g., a paper-based "logbook"). As venues are less likely to maintain a logbook (because of the additional burden on the business), this could negatively impact those who do not have the

app or a smartphone. People over 55 are less likely to own a smartphone,¹¹ which means they may not receive the public health advice that others may get (i.e. people who have scanned the NHS QR code poster or checked in via another form of technology). This will particularly affect older people who are at higher risk; however, this is mitigated by providing clear guidance which encourages venues to maintain the NHS QR code and a logbook.

Disability

People with disabilities have been at an increased risk of severe disease from COVID-19 for most of the pandemic. Those with disabilities who are considered Clinically Extremely Vulnerable (CEV) have been advised to shield at several points throughout the course of the pandemic, and have therefore often been disproportionately impacted, compared to the general population, by the Government's response to the virus. Whilst the vast majority of the population (including the Clinically Extremely Vulnerable) will be well protected by the vaccine, there is, however, no absolute guarantee that an individual will not catch the virus, even if they have received both doses of a vaccine. Emerging evidence suggests that those who are immunocompromised or immunosuppressed may not respond as well to the COVID-19 vaccine as others. In most cases, individuals who are immunocompromised or immunosuppressed will be having regular discussions with their GP or clinician about how to lower their risk of infection from other diseases due to their weakened immune system. In the context of the move to Step 4, these groups are likely to be at increased risk due to an increase in community incidence. They should continue to have these discussions in relation to COVID-19 as their GP or clinician will be best placed to provide more bespoke advice based on the unique circumstances of the individual patient. Immune-suppressed individuals may be more cautious about resuming activities when restrictions are lifted and therefore might not benefit as much from the easing of restrictions as other groups.

Revoking the Collection of Contact Details Regulations could result in fewer people checking in, which may impact people with disabilities – a group at an increased risk of severe disease from COVID-19. This group may not receive advice to book a test when they may have been exposed to the virus. As people with disabilities are overrepresented within hospitality staff, this could have greater impact on this group than others. This will be mitigated by providing guidance which encourages venues to maintain their check in processes, including having a record of all staff and their contact details so that they can be contacted if a COVID-19 outbreak has been linked to that venue.

As noted above, disabled employees are slightly over-represented in the hospitality sector. This means that reopening nightlife businesses is likely to have a positive impact in employment prospects for disabled people more widely. Step 4 will also see the removal of capacity limits in hotels, hostels and B&Bs, giving those in the hospitality sector who have lost their job or are currently furloughed, a better opportunity to return to work. Mental health and wellbeing in relation to disability could also improve by supporting the return of disabled people to work in newly opened sectors. However, this may be limited depending on the number of disabled people who were furloughed. For those who were made unemployed, there may be a limited benefit, as nightlife venues are only just being opened

¹¹ Global Mobile Consumer Survey: UK cut –

<https://www2.deloitte.com/content/dam/Deloitte/uk/Documents/technology-media-telecommunications/deloitte-uk-plateauing-at-the-peak-the-state-of-the-smartphone.pdf>

in Step 4. Businesses may not yet be taking on new staff, and there will be a high number of applicants for any new jobs.

As mentioned above, nightlife venues are high risk settings, where there is an increased likelihood of transmission. People with disabilities may be at a greater direct risk of infection due to their overrepresentation as employees in this sector. In addition, any increase in incidence of infection in the community is likely to have a disproportionately negative impact on disabled people, due to the range of complex vulnerabilities associated with disabilities. Overall, however, we consider any disproportionate impacts are justified on account of the continued rollout of the vaccine, and the prioritisation of Clinically Extremely Vulnerable people for receiving the vaccine; the commitment to keep the epidemiological data and protect the health of individuals as set out by the Joint Committee on Vaccination and Immunisation (JCVI); and the positive impact on financial and mental wellbeing as a result of reopening nightlife venues and other relaxations.

The removal of capacity limits for events is also likely to have a positive impact on mental wellbeing of people with disabilities. This group will have greater opportunities to enjoy large sociocultural events. To mitigate against the increased risk of transmission at large events, there will continue to be some advised mitigations in place, such as COVID-secure guidance, to help provide safety to these groups, who may be more prone to complications if infected with coronavirus. Nevertheless, people with certain disabilities will continue to face a greater risk of infection, particularly if they cannot be vaccinated for health reasons, and therefore attending large events may not be beneficial to these groups.

Removing the limit on support groups and parent and child groups, can have a positive impact on the mental and physical wellbeing of disabled children/adults by increasing the access to larger groups which can offer non-stigmatising support.

Latest ONS statistics show people with a disability are less likely to be employed than those without a disability (53% and 82% respectively). Some individuals with a disability, therefore, may be less likely to be able to pay the majority of Covid fixed penalty notices (FPNs). Revoking the Steps Regulations will remove the various Covid FPNs, other than in the self-isolation Regulations (which are not affected by these regulations), and therefore positively impact disabled people who are more likely to be economically disadvantaged. Certain disabilities might also impact an individual's ability to understand what constitutes an offence, especially due to the changing nature of the regulations. Revoking the Steps Regulations will significantly reduce the possibility that certain individuals with this protected characteristic could be impacted more by the various Covid FPNs where a genuine misunderstanding of the rules has taken place.

Removal of restrictions, including the legal requirement to wear a face covering on public transport, and relaxation of associated guidance, such as social distancing, could also disproportionately impact disabled people who may have anxiety about travelling on public transport as it becomes more crowded, especially if they have been shielding.

There is a potential positive benefit for people with some disabilities in lifting face covering restrictions. The removal of the requirement to wear face coverings can remove a barrier to engagement with other people that some people with disabilities have. A negative impact of removing face covering rules is that transmission of the virus may increase, which may increase the risks of catching the virus for some disabled people. However, given that those with underlying health conditions which were deemed to give a higher

vulnerability to COVID-19 have been offered at least one dose of a vaccine, the risk has been mitigated to a significant extent.

People with a disability may be more at risk of being involved in or a victim of crime because of their protected characteristics. Conversations are ongoing on the appropriate steps to be taken for courts. Initial thinking, based on the latest views from PHE, is that social distancing would still be required in courts as part of reasonable mitigations against risk of COVID-19 transmission. In this scenario, moving to Step 4 will not affect how courts are running or change the experience of service users. However, if we were to relax or remove social distancing in courts, it would allow HMCTS to significantly increase its capacity to hear more outstanding cases and would be the main way in which the courts backlog built up through the pandemic would be tackled. This would benefit victims waiting for justice and those waiting for their case to be heard (especially those in custody, pleading not guilty and awaiting trial).

Marriage and Civil Partnership

The removal of the remaining restrictions on significant life events will have a positive impact on those participating in and witnessing these events. So too will the removal of the requirement – for all participants – to have to wear face coverings during wedding ceremonies and at receptions indoors. However, with the increase in potential number of households attending these significant life events and bearing in mind that people often travel to attend them, there is a risk of transmission rates of COVID-19 increasing in these settings, and this is especially risky when considering novel strains. The increased risk of transmission from this relaxation is likely to have a disproportionate negative impact on disabled people, due to range of complex vulnerabilities associated with disabilities, the elderly, and Black, Asian and Minority Ethnic (BAME) communities. However, this risk is mitigated by the COVID-secure guidance still in place for such settings. Given the continued success of the vaccination programme, we consider the removal of the gathering limits are justified and the economy can be reopened in a careful and safe way.

The further easing of restrictions, particularly the removal of social contact restrictions, is likely though, to have a positive impact on people who might be experiencing domestic abuse in a marriage or civil partnership. According to an ONS Report from November 2020, there has generally been an increase in demand for domestic abuse victim services during the coronavirus pandemic. [It is likely that this is due to an increase in the severity of abuse being experienced, and a lack of available coping mechanisms such as the ability to leave the home to escape the abuse or attend counselling.](#) The expiry of the Steps Regulations will benefit individuals experiencing domestic abuse by making it easier for them to seek out support.

Pregnancy and Maternity

Parents will be able to benefit from the removal of the limit for parent and child groups, as these groups provide an informal support network for parents, and promote the social and wellbeing of children, which is crucial for their development. This may also help parents who may be struggling to engage with other parents and be beneficial for children's wellbeing in terms of learning and development during these critical early stages of their life. The risk of symptomatic disease continues to remain low for younger children, which means they are at less risk compared to other age groups. The risk of transmission is

mitigated by the continuation of COVID-secure guidance in settings where these groups take place.

The [JCVI recently published new advice](#), recommending that pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group. The advice was issued after no specific safety concerns were identified with any brand of COVID-19 vaccines in relation to pregnancy. This means that, once vaccinated, pregnant women will be at a reduced risk of symptomatic infection when we move to Step 4 and the restrictions that mitigate against transmission are removed.

The removal of the requirement to wear face coverings will likely have a positive impact on pregnant women and new parents, as face coverings may have caused discomfort. A further benefit will be for new parents to be better able to communicate with, and therefore bond with, their baby.

Sex

Women are likely to benefit from the further reopening of hospitality, that is, nightlife venues, as [they make up 55% of the workforce in this sector](#) and a higher proportion of women than men have been furloughed (according to [ONS data](#), 57% of furloughed workers across sectors are women). Therefore, women are likely to benefit from a return to work from furlough (where they have potentially been paid less) and increase their job security. However, as these businesses are only just permitted to open in Step 4 women may still disproportionately face reduced hours and the threat of unemployment. Step 4 will also see the removal of capacity limits in hotels, hostels and B&Bs, giving those in the hospitality sector who have lost their job or are currently furloughed, a better opportunity to return to work.

Although men are more likely to be admitted to hospital with COVID-19, women appear to be slightly more likely to suffer from long COVID than men (14.5% compared with 9.5%), but only in the younger age group. The government is learning more about long COVID all the time and have made £50 million of research funding available to support projects to better understand it. They are prioritising support for those suffering from it. The NHS has opened over 80 [long COVID](#) assessment services across England and last week published a £100 million plan to expand support.

There appears to be a positive impact on both men and women in removing all social contact restrictions as they both benefit from the greater ability to socialise and access support. However, with greater relaxation of restrictions, there may be a disproportionate impact on men on account of the potential increase in transmission risk, as [data suggests](#) that men are more likely to die from Coronavirus than women. The Government is mitigating negative impacts posed by increased transmission risks by continuing to rollout the COVID-19 vaccine programme at pace, as well as by continuation of COVID-secure guidance.

According to data published by the NPCC, men are more likely to be issued with an FPN under the Health Protection Regulations than women. Between 27 March 2020 and 20 June 2021, 70% of all [FPNs issued](#) in England and Wales were issued to individuals self-identifying as male. This means men are more likely to be disproportionately impacted by various COVID FPNs as they are more likely to receive an FPN and/or be a repeat

offender. Although this trend broadly reflects wider patterns of offending, removing the majority of Covid offences by revoking the regulations will have a positive impact on people who identify as male. The College of Policing and the NPCC have published guidance to forces stressing the importance of the four-step escalation principles of engaging, explaining, encouraging and then enforcing: this will help mitigate against any disproportionate impacts relating to those Covid FPNs that will remain in place.

Domestic abuse disproportionately affects women, as well as others with protected characteristics. Therefore, the further easing of restrictions and revocation of the Steps Regulations could have a positive impact as people will have more opportunities to access support from recognised support services.

Sexual Orientation

Based on data from the National LGBT Survey 2018, 10% of LGBT respondents were working in hotels, restaurants, cafes and bars. A comparison of data from the Labour Force Survey, the National LGBT Survey 2017 and the Business Impact of COVID-19 Survey (BICS) published by ONS found that LGBT people are over-represented in the sectors that have seen the highest proportions of short-term staff lay-offs during the pandemic, therefore the reopening of nightlife venues, such as nightclubs, could lead to an increase in pay, job security and the average equality of opportunity for people with the protected characteristic of sexual orientation. In turn, other benefits such as mental health and wellbeing, and greater opportunities for socialisation can benefit this group through the lifting of restrictions on these sectors.

Revoking the Collection of Contact Details Regulations may have mixed impacts on LGBTQ+ people. Visitors to LGBTQ+ venues in scope of the Steps Regulations may be concerned about businesses or local authorities collecting their contact information and having their attendance at these venues on record, which may negatively impact their quality of life. For example, it may deter people from visiting these venues. As venues will no longer be required to request and store this information, this may have a positive impact on wellbeing for people accessing these venues. There may, however, be a negative public health impact; LGBTQ+ people who visit these venues may decide not to check in (if venues do have a check in system in place). This means these individuals may not be contacted with public health advice if there is a COVID-19 outbreak.

Social and economic restrictions enacted by the Steps Regulations have also had a disproportionate impact on LGBTQ+ individuals who may have suffered if their families are not supportive of their sexuality. Therefore, removing social contact restrictions and reopening the economy may have a beneficial impact on the mental health and wellbeing of this group by enabling them to find support outside their family or household.

The LGBTQ+ community is also disproportionately impacted by domestic abuse. Hence, the further easing of restrictions and revocation of the Steps Regulations could have a positive impact as individuals will have more opportunities to access support from recognised support services.

Gender reassignment

Data on gender reassignment, or more broadly, gender identity or trans status is not collected in major employment or labour market surveys which means that we are unable to provide analysis on the equalities impacts for transgender staff.

We have not identified any disproportionate impacts in relation to the protected characteristic of gender reassignment. Removing the requirement to wear face coverings has no impact on people as a consequence of their gender identity or trans status, however, it does have some benefits. For example, it will make communication easier, and people will find it more comfortable not to have to wear one for an extended period, as they had to in some settings. The main risk of removing the requirement is that transmission rates are likely to increase, especially at enclosed or busy places.

Revoking the Collection of Contact Details Regulations may have mixed impacts on those who have undergone/are undergoing gender reassignment. Visitors to venues in scope of the Regulations used for activities related to gender reassignment, such as support services, may be concerned about businesses or local authorities collecting their contact information and having their attendance at these venues on record, which may negatively impact their quality of life. As venues will no longer be required to request and store this information, this may have a positive impact on wellbeing for people accessing these services. There may, however, be a negative public health impact; people who have undergone/are undergoing gender reassignment and visiting these venues may decide not to check in (if venues do have a check in system in place). This means these individuals may not be contacted with public health advice if there is a COVID-19 outbreak.

Race

Of the working population in the UK, 14% is Black, Asian, and ethnically diverse (16% of the working age population). The combined Pakistani and Bangladeshi ethnic groups have a higher percentage of workers in the distribution, hotels, and restaurants sector (31%) which includes the catering aspects of business conferences and events. The wider reopening of hospitality, that is nightlife businesses, and large events at Step 4, will therefore have a positive impact on BAME workers by increasing pay, job security and the average equality of opportunity for people with those characteristics.

Ethnic minorities make up 15% of the food and beverage services workforce, compared to the UK average of 12%, and are, therefore, likely to benefit from the reopening of night-time and entertainment sector, because returning to work will help mental wellbeing and personal financial circumstances. However, due to the length of closures and uncertainty around businesses continuing to operate due to long term closures, some may face negative impacts such as potential job losses or reduced working hours. Mitigations such as the continuation of the furlough scheme until September 2021 and additional government support will provide help to these sectors aimed at helping those disproportionately impacted by economic restrictions.

42% of BAME people surveyed reported that using the QR feature on their NHS COVID-19 app made them feel safe when visiting a venue¹². Fewer venues displaying the official QR code posters because of revoking the Collection of Contact Details Regulations may

¹² PIRU tracker, Wave 5, March 2021

impact BAME communities' confidence in visiting these venues. On the other hand, 45% of BAME adults in the UK stated that having to provide their contact details puts them off visiting venues and indoor spaces¹³. Therefore, it is possible that fewer venues asking customers and visitors to check in will encourage BAME individuals to visit public venues.

The removal of the Step 4 capacity caps in hotels, hostels and B&Bs will allow employers to operate in a more economically viable way. It will enable those working in the industry and currently furloughed, or who have lost their job, a better opportunity to return to work.

The removal of step 4 capacity caps on cruises may have an indirect discrimination in relation to the protected characteristic of race given the reticence to receive vaccines apparent in some minority groups. Additionally, government guidance in step 4 will continue to recommend that cruise passengers are vaccinated, and that operators ensure the vaccination of crew to offer further protection and confidence. Any negative impacts are justified as cruises are not directly comparable with any single sector; they are unique settings with unique risks. Those attending cruises have repeated interactions in a closed community rather than the one-off short-term interactions in any one of the settings mentioned above on land. The experience of the Diamond Princess at the start of the pandemic showed that infections spread horizontally (along decks), and vertically (between decks) and that crew were an important bridging group between passengers. This demonstrates the importance of vaccine policies ensuring that both passengers and crew are fully vaccinated.

The removal of limits in guidance on the number of people that can attend weddings and other life events is likely to have a positive impact on some ethnic minority groups as many groups place a large emphasis on larger life events, including weddings and ceremonies. Permitting life events of any size to take place at Step 4 is likely to be beneficial to these groups.

Insufficient time given to Operators and Unions to consult and implement changes could result in equalities issues not being fully considered. This could have a disproportionate impact on transport workers who are more likely to work in high-risk roles with underlying health issues and Covid co-morbidities. It could also separately impact people from Black and Asian backgrounds, bearing in mind that the transport sector has a significant over-representation by workers from such minority ethnic origin backgrounds. This issue would also affect passengers who are older, those with disabilities (including non-visible disabilities e.g. anxiety) and those from a BAME background.

Predominantly there are positive impacts for those from a BAME background working in nightlife businesses that are reopening and events that can take place at larger capacities. However, with the reopening of these businesses, and the dispensing with other protections such as face coverings, there is a likelihood that there will be a concomitant increase in transmission risk. The BAME community have a higher risk of becoming seriously ill with Coronavirus, which could lead to hospitalisation. Consequently, there may be a disproportionate negative impact on race should the transmission rate increase. Public transport usage is also likely to increase and may result in higher transmission rates on transport, potentially placing both frontline transport workers and frontline workers using public transport at risk, who have yet to be fully vaccinated. In some transport occupations such as bus and taxi/private hire vehicle (TPHV) drivers, ethnic minorities, who are also

¹³ BMG/Kantar, Coronavirus Health Behaviours & Campaigns Fortnightly Report, 23/10/2020

more likely to be vaccine hesitant, are overrepresented. However, any disproportionate impacts are justified on account of the COVID-19 vaccination deployment programme and the commitment to keep the epidemiological data under review to control transmission and protect the health of individuals.

The government is conscious that certain ethnic groups are more sceptical of the vaccine on account of the perpetuation of misinformation. Therefore, the Government has been seeking to mitigate this by ensuring that there are increased communications so that people are reassured that the vaccine is safe and does not contravene religious rules. The government has introduced the UK COVID-19 Vaccine Uptake Plan, which aims to improve uptake across all communities.

The approach sets out a plan that is underpinned by four enablers at national, regional and local level. These are: working in partnership; removing barriers to access; data and information; and conversations and engagement. Communication channels have been targeting information and advice via TV, radio and social media; this has been translated into 19 languages. Print and online material, including interviews and practical advice have appeared in hundreds of national, regional, local and specialist titles including media popular with Asian, Bangladeshi, Bengali, Gujarati and Pakistani communities. The JCVI has urged some groups who are at higher risk of needing hospital treatment from Covid-19 to take up the offer of vaccination promptly, including those from BAME communities.

Some Black, Asian, and Minority Ethnic (BAME) individuals might have been less likely to be able to pay the various COVID FPNs issued under the Steps Regulations. According to a study by the Social Metrics Commission, BAME families are between two and three times more likely to be in persistent poverty than white families. Furthermore, according to the 2019 Annual Population Survey, a higher proportion of people from BAME backgrounds were economically inactive compared to their white counterparts (Asian 31%, Black 25%, Mixed 26%, Other 32% compared with White 20%). Therefore, removing the majority of COVID FPNs significantly reduces the potential disproportionate impact on individuals in the group who might be unable or less able to pay. Paying an FPN removes someone's liability for prosecution, so failure to pay could result in prosecution for the original offence and a higher fine. Inability to pay might therefore [result in BAME people being overrepresented in those prosecuted under this legislation](#) and those ultimately receiving criminal convictions when they are already overrepresented in the criminal justice system.

In addition, people from BAME backgrounds were also more likely to be issued with a FPN according to data published by the National Police Chiefs Council (NPCC). According to data published by the NPCC in June 2021, of those FPNs issued under Covid regulations where the individual issued with the notice had a self-identified ethnicity recorded, 76% were issued to people who self-identified as White, 12% to those who self-identified as Asian and 7% to those identifying as Black. Analysis also shows Black, Asian and Minority Ethnic people were issued with a FPN at a rate of 1.6 times higher than white people. Young men (aged 18-24 and 25-34) from BAME backgrounds were over-represented by around twice the rate of young white men in the same age-groups. This may reflect public transport being more prevalent in metropolitan areas. With regard to the [requirement to wear face coverings on public transport](#), of the 481 FPNs issued between 15 June 2020 and 20 June 2021 where ethnicity of the recipient was provided, the majority (58%) were issued to individuals who self-identified as White, a lower proportion than other FPNs. Revoking the Steps Regulations and removing the majority of COVID FPNs will

significantly mitigate against this impact on the BAME community. The College of Policing and the NPCC have published guidance to forces stressing the importance of the four-step escalation principles of engaging, explaining, encouraging and then enforcing: this will help mitigate against any disproportionate impacts relating to those Covid FPNs that will remain in place.

BAME households were also at more risk of inaccurate enforcement of social contact restrictions and misunderstanding the Steps Regulations due to a greater chance of English language barriers. This could have resulted in certain individuals with this protected characteristic being impacted more by the various COVID FPNs where there was a genuine misunderstanding of the rules or inaccurate enforcement. Hence, while a limited number of Covid FPNs may still be issuable, BAME people will be positively impacted by the revocation of the Steps Regulations, Face Coverings regulations, Collection of Contact Details regulations, Obligations of Undertakings regulations and removal of the social contact restrictions and associated FPNs.

Revoking the requirements to wear face coverings in relevant indoor premises, which will include out-of-school settings and wraparound provision operating within community premises will also have a positive impact for all children over the age of 11 and young people, particularly for those in some ethnic groups. Given that the legal exemption for wearing face coverings for education and training in community premises only permitted face coverings to be removed in community premises if the provision is being run by a registered school or Further Education provider, there was a risk that the policy could have disproportionately impacted children and young people from black or ethnic minority backgrounds that attend private sector supplementary schools (where they will be required to continue wearing their face covering for the duration of the provision). According to a report by the Paul Hamlyn Foundation in 2015, approximately half of supplementary schools supported children from Asian groups (Indian, Bangladeshi, or Pakistani), 38% supported children from Black African groups, 22% from Black Caribbean groups and 22% groups from Europe. Other groups served include Middle Eastern (18 % of schools) and South East Asian (14% including Chinese, Vietnamese and Japanese). These supplementary schools typically operate from community centres or religious institutions. Broader data also shows that ethnic minorities have been more impacted by COVID-19 than other groups have a higher risk of becoming seriously ill with Coronavirus. At Step 4, there will be no requirement for face coverings in most settings, which will remove any negative impact caused to children and young people under 18, especially those from minority ethnic communities, who were attending settings where face coverings were required.

Removing face covering requirements may increase the risk of transmission which may have disproportionate impact on people from minority ethnic communities, who are already at higher risk of contracting the virus. However, given ongoing success of the vaccine programme, the risk has been mitigated to a significant extent. Communications campaigns are continuing, to encourage people to get a vaccine when they are offered one, including campaigns to encourage people from minority ethnic communities to be vaccinated. There are some benefits of removing the requirement to wear face coverings, for example it will make communication easier, and people will find it more comfortable not to have to wear one for an extended period, as they have had to in some settings.

Religion or belief

Allowing a greater number of people to attend significant religious life events will have a positive impact on religious communities, as these can play an important role in religious/belief life. Large religious gatherings, intra-faith events and life events will be able to take place with any number of people. This will have a positive impact on religious groups as well as increasing community cohesion.

The revoking Regulations will remove the limit of the number of people able to attend all significant life events. This will be beneficial to everyone participating in and attending the event. The fact that [76.9% of wedding ceremonies were civil ceremonies in England and Wales in 2017](#) indicates that this relaxation is likely to benefit a wide range of people with varying beliefs.

Permitting life events of any size, however, does carry the risk of increasing infection rates in the community. The government will continue keep the epidemiological under review to protect the health of individuals.

The removal of the limit of the number of people able to attend significant life events will have a positive impact on this protected characteristic.

It was considered that given that the face coverings exception for community premises only applies to educational provision by schools/ FE providers, this could have a disproportionate negative impact on those with the protected characteristic of religion or belief. It could have had a disproportionate impact on those receiving education in their own faith outside of school time in supplementary religious schools such as yeshivas, madrassahs, and Sunday schools. Removing the requirement to wearing face coverings will have a positive impact on faith and belief communities. At Step 4, there would be no requirement for face coverings in any setting, hence removing any negative impact caused to children and young people with a religion or belief. This decision will be positive for the religious sector, where several religions hold lessons in their own faith for children within their religion / community. The removal of face coverings will allow these children to understand and learn about their religion without barriers (i.e. face covering). Furthermore, the wearing of face coverings can be difficult for some members of faith groups as they may have been uncomfortable to wear with a head scarf or may interfere with important articles of faith like facial hair.

Lower socio-economic groups

The removal of the limit on the number of people who can attend a support group will have a positive effect on young people from low socio-economic backgrounds accessing youth services, as it will ensure that in-person services are more accessible to a wider range of young people who may need them. For example, there are over one million young people with known needs that have been amplified by the pandemic and two million will have emerging needs due to Covid, including poverty, missing education, and unemployment. In addition, evidence from the 2020 Young Minds survey suggests that there is an increase in mental health issues amongst young people, and anecdotal evidence points towards there being an increased demand for support services for young people. While people from lower socio-economic groups would have been able to access this support remotely or in smaller groups, increased accessibility to in-person activity may have additional mental health and wellbeing benefits.

Removing the Collection of Contact Details Regulations may have a negative impact upon those from a lower socio-economic background. As venues are less likely to maintain a logbook (because of the additional burden on the business), this could negatively impact those who do not have the app or a smartphone. Individuals from a lower socio-economic background are 40% less likely to be digitally literate,¹⁴ and thus less likely to use a smartphone. This means they may no longer be provided with the means to check in, even at venues still using the NHS QR code or their own QR code to collect contact details. Resultantly, individuals will no longer be contacted when they visited a venue linked to a COVID-19 outbreak. This will particularly affect those unable to afford a smartphone. This risk is being mitigated by providing guidance which encourages venues to maintain their check in processes, including logbooks.

The hospitality industry has a lower average salary than many other sectors. ONS data on 'Average weekly earnings by sector' from the Monthly Wages and Salaries Survey shows that the average weekly earnings of the whole UK economy in 2019 was £538 per week (£570 with bonuses), whereas for "Wholesaling, Retailing, Hotels & Restaurants", it was £361 per week (£382) with bonuses. This is 67% of the whole economy average. Therefore, more individuals from lower socio-economic groups are likely to be employed in these sectors, meaning that the reopening of more hospitality businesses will likely have a positive economic impact on employees from lower socio-economic backgrounds. Workforces in sectors such as the arts, music, heritage, museums, tourism, libraries, and creative industries are also more likely to be lower paid, therefore also leading to them benefitting from the further reopening of these sectors.

Removal of restrictions and associated guidance, such as social distancing, will enable more people to travel on public transport with a positive impact on quality of life and mobility, particularly for lower socio-economic groups.

As the government guidance to work from home has been lifted, this may impact people reliant on public transport who cannot, or have not, received both vaccine doses (either because of their age or a medical exemption). This may particularly affect younger people and those who may be socially disadvantaged by virtue of their protected characteristic (e.g. ethnicity or disability), as both these groups are more likely to rely on public transport to get to the workplace. Unlike other settings those who are vulnerable may not be able to ensure that they keep a safe distance from others on public transport at peak times. Any changes should consider their needs and support employers in reviewing health and safety assessments. The Department for Transport continues to work with operators to support passenger safety and confidence by ensuring service levels are high, asking passengers to plan journeys, visible cleaning regimes, making hand sanitiser available and supporting ventilation where possible.

¹⁴ Lloyds Bank UK Consumer Digital Index 2020, [ib-consumer-digital-index-2020-report.pdf](https://www.lloydsbank.com/ib-consumer-digital-index-2020-report.pdf) ([lloydsbank.com](https://www.lloydsbank.com))

Conclusion

The PSED is prepared to enable Ministers to consider any potential equality impacts associated with revoking the Steps Regulations and moving to Step 4, to help ensure that doing so is proportionate to the threat to public health. This review draws on contributions commissioned from other government departments.

This equality analysis for the PSED has reviewed all amendments made in the Regulations, including the revocation of the Steps Regulations. Although we do acknowledge that there may be some unintended consequences of lifting the measures for those with protected characteristics, particularly in relation to the increased risk of transmission, our assessment is that the impact the removal of the restrictions might have on the protected characteristics are justified on the basis that the vaccine rollout continues to be successful and will help to protect against the incidence or spread of coronavirus infection in England, without the need for continued social and economic restrictions. It is our assessment that based on analysis against the four tests, it is proportionate to move to Step 4 of the roadmap, allowing for the necessary reopening of the economy.

The Government's vaccine programme continues to rollout swiftly and successfully. Over 34 million people have received a first vaccine dose and nearly 24.5 million people have had their second dose¹⁵. Older people and disabled people have been prioritised as part of the vaccine programme, and there is evidence that the vaccine has already started to have a marked impact on reducing hospital admissions. As all adults over the age of 18 are expected to have been offered a vaccine by July 2021, it is anticipated that the vaccination programme will continue to have a significant impact on reducing complications arising from coronavirus and transmission rates.

At each stage of its COVID-19 response, the Government has sought to minimise the harm on people's wellbeing, livelihoods and physical and mental health. We recognise that some groups have been disproportionately impacted by COVID-19 and that COVID-19 has exacerbated pre-existing socio-economic and health inequalities.

In the short term the Government has taken steps to address the unequal impacts of COVID-19 inequalities and protect those at risk. It has:

- invested in targeted testing and vaccine rollout/boosters to the most vulnerable
- funded a network of community champions across 60 local authorities to support affected communities (over £23 million)

¹⁵ [Vaccinations in the UK | Coronavirus in the UK \(data.gov.uk\)](https://data.gov.uk/dataset/vaccinations-in-the-uk)

- invested in new research to improve our understanding of the health impacts of COVID-19
- published COVID Secure guidance to a wide range of sectors and settings
- provided unprecedented economic support e.g. through furlough
- taking preventative action in areas with variants of concern and high case rates

In the longer term, the Government is determined to address these pre-existing health inequalities which have contributed to the unequal effect of COVID across different segments of our society. The causes of these inequalities are deep-rooted and varied and will require a wide-ranging long-term response embracing the economy, health, welfare services and more.

At Step 4, the use face coverings will not be enforced in any setting. This means that the impact on those people with protected characteristics is greatly reduced, but not removed altogether.

The complete easing of social contact and gatherings restrictions will have a mixed impact on all protected characteristics. It will facilitate greater social contact, which positively impacts on mental health and wellbeing, which is particularly important for those groups who have been negatively impacted by the restrictions on social contact through increased isolation and loneliness, such as older people and disabled people. That said, Coronavirus is still prevalent and can still be transmitted, which will also represent a risk to these groups, mitigated by the successful vaccine roll-out.

The full reopening of the economy will also have a largely positive impact on all groups, both on account of those groups who benefit financially and mentally from working in reopened sectors, and those who benefit from accessing a greater range of services, which can have a knock-on effect on mental wellbeing.

There is, however, an increasing risk of transmission as we move to Step 4 and all restrictions are lifted. While everyone is at risk of transmission, those people with certain protected characteristics are likely to be disproportionately impacted on account of being at greater risk of hospitalisation and morbidity. We have identified that there are four groups at risk of being disproportionately impacted by increased transmission:

- age – older people are most at risk of serious illness and death from Coronavirus; also, younger people who do not qualify for age reasons to have the vaccine, and those who have not had both doses of vaccine due to priority cohort
- disability – disabled people are more at risk of complications from COVID owing to the range of complex vulnerabilities associated with disabilities
- sex – men are more likely to die from Coronavirus than women while women are more likely than men to suffer from [Long COVID](#)
- race – coronavirus death rates for most ethnic minorities are higher compared to white ethnicities

The Joint Committee on Vaccination and Immunisation (JCVI) has urged some groups who are at higher risk of needing hospital treatment from Coronavirus to take up the offer of vaccination promptly, including men and those from Black, Asian, and Minority Ethnic communities. In addition, the Government has been rolling out a targeted communications campaign to combat the misinformation surrounding vaccines and to increase the take up of vaccination by ethnic minority populations.

To continue mitigating against the risk of transmission, some form of COVID-secure guidance will continue to remain in place for venues and businesses. Public health guidance will also remain in place to advise individuals how they can manage their own risk and engage in protective behaviours. The Government will continue to keep this and public health guidance under review to consider whether further mitigation is needed.

The Government has carried out its commitment to progress through the steps set out in the Steps Regulations and the roadmap only if the epidemiological data indicate that it is safe to do so and provided that the four tests are met. To inform the pace and sequencing of movement through the steps, the government has taken scientific advice from the Scientific Advisory Group for Emergencies (SAGE) and considered analysis by the Joint Biosecurity Centre (JBC). The pandemic is far from over and the number of cases is rising. The Government's view is that it is appropriate to move to Step 4.

As restrictions are lifted, there will continue to be some variation in prevalence of the virus across the country. Cases are rising in some areas faster than in others. Indeed, throughout the pandemic, there have been areas where the number of cases has remained above the national average. Local authorities and Directors of Public Health, working with Public Health England and the UK Health Security Agency, will continue to work to manage the virus engaging closely with their communities. The Government will continue to work with local authorities and ensure that national support is targeted in an effective way. Our approach will reflect that the Delta variant is now the dominant strain across the country. We will continue to adapt our response to reflect the current state of the pandemic so that the right steps are taken at the right time. We have growing evidence that our vaccines significantly reduce the chance of an infection leading to hospitalisation or death and now that more people have been vaccinated, we must find a new way of living with this virus - one that does not impose ongoing economic and social restrictions. The Government has set out the details of the final stage of the roadmap and five principles for managing COVID as we learn to live with the virus. The pandemic is far from over, thus we must find a way to live with the virus.

Although there are some unintended consequences of lifting the measures to those with protected characteristics, particularly in relation to the increased risk of transmission, our assessment is that the impacts the removal of the restrictions might have on those with protected characteristics are justified on the basis that the vaccine rollout continues to be successful and will help to protect against the incidence or spread of coronavirus infection in England, without the need for continued social and economic restrictions, and which restrictions themselves have impacts on those with protected characteristics. In conclusion based on analysis against the four tests, it is proportionate to move to Step 4 of the roadmap, allowing for the necessary reopening of the economy.

The Steps Regulations required a review every 35 days on whether the regulations remained necessary and proportionate. The Government has assessed their public sector equality duty obligations and for the reasons set out in this document, it was concluded the restrictions are no longer required. The Government will keep the epidemiological data under review, which will ensure that any contingency action that needs to be taken can be taken swiftly to prevent significant spread of the virus and the concomitant negative health impacts on society.



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